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Housing Learning & Improvement Network

Models of extra care and retirement communities

An explanation of the different types of retirement community and examples of how key decisions about the choice of model are made.

Prepared for the Housing Learning & Improvement Network by
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The Health and Social Care Change Agent Team (CAT) was created by the DoH to improve discharge from hospital and associated arrangements. The Housing LIN, a section of the CAT, is devoted to housing-based models of care.

Other Housing LIN publications available in this format:

Factsheet no.1: **Extra Care Housing - What is it?** *This factsheet gives essential basic information, explains the various forms extra care housing takes, and describes key ingredients and central principles (28.07.2003 updated August 2004)*

Factsheet no.2: **Commissioning and Funding Extra Care Housing** *Summary of essential facts about commissioning extra care and other housing based solutions for care. Most important facts about funding, what is involved, who is involved, who has to be involved and how long projects can take.(28.07.2003 updated August 2004)*

Factsheet no.3: **New Provisions for Older People with Learning Disabilities** *An introduction to the characteristics and needs of an emerging group to be provided for in developing new housing and services for older people. This includes extra care (23.12.2003 updated August 2004)*

Factsheet no.4: **Models of Extra Care Housing and Retirement Communities** *An explanation of the different types or retirement community and examples of how key decisions about the choice of model are made (04.01.2004 updated August 2004)*

Factsheet no.5: **Assistive Technology in Extra Care Housing** *AT can play a part in supporting people in extra care housing. Summary of the most common applications, with examples and where to get more details (20.02.2004 updated August 2004)*

Factsheet no.6: **Design Principles for Extra Care** *Basic information about key design principles and issues to consider when designing and developing a brief for a new Extra Care Scheme. Variety of models and ways of developing a range of different sites (26.07.2004)*

Factsheet no.7: **Private Sector Provision of Extra Care Housing** *The private sector has had an involvement in the provision of extra care housing for at leas 20 years. This factsheet is intended to help statutory authorities commissioning extra care housing and private developers work together with a better understanding (21.07.2004)*

Factsheet no.8: **User Involvement in Extra Care Housing** *The role of the users in the development and management of extra care schemes, linked to concepts of independence, self determination, control and choice, key themes in national policy (August 2004)*

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Models of Extra Care Housing and Retirement Communities

An explanation of the different types of retirement community and examples of how key decisions about the choice of model are made.

Contents **page**

1. **Introduction** **2**
2. **Roles** **2**
3. **What is extra care housing?** **3**
4. **Descriptors of different models of extra care housing** **5**
   - Housing/care provision
   - Buildings
   - Lettings
   - Tenure
5. **A typology of extra care and retirement communities** **9**
6. **Examples of retirement communities** **10**
7. **Choosing a Model** **18**
8. **Further sources of information** **19**

Essential short facts: models of extra care housing and retirement communities

1. Introduction

This fact sheet explains how retirement communities relate to the development of extra care. It:

- Develops a simple typology of extra care showing where retirement villages fit
- Describes two examples of retirement communities and shows how the typology can guide key strategic decisions by commissioners on the type of facility to develop

2. Roles

There are at least four different roles "extra care" can play. The part it is to play in service provision, in conjunction with other agencies and interests including Social Services, Health Trusts, local GPs as well as housing, determines the optimum model and in turn the specification and how a building and services are to be developed.

The different roles of "extra care" include:

- **replacement of rented sheltered housing** – modern sheltered housing with only slightly more services and facilities. This is primarily housing provision and model serving the same population as traditional sheltered housing

- an **extension to sheltered housing** – hence sometimes the description "category 2.5" providing for people who may not be suitable for traditional sheltered housing because of greater frailties, disabilities or behaviour.

  From April 2004 the Housing Corporation will move away from categories of sheltered housing e.g., Category 1, 2 and 2.5, to a definition of extra care that is equivalent to:
  - grouped retirement housing with access to support; or
  - grouped purpose-designed retirement housing with access to support and care.

  Both must have certain design features including walk-in showers, easy to use fully equipped kitchens, be to wheelchair standards, have certain facilities such as a lounge and laundry

- an **alternative to residential care** (or even nursing care) thus social care and therefore a Social Services led provision

- an all embracing, **comprehensive alternative to both sheltered housing and residential care** providing for a wide range of needs and individual circumstances.

