



Setting Standards for
Retirement Communities

Putting the 'care' in Housing-with-Care

**Integrated Retirement Communities:
improving care quality and tackling the workforce crisis**



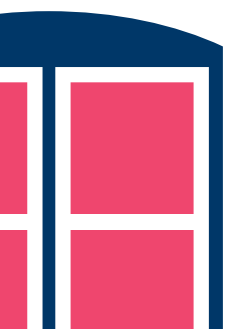
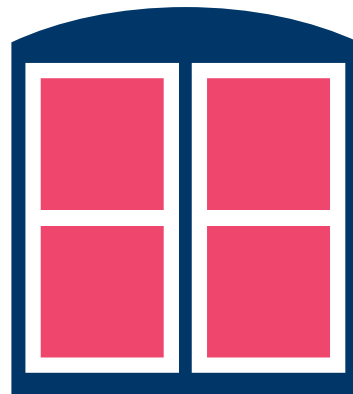
About ARCO

Founded in 2012, ARCO (Associated Retirement Community Operators) is the principal body representing both private and not-for-profit operators of Integrated Retirement Community schemes in the UK. ARCO's members aim to provide housing and care solutions to an additional 150,000 people over the next 10 years.

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At this “1948 moment” for social care, new evidence on care quality and efficiency shows why Integrated Retirement Communities providing care must become a key component of our new health and social care landscape.



1. Executive Summary

New research on the care provided by Integrated Retirement Communities shows that...

1

Integrated Retirement Communities provide high quality care

- **97%** of domiciliary care agencies run by ARCO members in Integrated Retirement Communities are rated **Good or Outstanding** by the CQC, and is even higher than the **88%** of domiciliary care agencies overall.
- Particular strengths of Integrated Retirement Communities include being:
 - Caring (**100%** Good or Outstanding)
 - Responsive (**98%** Good or Outstanding)
 - Safe (**98%** Good or Outstanding)
 - Effective (**97%** Good our Outstanding)

2

Residents greatly value high-quality, flexible care

- **88%** of Integrated Retirement Community residents say the availability of 24/7 CQC-regulated care was either a **'positive'** or **'very positive'** factor behind their decision to move there.
- **93%** either 'agree' or 'strongly agree' that Integrated Retirement Communities provide a safety net for them.
- Care in Integrated Retirement Communities shows itself to be flexible over time: for residents receiving domiciliary care, the **average number of hours of care** required per week goes up from nine in the first year of a resident's stay, to **11.8** in the third year, and **14.7** from the seventh year.
- Conversely, up to **20%** of residents experience a **drop in care needs** upon moving into an Integrated Retirement Community, due to improvements in health and wellbeing.

3

Efficient care delivery frees up care workers

- Due to Integrated Retirement Communities reducing care needs for up to 20% of residents, **the number of care hours is cut by approx. 13,500 per year** for a scheme of 200 residents.
- With the Homecare Association calculating that 16% of a typical hour of domiciliary care is spent on travel time and mileage, a **further saving of approx. 10,762 hours per year** is also made, due to the **closer proximity of residents**.
- If our sector achieves its aim of 250,000 people living in Integrated Retirement Communities by 2030, these reductions in care hours mean that **20,000 fewer care staff** are needed (compared to providing domiciliary care to the same number of people in the community).

4

High-quality care helps bring widespread health and wellbeing benefits

- **Residents enjoy improved exercise, fitness and independence:** for example, residents experience a 75% increase in levels of exercise.
- **Residents benefit from increased life expectancy:** in particular, female residents enjoy a significant boost to their life expectancy when compared to the wider population, standing at close to five years at some points.
- **Residents experience lower levels of depression, loneliness, isolation and anxiety:** just 1% of residents say they often feel isolated.

5

These health and wellbeing benefits save billions for the NHS and social care

- For residents in Integrated Retirement Communities, costs like **GP, nurse and hospital visits** reduce by **38%**.
- **£5.6bn** in savings will be made for for the **health and social care system** if the sector achieves its aim of 250,000 over-65s living in an Integrated Retirement Community by 2030.
- An average of only **8.7%** of residents need to move into a more expensive **residential care home** after living in an Integrated Retirement Community, despite residents reporting higher levels of need and lower levels of health than average upon moving in.

6

The benefits of Integrated Retirement Communities have been shown during the pandemic

- **Fewer Integrated Retirement Community residents died from Covid-19 (0.97%) than expected** between March and December 2020, when compared with people of the same age living in the wider community.
- **The majority of Integrated Retirement Community operators had no or very few confirmed and strongly suspected Covid-19 cases** during each month in 2020.
- Important reasons for this good performance have included the ability of residents to **self-isolate effectively** in independent flats, the **internal and external layout** of Integrated Retirement Communities, the correct use of **PPE**, and restrictions placed on **communal settings**.

