



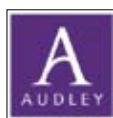
Establishing the extra in Extra Care:

Perspectives from three
Extra Care Housing Providers

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Executive summary



Extra care housing is a model that combines purpose-built and ergonomically designed housing for older people with onsite flexible care that adapts to residents' changing needs. This research draws on the data collected from three providers of extra care housing and examines the outcomes for residents. It explores some of the factors associated with more successful outcomes among the residents, and also compares some of these outcomes with those of residents who share similar characteristics but who reside in general-purpose housing in the community. This is one of the first studies to examine the outcomes for extra care residents using longitudinal data, tracking the outcomes for residents who in some cases moved into extra care housing as long as 15 or more years ago up to the present day. In this study, we focus upon outcomes related to health status, usage of health services and usage of institutional accommodation, and we highlight the following key findings.

Key findings

1. Extra care housing is a home for life.

About 8 per cent of residents in extra care housing in this study enter institutional accommodation from extra care housing after five years of residence. Compared to those living in the community in receipt of domiciliary care, those in extra care housing are less likely to enter institutional accommodation. Among a matched population aged 80+ we would expect about 19 per cent of those living in the community in receipt of domiciliary care to enter institutional accommodation, compared to just 10 per cent of those in extra care housing. This highlights the efficacy of extra care in supporting people with a diverse range of support needs. Furthermore, this can represent substantial savings in social care budgets.

2. Extra care is a healthy home for life.

About a quarter of residents who enter extra care housing with additional social care needs, or who develop additional social care needs within extra care housing, later go on to experience an improvement; for example, moving from a high intensity social care package to a low intensity social care package. In addition, many more experience stability in care needs and do not exhibit the diminution in abilities that usually necessitates higher levels of social care.

3. Extra care housing is associated with a lower uptake of inpatient hospital beds.

Residence in extra care housing is associated with a lower likelihood of admittance to hospital for an overnight stay compared to a matched sample living in the community. However, among those admitted, extra care housing residents were likely to stay longer. This finding seems to demonstrate an overall tendency for extra care residents to be less reliant on hospital inpatient beds for minor procedures, and for extra care housing residents to utilise inpatient services only in times of crisis. Nevertheless, overall those in extra care housing had a lower incidence of overnight hospitalisation than a matched group living in the community. For example, we would expect an average person aged 80 and above in receipt of domiciliary care in the community to spend around 6 nights of the year in hospital, while a resident in extra care housing with similar demographic characteristics would spend around 5 nights. These findings suggest a substantial fiscal benefit to residence in extra care housing in terms of hospital expenditure and also in terms of residents' quality of life. In addition, we also present the argument that our estimates may overstate the case of longer stays in hospital for extra care housing, and we therefore would simply emphasise that those in extra care housing have a lower probability of entering hospital than a matched sample in the community.

4. Extra care housing translates into fewer falls.

A lower than expected number of falls was recorded in a small sample of extra care housing residents than in a matched comparison group living in the community. This can translate into substantial budgetary savings by lowering reliance on health services as it also potentially demonstrates that extra care residents exhibit a lower likelihood of moving to institutional care.

5. Extra care housing supports some of the oldest and frailest members of society.

The average age of extra care housing residents is in the very late 70s and early 80s across all three providers included in this research (Audley Retirement, Extra Care Charitable Trust and Retirement Security Limited). Not only were extra care residents older, but other factors also suggested that extra care residents had higher support needs than would be expected among a population of similar age living in the community. The number of people living with dementia, the aftermath of a stroke or Parkinson's disease was higher in extra care residents than in the general population. Residents of one extra care housing provider included in this study were also more likely to be claiming Attendance Allowance, a benefit reflective of personal care needs, than those in the population.

6. The benefits of residence in extra care housing could translate into substantial cost savings, particularly in the long-term.

Assessing the costs of different models of care is challenging. In this research we speculatively outline that there is likely to be a higher individual and societal cost to delaying movement into specialist retirement housing for some older people. This is due to the higher transition rates into institutional accommodation that those in community settings are likely encounter. Furthermore, we also highlight that there are fiscal benefits to be observed from the lower rate of hospitalisation, the lower rate of falls and decreases in social care packages received. These benefits are also likely to signal benefits to the quality of life of older people.

7. Expansion of the extra care housing sector, as part of the retirement housing sector more generally, could help to alleviate housing challenges facing people of all ages.

Older people are now more likely than ever to be resident in housing that may not best fit their needs. Part of the reason for this may be due to the lack of adequate housing available, and the lack of information on the available options. Expanding the extra care housing sector, as part of an effort to grow and diversify the older people's housing market, could help alleviate the housing shortage facing young people and families through freeing up family sized housing.

