

**NEW DIALOGUES**  
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Directors of  
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adult social services



# A BETTER OFFER FOR OLDER PEOPLE

Making extra care housing work for your community

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# MAKING EXTRA CARE HOUSING WORK FOR YOUR COMMUNITY

## How extra care housing can contribute to meeting the needs of the country's older population

Liz Mills was far from keen when her GP suggested she move into the Blaise Weston Court extra care scheme in Bristol.

She was 61 at the time and felt too young to move into accommodation designed to support older people with care needs but her worsening epilepsy was putting her in danger.

"My health had become risky to me," she recalls. "Before I came to Blaise Weston I had been in hospital for nine out of the previous 11 months."

Forced by necessity, she reluctantly agreed to the move into the scheme. The reality wasn't what she expected.

"I thought this was the last stop before the box but it's not," she says. "I've only been in hospital four times in the seven years I've been here. It's a lovely place with lovely people and carers. It's not a care home; it's very sheltered accommodation. We've got our own front doors but we have the carers there if we need them."

Extra care schemes such as Blaise Weston, which is managed by Hanover

Housing and has its care services provided by Mears Care, are not new. Similar developments that marry independent living with around-the-clock care and support on site have been operating for years.

The model and the terminology varies but the core idea behind extra care is a housing development designed to meet the needs of older people. Depending on the model used the self-contained units within the development are available for rent, shared ownership or full leasehold.

Once built the housing provider manages the property and collects rent and service charges from the residents. Meanwhile adult social services or self-funding residents pay an on-site care provider to meet the care needs of those who move in. The care provider can be the same organisation as the housing provider or, as is the case in Blaise Weston, separate. But, in line with the independent living ethos of extra care, residents are free to choose an alternative care provider although in practice few tend to do so.

### HAPPIER, CHEAPER AND SAFER

The promise of extra care is significant: a means of enabling people to have their care needs met while retaining their independence and avoiding admission to residential care. Local authorities stand to benefit from lower spend on residential care and the efficiency that comes with having care workers and service users co-located. It should also free up under-occupied properties helping ease the pressure on local housing markets.

What's more older people who live in extra care housing have fewer hospital admissions and feel less lonely than those who stay in their own homes, according to an Aston University study.

"There are two obvious advantages with extra care," says Alan Long, executive director of Mears. "One is having a close-knit group of care workers aligned to a group of service users in a particular location. The other is you've got a building that is better suited to the people who live there. A lot of the problems for elderly

## ABOUT THIS REPORT

Enabling older people to live independently in the community for as long as possible is a goal with which few people, if any, would disagree.

It is what we all hope will be the case for ourselves, for our loved ones and indeed for all older people.

However if that is to become the case a one-size-fits-all approach will not suffice.

Supporting independence for

older people with care needs requires multiple solutions and approaches.

This is why ADASS is pleased to bring you this think piece report, which has been made possible through sponsorship from Mears. The report examines the potential, models and challenges of extra care housing.

Extra Care is currently not an option for enough older people

in the UK, therefore thinking about what it can offer as well as what is involved in creating it and running it matters when considering how best to support our older populations.

The views within this report do not necessarily reflect the views of ADASS or Mears but we hope it will help stimulate further discussion and debate about the role of extra care.



**NEIL REVELY AND ALAN ADAMS**  
**CO-CHAIRS OF THE ADASS HOUSING POLICY NETWORK**





people in ordinary properties happen when basic things go wrong like light bulbs breaking or people falling over on their way to the bathroom at night.”

Extra care residents are happier too, he adds: “When we look at our customer satisfaction statistics we always get higher scores for people who live in extra care compared to those who get domiciliary care because all those other things, such as social isolation and the broader quality of life, can be much more effectively addressed in an extra care environment. The tragedy is there’s just not enough of it.”

#### **SUPPLY SHORTAGE**

Despite all its promise, the footprint of extra care in the UK is small. Only around 0.5 per cent of older people live in housing with care and in recent years new extra care schemes have been few and far between.

“Extra care had a certain profile up to the end of the last decade but after 2009 it went

incredibly quiet until last year,” says Glen Garrod, director of adult care and community wellbeing at Lincolnshire County Council.