7
















High-quality Integrated Retirement Communities should be supported and expanded via:

- A **clear definition of an Integrated Retirement Community being set out by the Department of Health and Social Care** which has the provision of high-quality domiciliary care at its heart.
- DHSC expanding Integrated Retirement Communities by **using the Care Act** to put duties on local authorities, publishing a **guidance note on Integrated Retirement Communities** to all directors of adult social care, and including a specific chapter on Integrated Retirement Communities in the forthcoming **social care reform White Paper**.
- **Cross-government working between DHSC, DLUHC and other departments, to:**
 - Clearly define Integrated Retirement Communities in the planning system.
 - Strengthen consumer regulation for Integrated Retirement Communities.
 - Develop new forms of tenure suitable for Integrated Retirement Communities.
 - Find a sustainable funding settlement to grow affordable Integrated Retirement Communities for those with moderate means.

2. Introduction

This report has been produced to analyse the quality, efficiency and benefits of social care provided by Integrated Retirement Community operators in the UK. Integrated Retirement Community is a term used to describe those settings which combine independent living for older people (through them renting or owning their own flat), with 24/7 on site staffing, the option of CQC-registered domiciliary care if needed, and a wide range of communal services and spaces. Integrated Retirement Communities are different from traditional retirement housing on the one hand, and care homes on the other. The differences between these living options for older people are illustrated in the table on page 5, in which Integrated Retirement Communities, otherwise known as Housing-with-Care, are described in the middle column.

Living Options for Older People

 Retirement Housing Also known as: <ul style="list-style-type: none"> • Sheltered housing • Retirement flats or communities 	 Integrated Retirement Communities Also known as: <ul style="list-style-type: none"> • Extra care • Retirement villages • Housing-with-Care • Assisted living • Independent living 	 Care Homes Also known as: <ul style="list-style-type: none"> • Nursing Homes • Residential Homes • Old People's Home
 Offers self-contained homes for sale, shared-ownership or rent	 Offers self-contained homes for sale, shared-ownership or rent	 Communal residential living with residents occupying individual rooms, often with an en-suite bathroom
 Part-time warden and emergency call systems. Typically no meals provided	 <ul style="list-style-type: none"> • 24-hour onsite staff • Optional care or domiciliary services available • Restaurant / Cafe available for meals 	 24-hour care and support. Meals included
 Typical facilities available: <ul style="list-style-type: none"> • Communal lounge • Laundry facilities • Gardens • Guest room 	 Typical facilities available: <ul style="list-style-type: none"> • Restaurant and Café • Leisure Club including: gym, swimming pool, exercise class programme • Communal lounge and/or Library • Hairdressers • Gardens • Guest room • Activity (Hobby) rooms • Social event programme 	 Typical facilities available: <ul style="list-style-type: none"> • Communal lounge • Laundry facilities • Gardens • Guest room
 Typically 40 - 60 homes	 Typically 60 - 250 homes	 Sizes vary considerably

Beginning with the context of the Covid-19 pandemic and how this has shone a light on the social care system, the report proceeds to set out the changing nature of care for older people, and the current 'provision gap' that exists for those with low or medium level social care needs. Turning to the role of Integrated Retirement Communities in filling this gap, the report demonstrates the high-quality of care provided in Integrated Retirement Communities (as determined by official CQC ratings), as well as the greater efficiency with which care is delivered. The result is a wide range of concrete health and economic benefits for older people and society as a whole, which have been felt during the pandemic and in all times. The report ends with a series of concrete policy recommendations for growing the Integrated Retirement Community sector so these benefits can be felt more widely.

The report has been produced by ARCO (Associated Retirement Community Operators), which is the representative body for not-for-profit and private providers of Integrated Retirement Communities in the UK. ARCO currently has over 30 members, which together operate Integrated Retirement Communities for approx. 30,000 older people.

Methodology

The findings in this report are based on the following methodology:

- 1 An analysis of the CQC ratings of domiciliary care agencies run by ARCO members in Integrated Retirement Communities – including overall ratings and ratings for specific aspects of care provision.
- 2 An ARCO-run survey of Integrated Retirement Community operators, providing in-depth insight into care delivery and the experiences of residents.
- 3 Empirical data gathered from the most robust study on Integrated Retirement Communities conducted in the UK, by the ExtraCare Charitable Trust in partnership with Aston University.
- 4 Findings from the recent study on Covid-19 and Integrated Retirement Communities conducted by St Monica Trust together with the Housing Learning and Improvement Network.
- 5 A review of other relevant literature and research by organisations such as the International Longevity Centre, Age UK, Public Health England, The King's Fund, and more.

3. Covid-19's lessons about the future of care

The Covid-19 pandemic has heightened the already urgent need for social care reform.

Finding a funding solution is of course vital, so the social care system has a sustainable footing from which to provide high-quality care to those who need it. But the pandemic has opened up another set of questions about how social care is delivered. How can we extend the existing social care landscape by creating new options, especially those aimed at prevention?

Finding the answers to both the **“how much?”** and **“how?”** questions will help ensure social care provision is of the highest quality, and focused on not only dealing with high levels of need, but also preventing care needs developing or escalating in the first place. The benefits of high-quality care are both individual and collective. Individual, because it gives people independence and dignity, and enables them to live happy, flourishing, active lives. Collective, because by improving health and wellbeing, high-quality care reduces pressure on the NHS so GPs and hospitals can focus on other crucial challenges, whether a pandemic or another health emergency. If we get social care right, we get so much else right, too.

Increased funding will certainly help the social care system to deliver high-quality care. The Health and Social Care Select Committee said an additional £7bn per year would be a starting point¹. But, as this report will show, the question of how social care is delivered matters equally as much.