Background

Extra care housing represents a relatively new model of housing with care for older people that has developed as part of the changing housing landscape. Several distinct trends have emerged in the housing patterns of older people in recent years. Our analysis of the Survey of English Housing reveals that by 2007/8, almost a quarter of older people (24 per cent aged 65+) had lived in their homes for 40 years or more, compared with 17 per cent in 1993/4. Arguably, the housing needs of such long-term residents will have changed over their life course. This is evidenced by an increasing trend towards under-occupancy among households headed by persons of pensionable age, with the ratio of bedrooms per person growing over time. Moreover, older people are increasingly likely to be owner-occupiers. Substantial implications follow from the deceleration of the older persons' housing market for older people themselves and the housing market more widely.

We also present figures from the British Household Panel Survey (BHPS) that show a small increase in the number of older people in the community who report difficulties in carrying out day-to-day activities such as shopping, housework or walking short distances (from 32 to 35

per cent). However, among those who report such difficulties, the proportion of those receiving domiciliary care (such as home help or meals-on-wheels) declined from 24 to 13 per cent. Therefore, not only does the evidence indicate that older people are more likely to be living in accommodation that no longer best meets their needs, but they may also be more likely to experience an unmet need for care at home while they remain in general needs housing.

One possible reason for the apparent slowdown in movement in the older people's housing market is a lack of purpose-built retirement housing (Ball 2011, Porteus 2011). Construction of specialist retirement housing has been on the decline since the mid-1990s, despite the ageing population. Construction of extra care housing has mirrored this trend, declining in recent recession years. About 1 per cent of households headed by a person of pensionable age currently lives in extra care housing, although demographic trends suggest that demand will be growing. A substantial proportion of extra care housing, as well as retirement housing more generally, has been offered on a rental basis, despite the fact that most older people in general-needs accommodation are owner-occupiers.

Extra care: the evidence base

While extra care, in the broadest sense, is defined as ergonomically designed independent housing units for older people with the provision of onsite flexible care, some ambiguities exist in terms of the essential components needed to classify retirement housing as being 'extra care' housing. Generally, most extra care housing appears to reflect the three tenets of: (i) flexible care, (ii) independence, and (iii) homeliness. In addition, there is some uncertainty in the literature as to whether extra care fulfils a role as:

- (i) a direct alternative to a care home (or other institutional setting) for those with moderate-high care needs; or
- (ii) prolonging a period of independence for those with low or no care needs; or
- (iii) a form of housing for older people who anticipate future care needs; or
- (iv) simply an alternative form of housing for those older people regardless of current or anticipated care needs.

Evidence collected in this project suggests that residents of extra care housing may move for reasons relating to all four scenarios. However, much of the literature has compared the outcomes for extra care housing residents only with those for residents of residential homes. Similarly, the literature has focused disproportionately on extra care housing that has been funded in part or in full by the state, leaving some evidence gaps in terms of the outcomes of extra care residents in private developments.

Some studies have concluded that extra care housing is associated with a diminution in functional ability usually associated with older age (for example, Bäumker et al 2008). Similarly, some studies have also concluded that social well-being is also higher following residence in extra care housing (Callaghan et al 2009). Studies of the cost-effectiveness of extra care have also highlighted that extra care housing can be associated with a reduction in social care spending (for example, Garwood 2008).

However, the applicability of several studies is limited because they either focus on single developments and/or have excluded private sector extra care housing. Furthermore, we argue that there remains a lack of consensus on some of the fundamental issues and claims associated with extra care housing. This has resulted in a lack of evidence on some of the most basic indicators of the extra care experience, including the length of stay and the maintenance of health and social care needs. In particular, there is little unanimity in the existing literature as to whether extra care housing could be considered a 'home for life' – a home that can support older people regardless of their care needs. The object of this study is to address some of these evidence gaps using data from three providers of extra care housing.

The study

We use longitudinal data on almost 4,000 residents of extra care housing supplied by three extra care providers. We examine the characteristics of extra care residents, the length of stay and whether extra care housing can be considered a 'home for life', the changing health characteristics of residents, falls among extra care housing residents, and patterns of inpatient hospital stays among residents. We also employ data from two nationally representative studies – the British Household Panel Survey (BHPS) and the English Longitudinal Study of Ageing (ELSA) – in order to compare the outcomes for similarly matched residents in extra care with those living in the community, and, in particular, those in receipt of domiciliary care. We make this comparison under the assumption that living in the community in receipt of domiciliary care closely matches some of the tenets of extra care in terms of independent housing, flexible care and homeliness. We employ various forms of regression analysis, specifically those most tailored for use with count and time data, to illuminate the outcomes of extra care residents. We also employ a method of matching to understand how the outcomes of those in extra care may differ from those in the community based on their observed characteristics.