First austerity led to the Department of Health capital grant that had spurred much of the growth of extra care being withered away. What growth remained was then put in jeopardy in 2016 when the government proposed changing the funding model for supported housing. Under the proposal rents and service charges paid via housing benefit or universal credit would have been limited to the applicable local housing allowance (LHA). While local authorities may have been able to top this up, the LHA cap meant the financial risk was too great for many extra care housing operators.

Prime Minister Theresa May dropped the plan in October 2017 and instead promised to introduce a ‘Sheltered Rent’ for extra care and leave it in the benefit system. The detail of the Sheltered Rent system is now being

worked on but the change in plan has brought a fair degree of confidence back to housing providers.

Together these changes caused a significant slow down in the development of new extra care schemes. “The whole discussion around the funding of supported housing led to a two-year hiatus on developments because the rents and service charges for extra care are significantly above the levels you see in sheltered housing; not least because of the greater communal areas,” says Andy Gregor, director of new models of care at the housing association Home Group.

#### **WAITING LISTS**

Older people, however, remain keen on extra care when it’s available says Michael Voges, executive director of the Associated Retirement Community Operators (ARCO). “Most of our members have waiting lists for housing with care,” he says. “People



**“We always get higher customer satisfaction scores for people who live in extra care compared to those who get domiciliary care”**

**Alan Long, executive director, Mears**

Needs of Older People team. “That left 50 per cent who were actively looking or were willing to move later in life.”

The high demand comes despite a general lack of awareness that extra care exists as an option. “I think people generally wouldn’t have a clue the option exists,” says Long of Mears. “Some of the early extra care tended to be built in places that were quite secluded. That’s a problem in itself for the residents but it also meant, in terms of visibility, that people who potentially might have wanted to move into that kind of environment in the future don’t know about it.”

Nick Sanderson, chair of ARCO and chief executive of Audley Group, agrees: “We’re in a classic Catch 22. Housing with care does not exist on any scale in the UK and consequentially knowledge about it is very small, not only among consumers who, therefore, are not demanding it because you don’t ask for what you don’t know about, but also among the funders, investors, banks, regulators and planners.”

## **NEW ZEALAND**

The terminology doesn’t help either. Extra care goes by a multitude of names from assisted living and housing with care to retirement villages and senior living but few agree on what it should be called.

“I can’t stand the phrase extra care,” says Jamie Carswell, director of housing at the Royal Borough of Greenwich. “Extra care is about allowing people to live independently but with a little bit extra compared to the traditional sheltered blocks where you might have had a warden knocking on the door once a week. The term emerged in the context of the old-school sheltered schemes but it’s really about having the flexibility of your own tenancy or shared ownership and then working out what is the bolt-on of care that works for you, including none.”

Part of the problem is that extra care is not one thing but an umbrella term says Neil Revely, co-chair of the ADASS Housing Policy Network. “A lot of people see extra

care as a particular thing whereas it is, in effect, a concept that can manifest in lots of different ways,” he says. “Some extra care is part of the community with libraries on site, others are a complex with a main building and lots of bungalows, some are more virtual. Some people see extra care as 60 apartments in a single block with a café in it and care on site.

“All of those things are extra care. It’s an umbrella term for the concept of supporting people to live independently in their own home but within an arrangement that supports easier care delivery and where higher levels of need can be catered for.”

In comparison these debates about terminology have largely been dealt with in New Zealand, which is often seen as a world-leader in extra care provision for older people. In 2003 New Zealand’s government passed the Retirement Villages Act, which cemented the term retirement village in law and also set out rules on what such developments had to offer. The law also introduced various protections for residents including requiring them to receive independent financial advice before signing up. The legislative framework gave extra care in New Zealand a significant boost says Voges: “In the UK about 0.5 per cent of over 65s live in a housing with care community. In countries like New Zealand that figure is 5 per cent or more.”

## **BALANCING NEEDS**

On the face of it New Zealand seems like an enviable success story and a demonstration of how the UK is lagging behind, but the reality is more nuanced. “That 5 per cent in other countries is almost exclusively in the private market and there is little provision for people who do not have the means to pay for it themselves,” says Voges. “In the UK we have found a model that allows people to be supported with public funding. We have got people from New Zealand coming here to see how we do affordable housing for extra care.”

For those eligible for housing and social care support extra care is a realistic option –

sometimes say we need to be more creative. That suggests there is a demand problem but we don’t have a demand problem, we have a supply problem.”