New and emerging models of care, such as Integrated Retirement Communities, have demonstrated that they provide high quality, efficient care, and are capable of keeping people well and independent for longer, reducing the overall need for care.

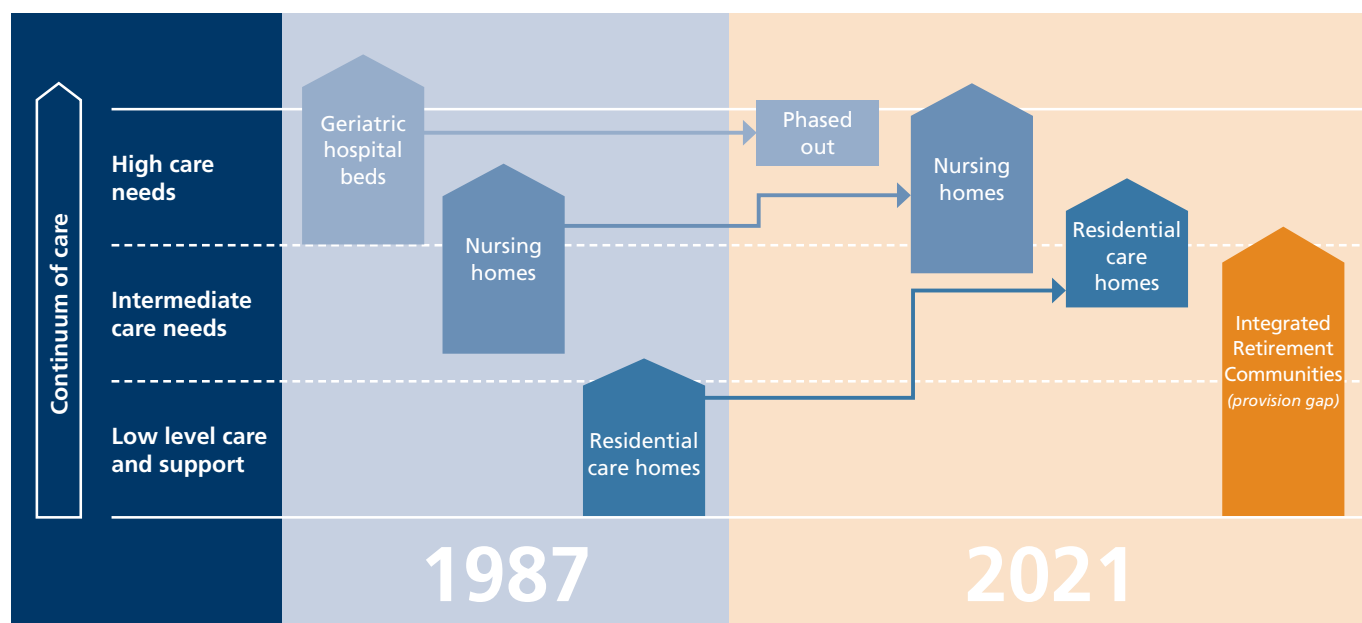
¹ UK Parliament, 2020. 'MPs call for £7bn annual increase in social care funding as a starting point for reform.' Available at: <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/120204/mps-call-for-7bn-annual-increase-in-social-care-funding-as-a-starting-point-for-reform-doing-nothing-no-longer-an-option/>

4. The accelerating shift towards flexible care provision

Even prior to the coronavirus pandemic, society was shifting in profound ways to necessitate new and innovative models of care. The nature of the UK's ageing population provides modern challenges which need modern solutions. While average UK lifespans have increased from 75 in 1987 to 81 today, average 'healthspans' have not. Many of our additional years are spent in ill-health, with over four million (40%) over-65s having a life-limiting long-term health condition².

While the UK's social care provision has changed radically over the same period from 1987, it has not yet adapted to provide a modern solution to the modern phenomenon of longer lives. Geriatric hospital beds have been largely phased out, seeing a 61% reduction from 53,000 to less than 21,000 between 1987-88 and 2009-10 in England, when beds for older people started being recorded separately³. This trend is likely to have continued.

At the same time, residential care homes and nursing homes now provide care for those with high-level needs, compared to the wider spectrum of low to high levels of care they provided in 1987. The average length of stay in a care home is now 18 months⁴. These changes have created a provision gap for those needing low and medium levels of care – the Integrated Retirement Community, or Housing-with-Care, option.



² Public Health England, 2016. 'Ageing well: how can we make longer lives healthier?' Available at: <https://publichealthmatters.blog.gov.uk/2016/10/01/ageing-well-how-can-we-make-longer-lives-healthier/>

³ King's Fund, 2020. NHS hospital bed numbers: past, present, future. Available at: <https://www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers>

⁴ BMC Health Services Research, 2012. 'Estimating length of stay in publicly funded residential and nursing care homes: a retrospective analysis using administrative data sets.' Available at: <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/1472-6963-12-377.pdf>

Integrated Retirement Communities combine independent living for older people, through them renting or owning their own flat, with 24/7 onsite staffing, CQC-regulated social care when needed, and a wide range of communal services and facilities. They provide a greater level of care and support than traditional retirement housing, and a flexible system of care delivery which is tailored to individuals' needs.