Retirement communities are large scale 'extra care' housing intended to fulfill the last role.

These roles can be further complicated or extended by adding additional features and services. Some developments are conceived of as partly "resource centres" serving a wider community who are encouraged to access services and facilities incorporated in an "extra care" development. Alternatively schemes incorporate specialist dementia care services or respite provision.

3. What is extra care housing?

Extra care housing does not have a precise definition. It is described in different ways; very sheltered housing, category 2.5, sheltered housing plus, housing with care, frail elderly housing, enhanced sheltered housing, assisted living and close care, the last term used particularly by private companies. Schemes described by one of these terms vary enormously in scale, care and support services, funding, facilities, accommodation and management arrangements.

As explained, extra care housing is increasingly seen as an alternative to residential care or even nursing care but also as preferable to traditional sheltered housing. It may offer an additional choice for people seeking specialist housing with support. It is claimed to provide better quality service while respecting each residents independence. A full discussion of what constitutes "extra care" is contained in the Housing Learning & Improvement Network Fact Sheet 1: Extra Care Housing. What is it?

Features which tend to characterize extra care housing are:

- self-contained flats or bungalows - a defining feature distinguishing extra care from residential care. Dwellings will incorporate design features and assistive technology to facilitate independence of frail older people and provide a safe environment
- provision of an appropriate package of care, in the individuals own dwelling, to a high level if required
- catering facilities with one or more meals available each day
- 24 hour care staff and support available
- more comprehensive and extensive communal facilities than Category 2 sheltered - restaurant, lounge(s), activity room(s), library, health suite, computer suite, consultation room….

- staff offices and facilities domestic support services including help with shopping, cleaning and possibly making meals

- specialist equipment to help meet the needs of frail or disabled residents - laundry, assisted bathing, sluice, hoist, also charging and storage facilities for electric wheelchairs/scooters

- social and leisure activities/facilities and additional individual or shared services - a shop, hairdressing, chiropody, massage, alternative therapies, cash machine, post box

- mobility and access assistance for example communal buggies or shared pool car

The first five or six items can be considered essential to come within the definition of extra care. Those lower down the list will be found to varying degrees. All will be found in a contemporary retirement community.

Extra care housing is conceived of as groups of self-contained properties designed for older people. Care and support are available at a sufficiently high level to allow people to remain at home despite frailty, periods of ill-health or some disabilities and often without the need to move to residential care. Retirement communities have all these features and usually a commitment to support the vast majority of people in that community irrespective of needs.

Key features that distinguish extra care from a traditional residential care homes are:

- self-contained accommodation - a minimum of around 50 sq m flat or bungalow – not a 12 sq m bedroom for a single person
- the provision of care can be separated from the provision of accommodation
- care is based on an individual assessment of needs and can be more easily tailored to the individual

In retirement communities in addition:

- there is more likely to be mix of ability amongst residents
- under the Care Standards Act 2000 properties are not registerable although in some models aspects may be eg care provision (see Department of Health toolkit/guidance at www.csci.org.uk
- residents are tenants or owners and not licencees. In each case they have security of tenure. Villages may incorporate a mixture of tenures ie, rented or leasehold.

What distinguishes the extra care model from sheltered housing is:

- high levels of care available
- 24 hour staffing
- extensive facilities

4. Descriptors of different models of extra care

Extra Care and retirement communities vary because there is no accepted statutory or other definition. It is however possible to tease out the main ways retirement communities vary from each other.

Four key variables combine to create the particular model. It is these variables that those considering a retirement community must take decisions about.

The variables are:

1. Housing and care provider relationships
2. Buildings - this encompasses such characteristics as the origin of the building, scale of development, range and dispersion of facilities, type of accommodation
3. Letting policy
4. Tenure and related to this the financial basis on which residents occupy their accommodation.

Taking each of these in turn.