Who lives in extra care housing?

We find evidence that extra care housing, on the whole, supports some of the oldest and frailest members of society, and a population that appears older and frailer than found living in other forms of independent housing in the community. The average age of residents entering extra care housing tends towards the high 70s, although population ageing can mean that the average age of residents living in these properties can reach as high as 85. Some two-thirds of residents are women, and about three in ten residents enter as part of a couple.

Most residents who enter extra care housing do not require an additional care package on arrival, beyond that provided as part of the minimum standard package (for example, 67 per cent of residents of one extra care housing provider). However, additional information from one provider also showed that over three-fifths of residents were in receipt of Attendance Allowance (a good measure of social care needs). This level of receipt of Attendance Allowance is substantially higher than is found among those living in the community; for example, 68 per cent of those living in extra care housing aged 80–84 were receiving Attendance Allowance, compared to 16 per cent aged 80–84 living in other forms of housing.

Although the findings relating to receipt of additional care package and Attendance Allowance appear contradictory at first, we interpret this finding as symbolising that the minimum level of formal and informal care provided as standard in the extra care housing environment allows older people with difficulties in carrying out the activities of daily living to remain independent. Receipt of Attendance Allowance, as well as receipt of Pension Credit for a substantial minority of residents, is therefore an essential part of helping older people remain independent through financing residence in extra care housing. Based on a small sample of residents from one extra care housing provider, we found elevated rates of dementia, stroke and Parkinson's disease among residents. These may give an indication of the type of health 'shocks' that can predict entry into extra care housing.

Extra care housing as a 'home for life'?

As discussed above, a recurring debate in the literature is whether extra care housing should be regarded as a 'home for life'. This is important, as it challenges the fundamental concept of extra care housing as a form of housing that can adapt to a resident's changing care needs as they age. To address these issues we first look at the typical length of a resident stay and the probability of a move to institutional accommodation, and we then compare this probability with that of a similar person living in the community.

We find that the median length of stay in extra care housing is 6.5 years, using data from two partners (Extra Care Charitable Trust and Audley). This was moderated by resident characteristics: men, older residents, and residents with higher care needs had shorter stays in extra care housing. When directly examining the 'home for life' issue, we find that after five years about 8 per cent of residents will have moved into institutional accommodation. The ratio of exits to institution and exits because of death within five years is about 1:3. At ten years, we would expect some 14 per cent of residents to have moved to institutional accommodation.

Regression results suggested that the care package on entry to extra care housing was the single most important factor in predicting exit to an institution. When we examine whether the low rates of moving to institutional care for the extra care housing sample are lower than would be expected within the community setting, we find indications supporting this, albeit with a number of caveats. We find that if we compare the outcomes of older extra care housing residents with those of a matched community sample in receipt of domiciliary care, the probability of a move to an institution within the first five years is 37–50 per cent lower for residents of extra care housing (50–70 per cent over the first two years).

Our results suggest, based on the low numbers entering institutional accommodation, particularly when compared to a community population, that extra care housing is a 'home for life' for the majority.

Extra care housing as a healthy 'home for life'?

In addition to the issue of whether extra care constitutes a 'home for life', we are also interested in whether residence in extra care housing can improve a resident's health. We find plenty of evidence to support this assertion through examining changes in social care package received, as a proxy for health status, as well as through examining the rate of falls.

We find that among those who enter extra care housing with additional care needs or who later develop additional care needs – 24 per cent of extra care residents experience an improvement over the first five years. This represents measurable fiscal benefits as well as benefits to the quality of life of older people.

Based on a small sample of residents in one extra care housing scheme, evidence shows that these residents are significantly less likely to experience a fall than those in receipt of care at home and who are of similar social background. While the fall rate in our extra care housing population was 31 per cent, the fall rate in matched sample drawn from a community survey was 49 per cent.

Extra care but fewer hospitalisations?

Given that our findings suggest that residence in extra care housing is associated with a substantial degree of improvement in social care status, and with a lower propensity for experiencing a fall, we would expect that this form of accommodation could also reduce the use of hospital services. In this study, we focus on the rate of overnight hospitalisation.