The provision of Integrated Retirement Communities is still limited in the UK, standing at roughly 70,000 units compared to 456,000 care home beds and 444,000 retirement housing units⁵. But it is becoming an increasingly attractive option for older people who have or may in future have some care needs. 88% of Integrated Retirement Community residents say the availability of CQC-regulated care was either a 'positive' or 'very positive' factor behind their decision to move there, while 93% either 'agree' or 'strongly agree' that this provides a safety net for them⁶. The provision of high-quality care is central to many of the most important judgements made by residents about their move to an Integrated Retirement Community: their overall satisfaction, why they chose the specific community they did, and the timing of their move.

Crucially, the high-quality care provided by Integrated Retirement Communities is flexible and can be increased or decreased at any time depending on resident needs. Someone may have no care needs when they first move into an Integrated Retirement Community, but start to require some after a few years. **For those residents receiving domiciliary care, the average number of care hours required per week goes up from an average of nine in the first year of a resident's stay, to 11.8 in the third year, and 14.7 from the seventh year⁷.** Conversely, up to 20% of residents experience a drop in care needs upon moving into an Integrated Retirement Community, due to improvements in their health and wellbeing⁸.

There is also an increasing desire among older people themselves for alternatives to traditional care settings. A report published by ARCO in collaboration with Later Life Ambitions in November 2020 found that **70% of people would be interested in moving to somewhere with care and support available as an alternative to a care home⁹.**

In an ageing society in which many more older people require some care, without needing the high-level support provided by a care home, the flexible model offered by Integrated Retirement Communities is in greater demand than ever, complementing the existing social care landscape of home care and care homes.

⁵ Age UK, 2019. 'Retirement housing'. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/housing-and-homes/ppp_retirement_housing_england.pdf

⁶ ARCO Analytics, 2019. ARCO member care research.

⁷ iBid

⁸ iBid

⁹ ARCO and Later Life Ambitions, 2020. 'Coming of age: better housing options for older people.' Available at: https://www.arco.uk/sites/default/files/ARCO_LLA%20Report%202020.pdf

5. Integrated Retirement Communities deliver high quality care

ARCO's members provide 24/7 staffing and offer CQC-regulated social care. Ranging from not-for-profit providers such as the ExtraCare Charitable Trust and Abbeyfield, to private operators including Audley Villages and Richmond Villages, Integrated Retirement Community providers take great pride in overseeing the highest standards of care for their older residents.

Research shows that 97% of the domiciliary care agencies run by ARCO members in Integrated Retirement Community schemes are rated Good or Outstanding by the CQC, compared to 88% of all domiciliary care agencies. This figure demonstrates that, as well as offering flexible care, Integrated Retirement Communities provide high quality care to their residents. What's more, the quality of care is on a rising trajectory, with Good and Outstanding ratings having stood at 95% last time this research was conducted.

High quality onsite domiciliary care services

Percentage of domiciliary care agencies run by ARCO members in Integrated Retirement Communities rated as Good or Outstanding by CQC

97%

Percentage of all CQC registered domiciliary care agencies in all settings rated Good or Outstanding

88%

The Care Quality Commission also examine a range of key areas to determine the overall picture of a care setting's quality. Domiciliary care agencies run by ARCO members score highly in being:

Caring: 100% achieve a Good or Outstanding rating when it comes to staff involving and treating residents with compassion, kindness, dignity and respect.

100%

Responsive: 98% achieve a Good or Outstanding rating at organising services so that they meet resident needs.

98%

Effective: 98% achieve a Good or Outstanding rating for ensuring care, treatment and support achieves good outcomes, which helps residents to maintain quality of life, and which is based on the best available evidence.

98%

Safe: 97% achieve a Good or Outstanding rating for protecting residents from abuse and avoidable harm.

97%

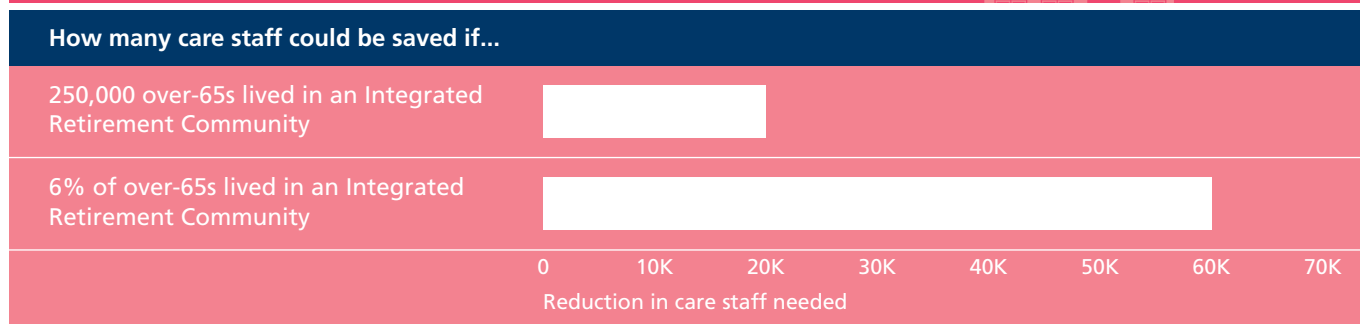
Well-led: 92% achieve a Good or Outstanding rating in relation to the leadership, management and governance of the organisation, making sure it provides high-quality care based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

92%

In addition to those areas looked at by CQC there are also a number of ways in which ARCO members support residents' health and wellbeing which are not captured in reports, including provision of facilities such as gyms, encouraging a more social and interactive lifestyle and the availability of a supportive community – the case studies later in this report help bring this to life.