1. *Housing and Care Provider relationship*

There are three key parties to delivering a service in extra care housing:

- **Social Services** - who commission, fund, and may directly provide services. In all cases where they 'place' people they will be responsible for assessing needs. In some models the Primary Care Trust may also play a part e.g., where linked to Intermediate Care
- **A housing provider** - who is the landlord and usually the developer as well although they could be different organizations
- **A care provider** - who may be Social Services, a charitable body, private company or housing association

The main options are for the:

- housing and care provider to be the same organisation or different parts of a group structure
- housing provider to be one organisation and the care provider a different organisation with a contract with Social Services
- housing provider one organisation, care provider Social Services in- house team
- housing provider and multiple care providers. In this option each person has a care package self funded or more commonly funded by Social Services who may have contracts with many different agencies to meet the care needs and could even provide some part of the services in-house e.g. through home helps. Older people assessed as needing services a local authority is responsible for may also request a direct payment and arrange their own package of care if they wish

In residential care accommodation and care are provided together but in extra care separation between housing and care is possible.

The **landlord** function normally involves:

- intensive housing management
- low level support/preventative and liaison services (warden or estate management type help)
- property maintenance service
- resident involvement and participation

The **care provider** gives:

- domiciliary care
- high level personal care
- possible nursing care/specialist services

In practice there is a continuum so the landlords responsibilities may extend into providing domiciliary care but stop short of providing personal care. Alternatively, the landlord may delegate some traditional housing management tasks to the care provider.

The advantage of separating care from housing are:

- a good housing developer or housing manager may not be the best, most expert care provider and vice versa

- in theory it would be possible to change the care provider without moving house but this does depend on the model, tenancy or lease.

The main disadvantage is the greater difficulty in providing an integrated, “seamless” service to the customer and the added cost of liaison and co-ordination of services to both commissioner and provider. This is particularly true where there are multiple care providers. In addition in the latter case it becomes harder to guarantee a consistent level of quality service on an equal basis, to all residents. In some instances, *Supporting People* arrangements seem to be increasing the pressure for a clear organisational and structural separation of support from housing functions. The Care Standards Act 2000 also promotes a separation of housing from care functions.

2. *Buildings*

Buildings vary in extent and mix of physical facilities. The range is from simply providing a restaurant and/or meals provision on top of the normal category 2 facilities to very extensive communal facilities including workshops, shop, health suite, therapy/consultation rooms, computer suite, library, a greenhouse etc.

<u>Design and development</u>
Properties in modern retirement communities will be designed to at least mobility or wheelchair standards. The best will incorporate a range of features to facilitate independence and use by a frailer older person. (See the forthcoming Housing LIN fact sheet on design).

The scale of developments can be small - around 40-50 people is a normal minimum or large, say 100-300 people. The latter are described as village communities, or retirement communities. In other countries much larger communities are common but so far in the UK few developments have been much bigger – but they could be.

Larger retirement community scale projects vary in how facilities are located within the development. This impacts on support arrangements.

- **Core and cluster** - a core central building contains most of the communal facilities like restaurant, library, reception, health suite and in some models, a residential care home. People live in their own properties scattered around the core building and access services as they need them.
- **Dispersed facilities** represent the other end of the continuum. Facilities are spread throughout the project. This kind of model is for example common in the better designs for people with dementia. Lounges, dining rooms and sometimes the kitchens are located around the scheme each catering for 4 or 5 people so creating a more domestic scale and feel.

3. *Lettings*

Letting can be exclusively to people with higher care needs. This model is seen as directly replacing residential care. Alternatively a lettings policy can be designed to maintain a mix of abilities e.g. more of a mixed, vibrant community, adding choice. In this variant lettings are managed to ensure the scheme does **not** only accommodate very frail older people. Neither a simple waiting list nor assessment of high physical or mental need guarantees access.

One issue concerns letting to people who already show signs of dementia or to people with other mental health problems or learning disabilities. A number of research and development projects are underway but as yet there are few definitive answers. There is some evidence that people who enter communities and subsequently develop mental health problems are more tolerated and supported than those who are placed in a community when already unwell.

4. *Tenure*

There are three basic possibilities:

- Rented – most extra care sponsored or remodeled by local authorities is 100% rented and seen as simple public sector provision for the less well off

- Mixed tenure – which can include a combination of outright ownership and shared ownership along with renting is designed to ensure a more mixed community and offer an alternative and choice to those with a property to sell albeit the property may be in poor condition or low value

- Ownership - It is possible to develop quite complicated alternative financial arrangements to underpin the way property is occupied or care is funded and we provide some further details in an example below

It is worth noting that some RSL and charitable providers as well as the private sector deliberately seek to attract a proportion of residents who pay for their own care for a variety of reasons including, for example, risk management and community balance. On average in independent sector care homes around 30% of residents will be self-funders but this will vary from home to home.