Julie Ogley, director of social care, health and housing at Central Bedfordshire Council, agrees. Since becoming a unitary authority in 2009 Central Bedfordshire has been seeking to develop more extra care and its schemes have been oversubscribed.

“People said to us older people won’t move but for our first extra care scheme, which had 83 units, we had more than 700 expressions of interest,” she says.

Central Bedfordshire’s own research into older people’s attitudes to moving confirmed this further. “Around 600 people aged 65 plus were interviewed and of those 10 per cent had already moved and 40 per cent would only move in extreme circumstances,” says Tim Hoyle, who heads the council’s Meeting the Accommodation



***“You don’t want everybody at the higher end of care because you can lose the opportunity to create a vibrant community”***

**Julie Ogley, director of social care, health and housing,  
Central Bedfordshire Council**

when it is available at least – but the shortfall in supply presents challenges for the limited number of schemes that exist.

Foremost among these pressures is that local authorities are under pressure to find community placements for people with substantial care needs and this can challenge the original vision that those living in extra care would have a balance of need.

“When extra care started people talked about the ideal scenario within any scheme – a third with low needs, a third with medium need and a third with high needs,” says Revely, who oversaw the creation of significant amounts of extra care in North Yorkshire and Sunderland during his time as an adult social care director. “When I started developing extra care with providers I said, ‘Yes that might be the aspiration when we have sufficient but when I have my first scheme, in order to make the most of the asset, it is going to have a relatively high proportion of people with high-level needs’. How can I justify investing the time, money and effort otherwise? I need a return.”

With demand outstripping supply, the clash of the ideal and the reality continues today. In Blaise Weston for example a nearby residential care home is closing down and many of the high needs residents of that home are being moved in. “This is having a detrimental effect,” says resident Liz Mills. “We are getting more people with dementia, some with very bad dementia. It’s heavy for the other residents like myself and for the carers. This place should be used for what it was designed for: extra care.”

Central Bedfordshire Council’s Ogley agrees this is a risk to extra care: “You don’t want everybody at the higher end of care because you can lose the opportunity to create a vibrant community where there is an emphasis on mutual support as well as care.”

Balancing need is, however, not always easy to engineer says Simon Pearce, director of health and adult services at the

Royal Borough of Greenwich.

“One of the things that tends to happen over time is that the balance changes,” he says. “If people go in when they are 60 to 70 years old and live a long time, a decade or so later they are still there which skews the average age and the average need. Trying to have a good balance and maintain that is the right thing to do – as when 19 of the 20 residents are 75 plus, it’s not a great offer for a 56 year old – but it is not always in your gift to engineer it.”

#### **NOMINATION RIGHTS**

Ultimately increased supply is the answer. Mark Blomfield, the strategic lead for new extra care developments at the London Borough of Hounslow, says the authority’s extra care units are skewed towards higher needs at present but adds: “We are delivering our target to increase supply by 180 units in three years and are building a large 94-unit scheme that will allow for a more balanced community.”

Revely’s experiences in Sunderland also suggests increased supply leads to a better needs balance. “When I went to Sunderland they had no extra care, ten years later they have about 1,000 units,” he says. “Sunderland’s early schemes had much higher levels of dependency but with the later, larger schemes – such as the 175-unit Dovecote Meadow, operated by Housing and Care 21 – there wasn’t 175 households with high-level needs immediately ready to move in, even in a city the size of Sunderland, so you had a much broader spectrum of people living there.”

In the meantime some providers of extra care are seeking to readdress the balance by



retaining a greater proportion of the rights to nominate residents. “When we agree a nominations policy

with a local authority we retain 25 per cent of the nomination rights and the local authority gets 75 per cent,” says Rowena Hindle, Hanover’s regional manager and extra care specialist for the west region. “We try to address the mix with our 25 per cent so the authority may put someone with a higher care need in and we would look at using ours as preventative moves for people.”

A similar arrangement is planned by Lincolnshire County Council for a forthcoming 70-unit extra care development in Lincoln, which will see the county council get half of the nomination rights. “The other half are for the district council and housing association to determine allocations for and that automatically builds in a better balance than if the county council had all the units,” says Garrod.



## MENU OF CHOICE

An alternative model is to find ways to attract residents who have few or no care needs as Greenwich has sought to do with Halton Court, which it created via a section 106 agreement. In a break with the norm, Halton Court has no in-built care service for its residents, 150 of whom live in rented and 20 in shared ownership units.