6. Integrated Retirement Communities deliver care effectively

Not only do Integrated Retirement Communities deliver care to a very high standard, but they also do so effectively, helping to tackle challenges around workforce shortages in social care.



With residents living on the same site, it is easier for domiciliary care workers to move between people’s homes than would be the case in the wider community. And the health and wellbeing benefits brought to Integrated Retirement Community residents means that many require less care after they move in, freeing up more capacity for others in the social care system.

i) Reducing the number of care hours needed

Evidence shows that up to 20% of residents who move into Integrated Retirement Communities require fewer hours of care after they move in. This means that, as more Integrated Retirement Communities are built, fewer hours of social care need to be provided relative to the number that would be required in the wider community, and fewer social care staff are needed to provide this care. Here’s how:

- Let’s take an Integrated Retirement Community scheme with 200 older people living there.
- According to ARCO research, approx. 44% of these residents would have a regular care package, if the Integrated Retirement Community has been open for at least seven years. This would mean 88 out of 200 residents having a regular care package.
- ARCO research shows that these 88 residents would receive an average of 14.7 hours of care per week.
- Per year, that equates to approx. 67,267 hours of care being provided at a typical Integrated Retirement Community.
- If the amount of care that needs to be provided is around 20% lower than it would be in the community, owing to the health and wellbeing benefits brought to residents, **then approx. 13,500 hours of care would be saved per scheme per year.**

ii) Reducing the number of care staff needed

- If a social care worker spends approx. 30 hours per week providing face-to-face care (subtracting time spent on training and other non-contact time), they will provide approximately 1,410 hours of care per year.
- By reducing care hours by roughly 13,500 per year, each Integrated Retirement Community is therefore reducing the number of care workers needed by approximately nine.
- With the Homecare Association calculating that approx. 16% of a typical hour of domiciliary care is spent on travel time and mileage, a further saving of 10,762 hours out of the yearly 67,267 at each Integrated Retirement Community is also made, or the equivalent of more than seven care workers. This means that, in total, **Integrated Retirement Communities can reduce the number of care workers needed by 16 per year.**

These benefits bring exciting promise for the efficiency of social care in the years ahead. If the Integrated Retirement Community sector achieves its aim of 250,000 over-65s living in Integrated Retirement Communities by 2030, around 1,250 schemes will be open, if we take an average of 200 residents per scheme. **Reducing the need for care staff by 16 per year at each scheme would reduce the need for care staff by about 20,000 overall.** The impact would be even more transformative if the UK matched the standards set by countries like New Zealand, Australia and the US, where around 6% of over-65s live in an Integrated Retirement Community. **About 3,720 schemes would need to be in operation to meet these international standards, reducing the need for care staff by just under 60,000 per year.**

This would bring tremendous benefits in tackling the shortage of care staff across the country, and in allowing the skills and talents of care staff to be devoted to areas where they are most needed.

16
per year

Each Integrated Retirement Community can reduce the number of care workers needed by 16 per year.

20%

Up to 20% of residents who move into an Integrated Retirement Community require fewer hours of care after they move in.

7. High-quality care improves health and wellbeing

At the centre of the reduction in care needs that many Integrated Retirement Community residents experience is the range of substantial health and wellbeing benefits brought by Integrated Retirement Communities. High-quality care means the individual needs of residents are met, and that they are able to stay fit, active and thriving. This then helps reduce pressure on the NHS and wider social care system.

Evidence of the vast health benefits brought by housing settings with high-quality care has emerged from large-scale studies including that done by the ExtraCare Charitable Trust in partnership with Aston and Lancaster Universities, and most recently by leading health and social care think tank The King's Fund, who brought together comprehensive and conclusive evidence of the benefits of Integrated Retirement Communities in a report commissioned by the Department of Health and Social Care¹⁰. These studies demonstrate positive health benefits for residents including:

- **Improved exercise, fitness and independence:** for example, residents experience a 75% increase in levels of exercise¹¹.
- **Reductions in frailty and falls:** residents experience a reduction in falls within two years of moving into an Integrated Retirement Community¹².
- **Increased life expectancy:** in particular, female residents enjoy a significant boost to their life expectancy when compared to the wider population, standing at close to five years at some points¹³.
- **Lower levels of depression, loneliness, isolation and anxiety:** just 1% of residents say they often feel isolated¹⁴.
- **Improvements in memory and mental function:** for example, residents experience a 24% increase in remembering personal information¹⁵.