We found that the incidence of extra care residents occupying hospital beds is an estimated 5.5 nights per year of residence in extra care. However, in a typical year some four-fifths of residents do not spend a single night in hospital, and we also found evidence that the hospitalisation rate has fallen in recent years. A number of factors were found to moderate patterns of overnight hospitalisation: older residents were likely to have elevated rates of overnight hospitalisation, as were those in receipt of Attendance Allowance, which was found to be the single most influential factor in predicting incidence and length of stay.

Despite some caveats, our evidence suggests that residence in extra care housing is associated with a reduced number of nights in hospital than may be expected in an equivalent population living in the community. However, the differences are mainly attributable to a lower

propensity for being confined to hospital initially, and not through necessarily shorter lengths of stay. Nevertheless, we find that this still translates to a lower level of hospitalisation for older extra care residents, with an estimated incidence of annual hospitalisation of 4.8 nights per year per person among those aged 80+ compared to 5.8 nights for those matched and living in the community.

We posit that the underlying mechanism behind this effect is that those in extra care are admitted overnight to hospital only for serious conditions, and may be treated as outpatients for less serious conditions, whereas those in the community may be more likely to be admitted overnight and not discharged for minor procedures. In addition, there may be reason to suspect that those in the BHPS control group who had prolonged lengths of stay in hospital were more likely to be absent from the study; for the extra care housing data this is not a concern, and may mean that longer lengths of stay in hospital are comparatively overstated for our extra care housing sample.

Possible explanations

In this research, we find that the characteristics of those in extra care generally reflect the notion of extra care housing supporting those with extra care needs. However, for a significant proportion of residents who are newly retired, with no additional care needs and not living with specific health issues, extra care ostensibly remains a lifestyle choice. Nevertheless, the presence of the newly retired may enrich the community balance in extra care schemes, and indirectly help to allow those with additional care needs to live independently. In fact, we posit that many of the mechanisms underlying the findings outlined above relate to the maintenance of a balanced community, and the informal and formal care mechanisms that operate within the extra care housing setting.

We hypothesise that this peer and community support helps older people to remain active, and in turn reduces their social care needs. This is coupled with the more formal aspects of care within the extra care setting which help older people to build continuous relationships with care staff, and which can allow care staff to better understand the needs of residents. Finally, the 24-hour crisis care that is available on demand also means that social care and health crises can be dealt with immediately onsite.

Fiscal implications

These findings have clear implications in both fiscal terms and, more importantly, for raising the quality of life of some of the oldest and frailest people in society. While it is beyond the scope of this research to provide a full cost-benefit analysis, we do present some evidence based on our earlier results that indicate substantial savings resulting from residence in extra care housing.

First, we take our results from looking at the risk of moving into institutional accommodation and the unit costs of social care calculated by PSSRU, and compare them with a synthetic cohort of older people living in extra care housing and a synthetic cohort of older people in receipt of domiciliary care (for 2010 data see Curtis 2010). Looking at the social care costs alone, we show that the upfront social care costs for residents of extra care housing may be higher. However, when we take a longer-term approach the pattern switches, and after nine years the social care costs within the domiciliary care sample are higher, as there is a greater likelihood that residents within this population will have entered institutional care.

Second, we look at the financial impact of a lower incidence of hospitalisation, and show that the savings in terms of hospital beds could reach up to £512 per person.

Policy recommendations



- 1. Policy-makers need a co-ordinated response to providing housing, health care and social care for our ageing population.** Older people appear to be increasingly living in accommodation that is unsuitable for their current needs. Those living in the community who have social care needs are less likely to be receiving assistance at home with these needs. Construction rates of specialist retirement housing have declined, while at the same time younger people struggle to become home owners. This context shows a substantial lack of co-ordinated planning, and the situation is unlikely to improve without a co-ordinated response from central government.
- 2. Policy-makers should make specific pledges to increase the level of provision of extra care housing.** Currently, extra care housing is estimated to account for about 1 per cent of the housing of those aged 65+. This market share, particularly in the context of an ageing population, is unlikely to waver without specific policy commitments to raise the profile of housing with care. The recent proposals put forward by the Dilnot Commission (2011), for example, will if implemented place a cap on the expected individual contribution for social care. The commission specifically expressed the hope that more people would opt for extra care housing once levels of awareness had increased, and once people were more certain of the likely total costs of social care they may require. However, without specific policy commitments, the extra care housing model is unlikely to fully meet the needs of an ageing population that is diversifying in terms of demography, health and housing equity. We would urge policy-makers to develop housing policies for older people that include specific details on the number of housing units to be constructed, including extra care housing units.
- 3. The proposed National Planning Policy Framework should champion far more robustly the housing needs of older people.** The framework in its current state calls on local planning authorities to prepare a Strategic Housing Market Assessment (SHMA) to assess their full housing requirements, taking account of migration and demographic change, and addressing the need for all types of housing, including affordable housing and the needs of different groups in the community (such as families with children, older people, disabled people, service families and people wishing to build their own homes). However, this statement could clearly go much further and the terms of the SHMA should be clearly drawn out to ensure consistency between local authorities. Without clearer guidance, there is little to ensure that local authorities provide housing for different sections of the older population, and different models of housing, including extra care housing.
- 4. Policy-makers should recognise and encourage private sector development of extra care housing.** This report cites statistics from the Elderly Accommodation Counsel (2008) that showed that construction rates of retirement housing declined precipitously since the 1990s, and speculated that much of this effect was due to the withdrawal of the public sector in constructing older person's housing. Given that the private sector has been unable to match this provision, policy-makers should develop ways of assisting private sector developers to fill the void, although not at the expense of housing quality. In addition, policy-makers should research and evaluate the work of private sector extra care housing providers. This current study represents only one of a handful to assess the work of private sector extra care providers. Although policy-makers justifiably pay greater attention to state funded endeavours, some focus on the private sector is needed, given recent policy recommendations on funding long-term care.