To conclude we can bring these four key variables together in a table which creates a “typology” of extra care forms of development.

5. A typology of extra care and retirement communities

VARIABLE	OPTION			
Housing and support Providers	Housing and care provider identical	One housing provider with One separate care provider	Housing provider with Social Services as care provider	Housing provider with several care providers
Building i) facilities	One or two additions to Cat 2. including meals	Three or four additions to Cat 2 including meals	Extensive facilities. Five or more additions including meals	
ii) scale	Small 40-50	Medium 51-149	Large/community 150 +	
iii) dwellings	Flats	Bungalows	Mixture	
Lettings	Those in need of residential care	Managed lettings only some needing residential care	Letting to those seeking sheltered housing	
Tenure	Rented	Mixed Tenure	Owned	Special financial arrangements

Each level of the matrix represents an option on which a strategic decision is required. Most lines can be treated as independent so a “pick and mix” approach is possible however the range of facilities and scale are normally linked as are some other variables.

6. Examples of retirement communities

We explained above that there are numerous options for a retirement community. To get an understanding of how these variables combine in practice in this section we describe two contrasting examples, Hartrigg Oaks in York and Ryfields in Warrington. We subsequently draw on these examples to illustrate different aspects of retirement communities and continue to draw out the strengths and weaknesses of different models.

Example 1. Hartrigg Oaks – York

This is a development by the Joseph Rowntree Housing Trust (JRHT). It is described as a “Continuing Care Retirement Community” (CCRC) and is based on an American style retirement community on a smallish, in American terms, scale. Located at New Earswick on the outskirts of York, work started in earnest in 1994 after a long struggle to obtain planning permission. The first residents moved in 1998.

The development has attracted a great deal of interest – focusing both on the retirement village concept and how it works out in practice and on its financial arrangements. There are currently nine other organizations in the active process of developing similar communities based on the JRHT model.

Design and Layout

This is a campus style development of a 21 acre site. It consists of 152 bungalows spread around a central building which contains first, a 41 bed care home, second extensive communal facilities. The core buildings include:

- Restaurant and café
- Lounges
- Library
- Gymnasium and spa pool
- Meeting rooms and activity rooms, studio, craft facilities
- Reception desk/area
- Offices
- Central control alarm and video monitoring
- Shop
- Hairdressers

The central building also houses a nursery/crèche. This is in part a facility for the 100 full and part time staff employed, predominantly women, and in part a way of forming a continuing link with the wider community.

The distinctive features of the design and buildings include:

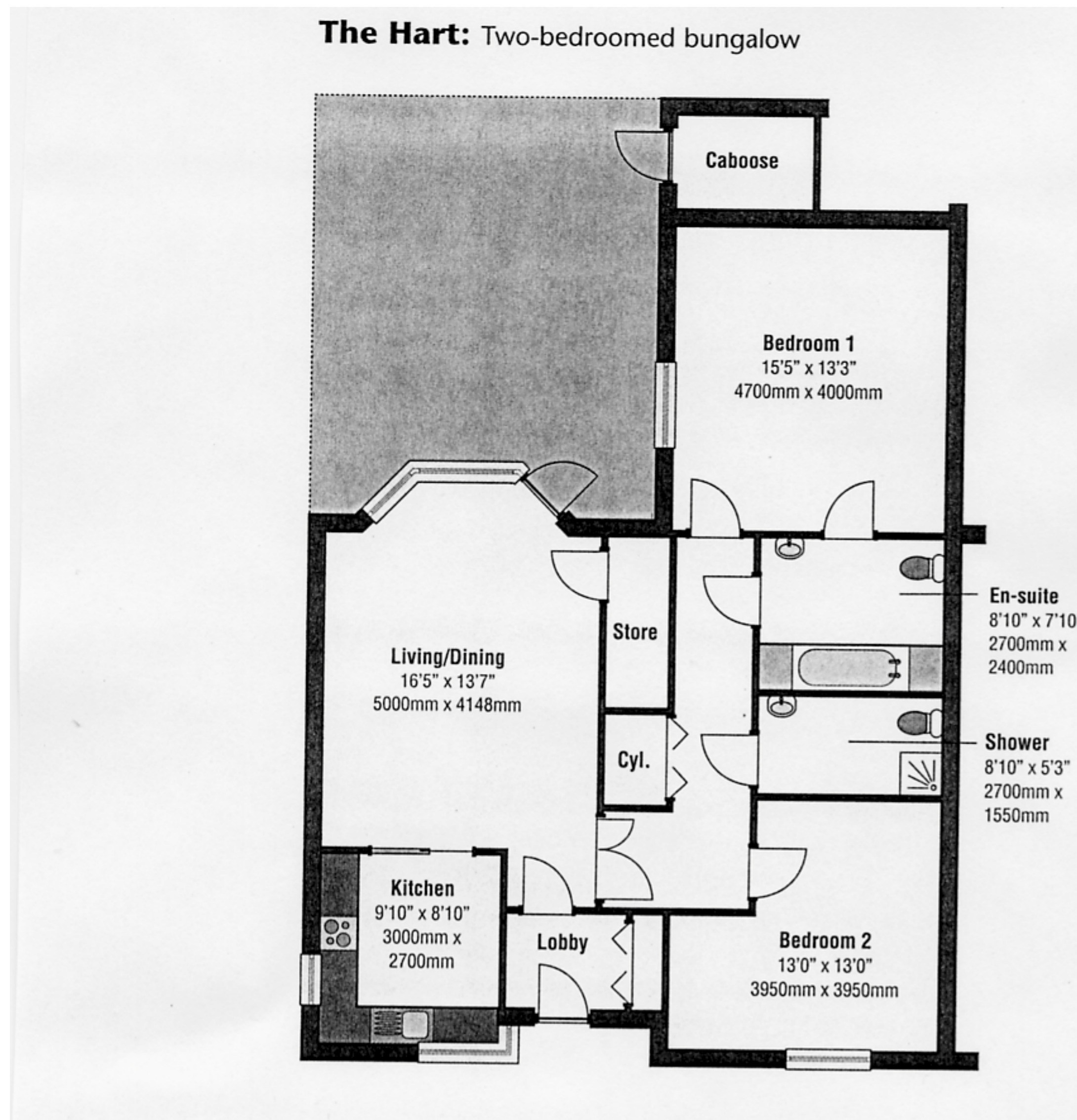
- The “core” building, incorporating a care home surrounded by clusters of dwellings
- Arrangement of bungalows in small “closes”
- Design to anticipate continued use of private transport
- Some areas separate out traffic and provide pedestrian and “buggy” friendly, wide pathways

There is a mixture of types of bungalow but there are three unusual and distinctive features:

- Generous space standards (particularly when the loft area is incorporated into the living space)
- Some two bedroom bungalows have two showers/bathrooms including one en-suite (see layout diagram below)
- The majority of bungalows are designed so the loft can be readily converted into another large habitable room. Many residents have done this and use the loft for activities, computer rooms or similar purposes.

For a time one of the properties was used to demonstrate a wide range of both enabling and monitoring assistive technologies – "SMART" homes.

The residential home (The Oaks) is of a good contemporary standard with en-suite bathrooms and several sitting rooms but is essentially a normal care home.



Care and Support

This is provided by Rowntree's staff so the landlord and care provider are in effect one and the same. In principle each resident gets their own package of care and support according to their needs, in their own home. While every attempt is made to keep residents supported in their bungalow, in the event that care routinely exceeds 21 hours per week, they are encouraged to move into the Oaks care home in the middle of the village. A move will depend on the individual circumstances and the availability of a place. Whether or not a physical move takes place the person will continue to be supported within the village.

JRHT covers both basic home help type of support and direct personal care.

Home Help	Personal Care
Cleaning Laundry Shopping Meals which can be delivered from the restaurant	Dressing/undressing Bathing Medical Meal preparation Toileting

Each property is also linked to the central monitoring base and so emergency help is available on site, 24 hours a day, to everyone.