While providing individual residents with great boosts to health and wellbeing, the impact of housing which includes high-quality care goes much wider, bringing systemic benefits to the NHS and social care sector. Integrated Retirement Communities help transform health and social care for everyone:

- **Boosting the NHS:** For residents in Integrated Retirement Communities, costs like GP, nurse and hospital visits reduce by 38%¹⁶, while £5.6bn in savings will be made for health and social care system if the sector achieves its aim of 250,000 over-65s living in Integrated Retirement Communities by 2030¹⁷. This means the NHS has extra resources and money with which to tackle a range of other urgent health challenges. Put another way, the NHS will have billions of pounds less to look after the most vulnerable in our society without the impact of a larger Integrated Retirement Community sector.
- **Fixing our social care funding crisis:** Providing social care for those with lower-level needs costs £1,222 (17.8%) less per person per year for those living in an Integrated Retirement Community, and for those with higher-level needs £4,556 (26%) less¹⁸.
- **Reducing the need for institutional care:** Taking ARCO's not-for-profit and private members together, an average of only 8.7% residents need to move into a more expensive residential care home after living in an Integrated Retirement Community¹⁹, despite having higher levels of need and lower levels of health when moving in²⁰. This reduces costs for individuals and the public purse, and takes pressure off care homes so they can provide even better care for those with high-level needs.

What is clear is that the high-quality care provided by Integrated Retirement Communities produces a wide range of other health, wellbeing and financial benefits for individuals and society. The combination of very high standards of care with the flexible approach of Integrated Retirement Communities - tailored to individual needs - means that residents are more active, less frail, and much better able to enjoy a flourishing, independent life in a home they can call their own.

¹⁰ The King's Fund, 2020. Evaluating the Care and Support Specialised Housing (CASSH) programme: results of a scoping exercise. Available at: <https://www.york.ac.uk/media/healthsciences/images/research/prepare/reportsandtheircoverimages/CASSH%20report%20formatted.pdf>

¹¹ ExtraCare Charitable Trust, 2019. 'Integrated homes, care and support: Measurable outcomes for healthy ageing.' Available at: <https://www.extracare.org.uk/media/1169231/full-report-final.pdf>

¹² iBid

¹³ International Longevity Centre – UK, 2017. 'Does living in a retirement village extend life expectancy? The case of Whiteley Village.' Available at: <https://ilcuk.org.uk/wp-content/uploads/2018/10/ILC-UK-Does-Living-in-a-Retirement-Village-Extend-Life-Expectancy-Web-version.pdf>

¹⁴ Beach, B, 2015. 'Village Life, Independence, Loneliness, and Quality of Life in Retirement Villages with Extra Care' ILC UK, London. Available at: <https://www.bl.uk/collection-items/village-life-independence-loneliness-and-quality-of-life-in-retirement-villages-with-extra-care#>

¹⁵ ExtraCare Charitable Trust, 2019. 'Integrated homes, care and support: Measurable outcomes for healthy ageing.' Available at: <https://www.extracare.org.uk/media/1169231/full-report-final.pdf>

¹⁶ Holland, C, 2015. 'Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and The ExtraCare Charitable Trust'. Available at: <https://www2.aston.ac.uk/migrated-assets/applicationpdf/lhs/245545-final%20report1.pdf>

¹⁷ ARCO Analytics, 2019. 'Retirement Communities Fact Pack.' Available at: https://www.arco.org/sites/default/files/ARCO%20Retirement%20Communities%20Fact%20Pack_ONLINE%20aw4_0.pdf

¹⁸ Holland, C, 2015. 'Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and The ExtraCare Charitable Trust'. Available at: <https://www2.aston.ac.uk/migrated-assets/applicationpdf/lhs/245545-final%20report1.pdf>

¹⁹ ARCO Analytics, 2019. ARCO member care research.

²⁰ Evidence on the higher level needs and lower level health of residents moving into Integrated Retirement Community relative to the overall older population can be found in: ProMatura, 2019. UK Retirement Communities: customer insight report 2019.

8. Keeping residents safe and secure during the Covid pandemic

In addition to the long-standing health and wellbeing benefits that Integrated Retirement Communities have brought for residents, *the Covid-19 pandemic has shone a particular light on the way in which Integrated Retirement Communities can keep residents safe and secure.*

Research published by St Monica Trust in partnership with the Housing Learning and Improvement Network at the end of April 2021²¹ found that Integrated Retirement Communities had performed well during the pandemic when it came to looking after their residents. The research revealed that:

- **Fewer Integrated Retirement Community residents died from Covid-19 (0.97%) than expected between March and December 2020**, when compared with people of the same age living in the wider community (1.09%).
- **The majority of Integrated Retirement Community operators had no or very few confirmed and strongly suspected Covid-19 cases during each month** in 2020. 74% had fewer than 1% of residents with Covid-19 in any of their schemes through to November.

The study highlighted a number of important factors that led to this better-than-expected outcome for Integrated Retirement Communities:

- The design and external and internal layout of schemes, plus the self-contained nature of individual apartments, enabled residents to isolate and keep their distance.
- Communal areas were closed promptly.
- Full Personal Protective Equipment was issued and used correctly.
- Visits to residents from friends and family was restricted where necessary.
- Regular and increased cleaning was deployed throughout Integrated Retirement Communities.

Both the innate characteristics of Integrated Retirement Communities, in combining independent living in individual apartments with high-quality care, and the specific steps taken during the pandemic, have therefore demonstrated that Integrated Retirement Communities perform well when it comes to keeping residents safe and secure during major health challenges. In the new world that we now occupy, these outcomes – taken together with the wider health and wellbeing benefits brought to older people – have got to be taken seriously.