5. The Health White Paper (Equity and Excellence: Liberating the NHS) in its current form does include some mention of housing, although this is in the context of Lifetime Homes and the Warm Front schemes, both of which have fallen by the policy wayside in recent months. The Health White Paper conspicuously fails to mention housing with care for older people. The findings in this report suggest that policy-makers drafting the **Health White Paper should explicitly consider and make specific pledges to increase the role of housing with care**. The Health White Paper implicitly assumes that decentralising health policy to local authorities will mean greater cohesiveness in local housing and public health policies. However, without central direction this can only happen, if at all, on a haphazard basis and, as our recommendations above suggest, we are concerned that cohesive policy-making will not happen without further clarification and guidance.
6. **Policy-makers should enhance programmes of education and information for those who are retired and newly retired to plan their housing and financial futures. Furthermore, consumers need reassurance that policy changes will not negatively impact their retirement decisions.** We express concern that recent developments, such as the collapse of Southern Cross, are likely to have a knock-on effect on the perception of retirement choices across the sector. Such developments are likely to negatively impact the perceptions held by current and future consumers of retirement housing on the quality of choices available. This could further decelerate the older person's housing market, and lead to greater numbers of people avoiding retirement housing, or choosing retirement housing when it is too late. Instead, we would call for the sustainable funding of co-ordinated programmes of action, such as 'First Stop' to inform consumers how to make the right choice at the best time. Our results suggest that an opportunity cost may exist in the failure to move to suitable retirement housing in good time – while retirement housing may be a more expensive option in the short term, these short-term savings should be balanced against the beneficial outcomes experience in the long-term that equate to fiscal savings. Furthermore, consumers of retirement housing need reassurance that policy changes will not negatively impact on their retirement decisions. For example, changes to the benefits system or state funding streams could negatively impact extra care housing residents, and make residence in extra care housing unsustainable for some. Prospective residents and consumers need reassurances that the decisions they make, based on the current state of play in terms of state funding, also have guaranteed long-term stability.
7. Any **National or Local Falls Prevention Strategy should include housing as a** key component of preventing further falls. We demonstrate that housing with care has a beneficial effect in reducing the incidence of falls, and outline the likely mechanisms that underlie this, and call for strategies on falls to include housing and design as key components. Our results on social care needs and hospitalisations could also indicate the role of housing and care may play in the efficient management of falls.
8. Receipt of Attendance Allowance opens a gateway for many older people to access extra care housing, through helping to finance monthly care costs and to help access other benefits. However, many older people included in this research, including around a fifth of centenarians and nonagenarians in 2010, did not access these benefits, and financed their stay in extra care housing without this support. It could be expected that the vast majority of this age group would need some help in carrying out the activities of daily living. Helping older people access Attendance Allowance and other benefits to support residence in extra care housing could help reduce social care and health care spending in other areas. **We would urge policy-makers to ensure that all who are eligible to claim Attendance Allowance do so** which could enable greater numbers of older people to support a stay in extra care housing.

9. Further research is needed into the extra care housing sector, and particularly the contribution that housing with care can make in improving quality of life of older people and reducing the fiscal burden. However, this also involves strengthening the research base. We would call on policy-makers to fund the design and delivery of standard data collection across the sector to allow researchers to fully quantify costs and benefits of different social care models.

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