"Halton Court was primed to be extra care but was being built immediately after austerity hit and the ability of the council to put extra funds in was very limited," Pearce says. "So it was built as older people's accommodation with no care embedded."

But what Halton Court offers instead is a way for its shared ownership residents to retain some of their housing equity while also moving into a setting designed to enable them to be better supported when care needs arise.

"Given the current charging scheme if they went into nursing or residential care it

would strip their equity and put it into the cost of care," says Pearce. "We're not saying that is right or wrong but it at least gives people an option to do something else and be proactive about their choices. There are merits to extra care with its in-built support but there is also the disadvantage that it can look very like a residential care home.

"There are examples where residential homes have been closed and replaced with extra care housing where the population has moved from the residential home to the extra care housing so the notion of it being an independent choice is eroded. Doing what we did with Halton Court is probably easier in cities where the dragging of support to the individual is easier than if you're in a county council but I think there's room for both models rather than always having the care provider come in as part of the offer."

What Halton Court does is widen the

# THE BUSINESS CASE FOR EXTRA CARE

Studies suggest extra care housing can deliver significant savings

A 2013 evaluation of extra care schemes in East Sussex found:

## 64%

of residents would otherwise have been in residential or nursing care

On average extra care costs

## half

the gross cost of alternative placements

A 2015 Aston University study of schemes run by the ExtraCare Charitable Trust found:

Extra care reduces the cost of providing high-level care by

## 26%

per person per year

The median duration of unplanned hospital stays for people who move into extra care fell from 5-7 days to

## 1-2 days

In January 2018 a ILC-UK report funded by ARCO and Legal & General reported:

Housing with care saves the NHS almost

## £1,115

per person per year

If the UK's supply of extra care was just half that of New Zealand it would deliver

## £228m

in domiciliary care efficiency savings every year



**“Since we moved back to block contracts hospital discharges have been much easier”**

**Mark Blomfield, strategic director for new extra care developments, London Borough of Hounslow**

menu of independent living support in Greenwich, supplementing investments in community resilience and support to help older people continue to live independently in their existing homes.

“If you wanted to criticise councils in the past, one criticism you might make is we offered a menu of one item,” says Pearce. “This is an evolution of a wider menu and while it’s not extra care there will be alarm calls on site and some flats have wheelchair access and there’s a café on site.”

**NEW MODELS**

Halton Court’s lack of an in-built care provider also means it does not use block contracts to fund the care provided within it.

“In the old days you had extra care schemes that had block contracts and it was quite monolithic,” says Greenwich’s Carswell. “You had to be there with a certain assessment of need and you then got that provision via a block contract. The Halton Court model is more flexible around the way people’s care needs develop as there will be a package around them but they don’t necessarily need to move home because they’ve already established themselves in a location that is capable of having extra care delivered within it.”

Others have also been exploring new forms of extra care. One approach Garrod is interested in using in rural Lincolnshire is a distributed model.

“In a distributed model you might see three or four bungalows in different locations,” he says. “In east Lincolnshire there is no single central urban environment and about five or six relatively small market towns where I don’t want to build a 40- to 80-bed extra care facility because it wouldn’t get used. What blends in better are smaller units and while that can undermine some of the savings extra care offers you can mitigate that with technology and mobile wardens. If you’ve got 20 to 30 distributed units within a 10- to 15-mile radius that’s not so bad as long as you have got very good digital schemes in place.”

Another idea yet to be explored much in the UK is that used in the Netherlands,

Garrod adds: “They’ve gone further with the idea of Shared Lives where you might have an extra care facility but it is next door to a university campus and you’ve got students who get massively subsidised housing so long as they spend so many hours a week supporting an older person or a person with disabilities.”

Home Group, meanwhile, sees potential in developing extra care that has closer ties with health services. “In our development pipeline we’re looking at that integration with health where you have the apartments for rent or potentially for sale, but also a dedicated intermediate care block that is funded by health, which is separate from the apartments but can also use all the facilities within the development,” says Gregor. “Another example might be having a GP surgery on site, which probably isn’t massively radical, but again it’s about having that integration with local health services and recognising that people in extra care are likely to be pretty heavy health service users.”