In addition Hartrigg Oaks has what is described as a "pop in" service which is a short visit for emotional support, reassurance, to help make or deliver a meal and similar reasons.

Finance

Hartrigg Oaks is, like many American CCRCs, based on "actuarial" calculations. That is to say if people choose they can enter the community and pay a one off charge and in return be guaranteed almost whatever level of care they need, for life, within the village i.e. an insurance policy. However, JRHT wanted to offer a range of options to tailor arrangements to individual circumstances. This has resulted in what at first sight is a complex system on which people contacting Hartrigg Oaks need guidance:

There are two types of fee:

- a "**residence fee**" – basically the cost of occupying a property
- A "**community fee**" – mostly care and support but it also covers property maintenance

Residence fee

There are three main payment options for the **residence fee**:

- **A fully refundable fee** – the occupant deposits a sum of money equivalent to the market value of the property. On leaving Hartrigg Oaks the sum – in money not real terms - is given back. (House price inflation has outstripped the actuarial model over the first five years which has generated a 'profit' which as been added to the funds available to cover the costs of care. However, in the light of this experience, JRHT have amended this approach for their new extra care scheme in Leeds and will be refunding in line with RPI rather than at par.)
- **A non-refundable fee** – a smaller sum is deposited but it is in effect a donation to JRHT and is not refunded. The sum required depends on the age and value of the property
- **An annual fee** – no capital is deposited and the property is in effect "rented".

Community fee

Again, there are three options for the community fee:

- **A standard fee** – in return for paying a kind of "average" fee the individual is entitled to whatever level of care they need. The fee is related to the person's age on moving in
- **A reduced fee** – under this option in return for paying a one-off capital sum a lower reduced fee is charged. This might appeal to a cash rich/income poor resident
- **Fee for care** – each resident pays for the care they actually receive. In addition a small fixed sum is payable to meet the property maintenance and some basic community nursing costs

The majority of residents elect to pay the refundable residence fee which is very nearly the same as outright purchase and to pay the standard community fee. However, a sizeable minority opt to pay the fee for care as they need it i.e. pay as you go. An example given by JRHT indicates the orders of magnitude.

Fee example

Single person aged 70 in a one bed bungalow

Residence Fee	**£**
Refundable	79,500
Non-refundable	52,152
Annualised	5,963

Community Fee	**£**
Standard	4,983 pa
Fee for Care	2,300 pa + care cost
Reduced	2,492 with lump sum of 38,619

Figures at April 2000

Source: Continuing Care Retirement Communities in the UK; lessons from Hartrigg Oaks, Michael Sturge, 2000

Those who are eligible may receive a variety of benefits including Income Support, Housing Benefit or Supporting People Grant as well as funding from Social Services in relation to care.

A new model being developed by JRHT as another alternative to leasehold owner occupation is the use of a bond as a means of acquiring a property. They are piloting this in their new Leeds development. This is an extra care housing scheme rather than a retirement community but could be applied to the latter. The approach has a similar flexibility to Hartrigg Oaks so a new resident can take out a bond (redeemable on moving out or death) covering anything from a small proportion to the full cost. Purchase of a bond does not involve the stamp duty and legal costs associated with buying a property and, in this case, removes the responsibility for external maintenance from the resident.

Some observations

The development proved hugely popular. The Rowntree connection with the Quakers was one unusual feature which attracted applicants from across the country. Properties are always in demand.

The insurance/actuarial financial basis replicates a common American approach to such developments. The distinguishing feature of Hartrigg is this emphasis on being a “continuing care” community so that better off people are safe in the knowledge they will be supported and cared for irrespective of their long term health, needs or financial position. Some initial residents turned out to need higher levels of care than the financial model assumed and this has led to changes in the process of considering and assessing the individual needs of applicants.

Example 2. Ryfields – Warrington

Ryfields is the most recently completed of a series of similar retirement villages by Extra Care Charitable Trust (ECCT). This development was the result of a partnership between Warrington Borough Council, Arena Housing Association who carried out the development and provide a housing management service and the Trust.

Design and Layout

The village is composed principally of 243 one and two bedroom flats and a few bungalows. The flats are arranged along “streets” of shops, a pub and activities – as well as staff and care facilities.