²¹ St Monica Trust and Housing Learning and Improvement Network, 2021. 'Retirement Village and Extra Care Housing in England: Operators' Experience during the COVID-19 Pandemic'. Available at: https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/RE-COV-Study-SUMMARY-REPORT.pdf

9. Case studies

The transformative impact of Integrated Retirement Communities

The background of the page is a vibrant green. In the lower right, there is a stylized illustration of a building facade in a bright pink color. The building has two rows of windows, each with a white frame and a small arched top. A central door is also visible, featuring a small pink triangular shape above it. To the left of the building, there are several large, abstract pink shapes that resemble petals or leaves, scattered across the green background. A large, semi-transparent pink shape with a white grid pattern is positioned on the left side, partially overlapping the text.

Case Study

David Hope

Wixams Retirement Village (Extra Care Charitable Trust)

Newly-weds David and June Hope moved into Wixams Retirement Village in July 2020. David tells us why moving into the village was the right decision for them.



Before we came here I was living on the other side of Bedford in a little village called Clapham. We first met on November 25 2018, and it's been a whirlwind romance since then because we got married on April 20th last year, and very happily so.

During my previous married life my wife and I were both very strong on the opinion that when we got older, if we became unwell then we did not want to impose on our children. We felt strongly about this, and when I met June she was also of a similar opinion.

On my return from a holiday last year, I found a pamphlet through the door on Wixams Retirement Village. I very much liked the look of the village, and I read it and thought this has got to be the answer to what my previous wife and I originally sought.

We came to the village and after being shown around I fell in love with the place immediately! June also loved what was here and available to us.

We have now been here since July. We're thrilled to bits with our apartment, it is beautifully built! Being an ex-quantity surveyor I am very critical of building, but the quality of the workmanship and the amenities we have got at the village is absolutely first class.

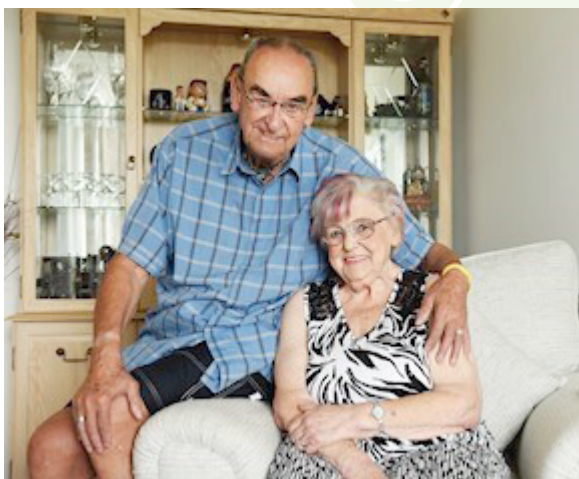
Not long after we moved in I offered to set up a bingo club, as us oldies love a game of bingo! We've just had our first evening and were impressed to have 39 people turn up, it was good fun on the night as well. We also both join in with the quiz nights, and I enjoy playing a game of snooker which in itself I think is an excellent facility that we have here.

The staff are absolutely fantastic. They're a delight to associate with and since we've been here they could not have been more helpful. I've got nothing but compliments for them, and they do it with a smile as well which is so important!

In 1987, I had a tracheostomy performed because I was not getting enough oxygen to the heart, and then two years ago, I was having more breathing difficulties. After having tests in hospital it was found that I have fibrosis of the lungs. Unfortunately, there is no cure for it, so gradually I will lose my breath over time.

With my existing medical conditions, having care and well-being services available to us at the village is absolutely vital. If my wife's health deteriorates, it's essential for us to know that there will be care on offer, as this will take a lot of pressure off our children as my fibrosis gets progressively worse.

We've met a lot of people, and I'm sure we will make friends as time passes, but the important thing is we won't be a burden to our respective children because we have everything we need here.



Case Study

Susan and Anne Chinchen

Audley St Elphin's Park, Derbyshire

Susan Chinchen, 68, lives with her mother Anne, 102, at Audley St Elphin's Park in Derbyshire. She explains why great care has made such a difference to her own and her mother's life.



Having excellent care available was one of the main reasons for us moving to Audley St Elphin's Park. I have some care needs myself and knew I would need help caring for my mum, so this has been the perfect place for us.

It's brilliant the care team are all based in the village itself. It means they can respond really quickly and you're likely to receive care from someone you have met or know already which is very reassuring. We've got to know them all really well in the time that we have lived in the village.

The care team work extra hard to communicate with my Mum. She has Alzheimer's but she really enjoys the visits from the care team and has a good laugh with them! They always check she is OK and it makes such a big difference. There are too many examples of the team brightening up her day to mention.

What's also great about care at Audley is how flexible it is. We are able to discuss our needs on an ongoing basis and extra support can always be arranged if needed. I think this flexibility is better and more responsive than relying on external support, all with the benefit of it being provided by a carer we know well.

This has a big impact on both our lifestyles in a good way. I can socialise in the village with Mum while also safe in the knowledge that if I need to go out for a short while, to collect a prescription or for a doctor's visit, one of the care team is watching out for her.