**BLOCK CONTRACTS**

While Greenwich’s Halton Court lacks a block contract, most extra care schemes use them and getting that contract right is crucial to success. “The nature of extra care is that, particularly when they are first built, very little care is needed and so you have issues about void levels at the start,” says Mears’ Long. “We tend to have some level of block contract in a number of our schemes but it’s set at a very conservative level.

“What makes it difficult for us is where a council insists on a level of staffing from day one when actually there might only be 10 per cent of the properties filled at that point. I can think of instances where we’ve been told we have to have two people in overnight and so many people in during the day but, for whatever reason, it has taken a long time to fill those properties even though we have been staffed up for the property being full from day one. That’s a recipe for disaster and it has been in one or two schemes for us.”

When developing extra care schemes in



Sunderland, Revelly opted to go with no block contracts at all and instead had the care services paid via personal budgets. This approach has several advantages, says Revelly: “The client is in control but the provider is happy because the funding is secure and they can flex the amount of care delivered. There’s also a memorandum of understanding that says if the local authority can’t nominate clients within a reasonable time when there is a vacancy, the provider can advertise locally initially and then further afield. But providers generally have little problem filling voids.”

However, block contracts have advantages too, says Hounslow’s Blomfield. “We’ve gone for block contracts where there’s enough flexibility to meet people’s changing needs,” he says.

“The whole business of having to get social workers to reassess people, make variations to packages of care, the time involved on our end and frustration from providers not getting the hours at the time needed meant it felt like spot purchase and personal budget approaches waste a lot of time and energy and wasn’t the safest way to carry on.

“Since we have moved back to block contracts hospital discharges have been much easier.





"We wanted more of a partnership arrangement with the providers and a block contract facilitates that better. They make commitment to us and we make a commitment to them. It gives providers more certainty for the future and there's more stability in the schemes."

### THE PRIVATE MARKET

While much of the UK's extra care caters to people with recourse to public funds, self-funders also want and have a need for extra care, which raises the question of why the private market hasn't filled the gap.

ARCO's Voges says it comes down to money. Part of the issue extra care developers face is that the Landlord and Tenant Act 1985 does not distinguish between leaseholds for general housing and extra care housing despite the extra costs of catering to older people with care needs. "Under the act the property manager can charge only a modest margin of roughly 10 per cent on service charges so if the service charge is £5,000 a year per apartment their largest profit is about £500," says Voges.

"The act however doesn't factor in that running a retirement community with care and support is much more complex than running a normal block of flats: operators

have to coordinate restaurants, support services and a higher level of requests from residents. All that means that investors need additional income streams in the form of deferred fees before taking on long-term obligations.

"Recently, a more consistent approach to transparently disclosing these additional fees has helped spur the market along."

This, he says, has given integrated providers who can provide both housing and care an edge because providing care gives them an extra revenue stream.

But what this has left is a significant gap in extra care provision for those whose assets put them above the threshold for social care benefits but lack the wealth to buy into luxury developments that include care within their offer. In recognition of this some authorities have begun to think more about how to stimulate this part of the market too.

"Our initial focus was on people who require public subsidy but it quite quickly moved into looking at the market as a whole as the Care Act 2014 gave the council clearer duties around helping self-funding people into the right sort of care and accommodation," says Ogley. "Our latest strategy is therefore concerned with the whole market."

Hoyle adds: "We are looking at what incentives we can use as a council to encourage development of extra care. We are testing a combination of carrots and sticks. The sticks will generally be delivered through the planning system but we recognise that the planning system is complex with many national, regional and local forces at work. However, our local plan is currently in draft form so we have a great opportunity to influence it.

"In terms of carrots the council has significant land holdings at its disposal. Whilst there is always competing pressures for land, the council's leadership is keen to use its resources to deliver wider social benefits. Extra care clearly falls into this category and we have been able to use council resources to pump prime the market and to make sites available for this type of development.

"Our experience is that something that limits all types of development is the availability of land in the right place at the right price. That's an area where we as a council can intervene."

### BIG INVESTMENT

But there are signs that the private end of the extra care market is about to grow rapidly. In the past year Legal & General

and AXA have invested tens of millions of pounds in housing with care providers and this, says ARCO's Sanderson, is giving other investors more confidence in the market too.

What these investors have cottoned onto is that housing with care offers a long-term way to make money. "Why build extra care in a country where anything a developer builds will sell because we are massively undersupplied with housing? Well, what those house builders are missing out on is that done well you get two bites of the cherry," says Sanderson.