The range of facilities in the Extra Care Charitable Trust villages have become established as including at least:

- Art and pottery room - Woodworking room - Greenhouse - Library - Several lounges and meeting rooms - IT suite - Shop - Restaurant	- Licensed bar - Fitness suite – including changing rooms - Jacuzzi and sauna - A separate assisted bathing facility and a defining feature of ECCT villages - a large village hall - Laundry

The landscaped grounds incorporate a small lake area which provide a focus for the village and a large patio area with tables and chairs overlooking the lake.

The village was constructed on part of a large complex of playing fields and other sports and leisure facilities. Many of these facilities remain adjacent to but not part of Ryfields. The bowling green and sports club provide one meeting place for residents and other people living nearby.

The distinctive features of the design and buildings which mark ECCT developments include:

- A central “village” hall
- The very extensive range of facilities and the emphasis on activity
- Arrangement of both amenities and dwellings in covered and safe streets

Care and Support

The buildings are managed and maintained by the housing association who acted as the developer. They have a staffed office on the main street near the main entrance to the building.

Care is provided by ECCT. This is the first UK retirement village to offer full nursing care to residents within their own homes. There is no requirement to transfer to a separate care home as at Hartrigg Oaks. Indeed the expectation is that the vast majority of residents will be able to be supported in their own homes irrespective of the level of frailty.

ECCT employs a large team of full and part time care staff and the concept of the scheme is that each individual can receive a tailored package of care according to their particular needs and wishes. Care is flexible and can increase or decrease or change on a daily basis.

The culture of ECCT is to encourage and support independence and health rather than the passive delivery of care that tends to create dependence. So while a substantial, and high quality, restaurant is available there is no expectation that everyone (or any one) will have all their meals provided. They may instead for example be supported to make a meal in their own flat.

The lettings (and sales) policy at Ryfields is designed to ensure a range of abilities so in practice at present a proportion of residents need little assistance for much of the time.

Finance

To understand the funding of villages like this one it is useful to separate:

- Capital and revenue
- Accommodation costs from those for care and support

Ryfields is a mixed tenure scheme. Seventy properties were sold either outright or on "shared ownership" terms. With shared ownership sometimes explained as part buy, part rent, a proportion of the equity is purchased – 25%, 50%, 75% according to the individual resources. The remaining part of equity continues to be owned by the landlord and is rented to the owner. Despite the fact that there is a form of ownership if the individual qualifies because they have a low income and less than £16,000 in savings Housing Benefit can pay the rent.

Offering shared ownership provides a way for people with a low value property, perhaps because it is in poor repair or small, to access the scheme but retain their capital.

In overall financial terms a proportion of sales provide one means of funding the capital costs of the development. In the case of Ryfields building costs were met by a combination of:

- Social Housing Grant – from the Housing Corporation to Arena Housing Association
- Land from the local authority
- Proceeds of sales on 70 properties
- Private loan – repayments are funded through rents
- Charitable donations

Those who do not own, rent their property from the housing association landlord.

In summary the accommodation element is funded by residents in one of three ways:

i. Outright purchase
ii. Part buy, part rent, with varying proportion of equity rent
iii. Pure rent

Care and support is also funded in a combination of ways:

i. Own finance – i.e. self payers as in residential care.
ii. Those who seek some financial support from social services for a package of care will be assessed against the local authorities charging policy
iii. Income Support benefits including premium for those who are eligible to meet daily living expenses
iv. Housing Benefit for those eligible to meet the rent on the accommodation
v. Attendance allowance – a non-means tested benefit for which a large number of those who live at Ryfield qualify because of their disabilities and health. In some ECCT schemes the practice has been for residents to pool attendance allowances to provide one means of getting a very flexible service that can change as needs change
vi. Social Services contribution to care based on level of care needed
vii. Supporting People Grant from the Supporting People Team to fund principally what is described as "general counselling and support"

Some observations

ECCT is widely seen as the leading provider of village communities in the UK producing development to high standards with considerable attention to detail. They are seen as an organisation that is obsessed with quality of service. Older people are at the heart of all they do and have become "ambassadors" for the organisation. The culture and ethos of the organisation is very clearly to promote and encourage the independence, activity and health – "adding life to years" as they say. Compared to some other retirement communities striking features are:

- The level and extent of involvement of residents in running the village – a real community
- The extensive range of activities and the number of people who participate
- The replication of a village based on "streets"

A list of 2,000 people interested in Ryfields formed giving some indication of demand. A similar development at Sheffield not yet on site already has a list of 4,000 people.