The last year has been difficult for everyone but even during the pandemic the standard of care has been very high. I was recently talking to the daughter of another Audley owner who receives care, and she has also been very impressed with the care team at St Elphin's Park. We couldn't agree more that they go above and beyond, and in the last year that has been especially true. I have total confidence in the care team and that is invaluable.



Case Study

Mickle Hill

Rangeford Villages



My mother moved into Mickle Hill nearly five years ago at the age of 82. She has spent most of her professional life as a nurse in London and latterly as the Owner and Manager of a Residential Home for the elderly in Malton. She had always enjoyed reasonably good health until just before moving to Mickle Hill when she unfortunately suffered a mini stroke.

After having a care needs assessment with the team at Mickle Hill, a care package was put together for her. This assured both my mother and I that she would be safe, secure and well looked after. My wife is a retired CQC inspector, so she was able to help and advise me on what was needed and how to approach the situation with which I was not at all familiar.

My Mother's care package has evolved over the years as her needs have changed, and Mickle Hill are always willing to discuss this with me and my mother to give her what she needs.

I thought that when my mother moved into Mickle Hill it may in some way limit her freedom. This could not have been further from the truth. The whole atmosphere within the scheme is always friendly, caring and helpful and this comes from Gill the Manager down through every member of her excellent team. They have become like family to my mother and she would not want to be living anywhere else.

The only thing I would add is that I wish Mickle Hill had been built a few years previously so my mother could have enjoyed the excellent facilities while still having her health and better mobility.



10. Conclusion

What we must do to boost Integrated Retirement Communities

This report has demonstrated that the care provided by Integrated Retirement Communities is of a very high standard, with 97% of domiciliary agencies operated by ARCO Integrated Retirement Communities rated Good or Outstanding. In addition, Integrated Retirement Communities allow for a highly effective delivery of care, with approx. 20% fewer hours of care needing to be delivered due to the health and wellbeing benefits experienced by residents, and reductions in the travel and mileage of care workers saving costs too. This has the potential to reduce the number of care staff needed by the social care system by tens of thousands, at a time of immense workforce challenges.

The report has also shown just how highly residents rate the importance of high-quality care. With nearly nine in ten Integrated Retirement Community residents saying the provision of 24/7, CQC-regulated social care was a 'positive' or 'very positive' factor behind their move, and more than nine in ten saying they feel like they have a strong safety net in their Integrated Retirement Community home, high-quality care is clearly integral to the experiences of residents and their ambitions for a secure, flourishing life.

Demand from older people for a place in an Integrated Retirement Community is growing all the time. A survey of ARCO members conducted in October 2020 showed that 85% of Integrated Retirement Community operators had experienced an increase in sales and lettings when compared with the previous year²². And many more older people would like to go down this path. ARCO's report in collaboration with Later Life Ambitions found that 70% of people would be interested in moving to somewhere with care and support available as an alternative to a care home. The problem is that, according to 53%, their local area simply doesn't have enough options available²³.

National data bears this under-supply out. A mere 0.6% of over-65s in the UK currently have the opportunity to live in an Integrated Retirement Community, compared to at least 5-6% in countries like New Zealand, Australia, and the US. That's why nine out of ten of those surveyed by ARCO and Later Life Ambitions say the Government must improve housing for older people²⁴. The evidence is clear: older people put great value on housing options which come with high-quality care and give them a strong safety net.

The evidence can no longer be ignored. The Government has got to step up to make Integrated Retirement Communities a core part of social care's future.

ARCO has set out and continues to develop a number of specific policy recommendations for the Government to expand the Integrated Retirement Community sector and make this vision a reality. With once-in-a-generation planning reforms being proposed by the Government, and with the long-awaited plans for social care reform on the horizon, we have never been at a more critical juncture for Integrated Retirement Communities in the UK.

In line with this, this report makes three key recommendations:

1 For DHSC to set out a clear definition of Integrated Retirement Communities which has the provision of high-quality, integrated care on site at its heart.

This would clearly differentiate the Integrated Retirement Community sector from other forms of housing for older people where much lower levels of care and support are provided.

2 For DHSC to expand Integrated Retirement Community provision by:

- i) Using the Care Act to put a duty on local authorities to monitor the delivery of Integrated Retirement Communities in their area via their market shaping responsibilities.
- ii) Publishing a guidance note to all directors of adult social care requesting that they make specific provision for Integrated Retirement Communities in their area.
- iii) Include a specific chapter on Integrated Retirement Communities in the forthcoming social care reform paper, reiterating their clear role in the social care system.

3 For the Government to set up a cross-department task force which:

- i) Clearly defines Integrated Retirement Communities in the planning system.
- ii) Strengthens consumer regulation for Integrated Retirement Communities.
- iii) Develops new forms of tenure suitable for Integrated Retirement Communities.
- iv) Finds a sustainable funding settlement to grow affordable Integrated Retirement Community provision.

²² ARCO Analytics, 2020. 'Sharp rise in demand for Retirement Communities'. Available at: <https://www.arcouk.org/press-release/sharp-rise-in-demand-for-retirement-communities>

²³ ARCO and Later Life Ambitions, 2020. 'Coming of age: better housing options for older people.' Available at: https://www.arcouk.org/sites/default/files/ARCO_LLA%20Report%202020.pdf

²⁴ Ibid

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