"You buy the land, build on it and sell the units but then you are left with a very long-term operating business collecting charges for care and services because your customers bought 125-year leases. If you're smart you get all your money back through the development process and are left with this long-term business."

Another attraction is the potential of 'enjoy now, pay later' deals where the housing operator takes a cut of the resale value of the property once a residents passes away or moves on.

There are also signs that extra care development within the public subsidised end of the market is also about to pick up. Mears, for example, is moving from largely being involved in providing care services in extra schemes to constructing new developments too.

"Up to recently we have simply been responding to tenders where a scheme has already been devised and they are looking for a partner to work with," says Long. "That has changed for us in the last two years. We are a housing and a care provider and as a care provider it was obvious to us that the care system as it stands is not sustainable with care workers flying around different parts of local communities trying to support people in unsuitable property. More extra care plays to our skill set and is a necessity if we are going to enable more people to stay in housing and not be put in a traditional residential format."

### CLEAR STRATEGY

For local authorities hoping to foster and guide the market in a way that caters to the needs of their population having a clear strategy is crucial, says Revelly.

"There are lots of examples around the country where people did one or two extra care schemes only for it not to have the

impact they expected," he says. "What you need to do is work out what you're trying to achieve and how much you are trying to achieve. It doesn't have to be a linear process initially, if you haven't got much extra care you can get on and do some while doing your strategy but if you want to move at scale and pace it won't work if you haven't got a strategic approach."

ADASS Housing Policy Network co-chair Alan Adams, who is also the executive director of children's, housing and adults' services in Hounslow, says that while having housing and adult social care in the same directorate helps there is plenty of directors without responsibility for housing can do.

"People talk about health and social care and not about housing, but housing is the third leg of the stool and you can set up extra care and make no difference if housing is not properly integrated," he says. "How is housing reflected in sustainability and transformation planning, the Better

Care Fund and planning? How do frontline staff across housing and social care talk to each other? Where does housing sit within your preventative strategies? These are things directors of adult social care can check."

Clear planning policies on housing for older people also matters but does not always feature in the local plans created by local authorities with planning responsibility. An analysis of 329 planning authorities published by law firm Irwin Mitchell last year showed that 203 had no policy on older people's housing or any allocated sites for such developments. Only 32 had both.

### SOCIAL CARE ALIGNMENT

Councils also need to ensure social care services align with the opening of new extra care facilities.

"We do have a chicken-and-egg situation where we can promote extra care as a solution but without the capacity in the system people who could have their needs met in extra care will often end up in care homes," says Central Bedfordshire's Hoyle.

"This is especially the case when an older person is unable to return home from hospital and the only place available is in a care home. Having extra care apartments available when people need them is always going to be a challenge but we are looking at the option for future developments.

"As we develop new schemes to bring capacity into the system we need to make sure that practitioners are aware of the development and who it will cater for in the year or so before it opens. That way they can start to identify people who could benefit from it and talk to them about whether extra care is an option."

Extra care appears primed for a revival of new developments and with that comes the chance to realise the potential benefits it can offer older people, local authorities and communities. And with more extra care comes the chance to move on from a world where finding yourself needing care automatically points towards ending up in residential care.

"My view for the last 20 years has been that residential care is an anathema in the 21st century," says Revelly.

"People can live independently in appropriate accommodation with support. The problem is we do need residential care at present because we have not got sufficient of the alternative." ■

## Key lessons

- **Extra care is an umbrella term for a variety of different models that support independent living**
- **Studies indicate extra care housing can significantly reduce social care and NHS spending**
- **Only 0.5 per cent of older people in the UK live in extra care compared to around 5 per cent in countries like New Zealand**
- **Balancing the level of needs that residents living within extra care communities have is important but is often constrained by a shortage of supply**
- **Confidence is returning to the market after a slowdown in the development of new extra care schemes in recent years**
- **Extra care schemes benefit from a strategic vision that involves co-operation between social care, housing and planning departments**





## Who we interviewed

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## NEW DIALOGUES

APRIL 2018

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adult social services

This think piece report is designed to stimulate debate and discussion and as such it does not necessarily reflect the views of ADASS. The report is sponsored by Mears but ADASS retained editorial control of the content.

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