7. Choosing a Model – Using the typology to guide decisions

We conclude with an example of how the typology guided decisions on the most suitable model in large urban authority.

Housing/care provision

Social Services were clear they did not wish to be the care provider. As a matter of policy with other needs groups the authority was already moving to separate housing from care provider functions so there was a preference for this variant. There was no strong case for multiple providers as there might be where for example there was wide range of ethnic groups to be catered for. Interviews and discussions with key stakeholders showed strong support for a larger community to "make a statement", show its policies really were including older people and address needs repeatedly articulated by older people in a succession of consultative exercises. This led to the conclusion that the authority should go for a larger development, first seek to identify a care provider to collaborate with and then, with the care provider, select a separate housing partner. An initial assessment of local housing partners indicated that it may be necessary, because of the complexity and scale of development and funding required, to attract a national housing provider.

Buildings

Supply and demand analysis showed a steady increase in older elderly, but also that a significant proportion of the existing sheltered stock was becoming unlettable. A review by the planning department against a preliminary set of site selection criteria identified 16 possible large brownfield sites in excess of 2 hectares. This meant a retirement community was at least possible. Property values are relatively low and suitable bigger sites were inevitably scarce suggesting therefore a predominantly flatted rather than bungalow development (bungalows being the more expensive built form and also requiring more space). The authority has a good supply of residential care places combined with a good track record of moving to support older people at home shown in performance indicators and comparative statistics. It therefore decided against incorporating a care home or a core and cluster style.

Lettings

The authority has no overwhelming need to only use a new development for the frailest or for example to meet the need to re-house large numbers from care homes. The generous supply of traditional sheltered housing will disappear as about a quarter of units are bedsits and are no longer acceptable. Thus a policy of managing lettings to continue to provide for a diverse range of needs and maintain an active community makes sense.

Tenure

It will be difficult (almost impossible) for this authority to fund a large scale development of up to £20m without some sales. Housing Corporation allocations to RSL's in the city are at a low level and could realistically only be expected to meet a fraction of the cost – perhaps 10%. Low value properties and a clearly identified problem of less well off older owner occupiers in properties in poor repair indicates shared ownership could be a useful element in this scheme. So the decision is to go for mixed tenure incorporating a range of equity share disposals to meet a wide range of financial circumstances.

Referring back to the typology the model that emerges in this instance is:

Housing and Support provider	One housing provider One separate care provider
Building	Extensive facilities Large scale – in excess of 150 dwellings Flats
Lettings	Managed – only some with high needs
Tenure	Mixed tenure including shared equity options

8. Further sources of information

Both Hartrigg Oaks and another ECCT village similar to Ryfields have been subject to 3 year, independent evaluations including assessment from a residents' perspective. Space prevents inclusion here. Look at:

Living at Hartrigg Oaks: Residents' views of the UK's first continuing care retirement community by K. Croucher, N. Pleace, M. Bevan. Published by JRHT 2003.

New Influences in Old Age: Health, Identity and Wellbeing in Retirement Communities, Dept of Social Gerontology, Keele University, in press.

Other useful publications/references include:

Continuing Care Retirement Communities in the UK: Lessons from Hartrigg Oaks, M Sturge JRF 2000

Hartrigg Oaks: The Early Development of a Continuing Care Retirement Community. Julie Rugg, Centre for Housing Policy, University of York, 1999.

www.jrf.org.uk has a section on Hartrigg Oaks
www.extracare.org.uk – Extra Care Charitable Trust website. The individual villages supported by the Trust usually have their own websites as well.

For those not familiar with the range of schemes and arrangements described as “extra care”, “*You have your own front door: Cambridgeshire and Peterborough Very Sheltered Housing Review”,* Trevor Baker, Cambridgeshire CC, 1999 remains one of the clearest overviews although precedes most of the modern retirement community developments.

Other Factsheets in this series: see back of front cover

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