



2 March 2018

Sadiq Khan (Mayor of London)  
New London Plan  
GLA City Hall  
London Plan Team  
Post Point 18  
FREEPOST RTJC-XBZZ-GJKZ  
London SE1 2AA

**Associated Retirement  
Community Operators Limited**

The Heals Building, Suites A&B  
3rd Floor, 22-24 Torrington Place  
London WC1E 7HJ

**Telephone:** 020 3697 1204

**Email:** [info@arcouk.org](mailto:info@arcouk.org)

**Internet:** [www.arcouk.org](http://www.arcouk.org)

**Re: Housing-with-care developments for older people and the draft London Plan**

Dear Mr Mayor,

Please find below a response to the consultation on the draft London Plan on behalf of ARCO (the Associated Retirement Community Operators, the representative body for private and not-for-profit providers of housing-with-care services for older people). In short, while we welcome that the London Plan deals specifically with housing for older people, we believe that the current provisions will not be able to deliver a sufficient number of housing options for older people. This will mean that older Londoners will continue to be deprived of appropriate options that meet their housing, care and support needs as they age. It will also mean that London will miss out on social and economic benefits that housing-with-care can deliver for the local health and social care system, as well as the housing market.

We set out our reasons further in the response below.

**About ARCO**

1. ARCO is the representative body for operators of housing-with-care developments for older people. Our membership consists of 15 not-for-profit and 14 private operators, who use a diverse range of terms for their services, such as extra care housing, retirement villages, assisted living or enhanced sheltered housing.
2. Founded in 2012, ARCO represents more than 50% of the housing-with-care sector in the UK, and operates the ARCO Consumer Code (including an assessment scheme) to set and monitor high standards in the marketing and operation of housing-with-care schemes in the UK.
3. ARCO's members use long term business models that go beyond traditional housebuilding, creating operational businesses and schemes that provide housing, care, hospitality and wellbeing services for our ageing population.
4. ARCO argues for higher levels of legislation and regulation for the housing-with-care sector to reflect the specialist service offering and business models used by our members.

Therefore, we would like to see the UK adopt a dedicated Retirement Communities Act (as seen in other countries) to increase consumer and investor/operator confidence in this type of provision, which needs to expand significantly over the coming years.

## Housing-with-care

5. Our members operate a diverse range of services, including schemes for affordable rent, shared ownership, leasehold sales and private rent. What our members have in common is that their schemes incorporate 24h staffing, dining or restaurant areas, leisure facilities and access to care and support services. Essentially, housing-with-care fills a gap between retirement housing (where a limited number of services are delivered) and care homes, which are increasingly only for older people who are very frail or have very high care needs.

## Benefits of housing-with-care

6. The benefits of the housing-with-care model for older people are well documented, and include:
  - a. **Better Quality of Life for Older People**

Older people in housing-with-care have been found to experience lower levels of loneliness and social isolation, alongside higher measures of quality of life.<sup>1</sup> This includes better mental health with residents, particularly those with mobility issues, showing significant reductions in depressive symptoms as a result of moving into a retirement community.<sup>2</sup>
  - b. **Social Care Savings**

Housing-with-care delivers high quality, efficient social care, when needed, through onsite domiciliary care teams. As a result, residents in retirement communities are around half as likely to enter more expensive residential care homes, compared to those in general needs accommodation also receiving domiciliary care.<sup>3</sup>

Local authority social care costs are also lower overall as a result of an older person moving into a retirement community, with local authority costs of providing lower and higher level social care being 17.8% (£1,222) and 26% (£4,556) lower respectively on average per person per year.<sup>4</sup>

---

<sup>1</sup> Beach, B (2015) 'Village Life, Independence, Loneliness, and Quality of Life in Retirement Villages with Extra Care' ILC UK, London  
[http://www.ilcuk.org.uk/index.php/publications/publication\\_details/village\\_life\\_independence\\_loneliness\\_and\\_quality\\_of\\_life\\_in\\_retirement\\_vill](http://www.ilcuk.org.uk/index.php/publications/publication_details/village_life_independence_loneliness_and_quality_of_life_in_retirement_vill)

<sup>2</sup> Holland, C (2015) 'Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and The ExtraCare Charitable Trust'. Aston University.  
<http://www.aston.ac.uk/lhs/research/centres-facilities/archa/extracare-project/>

<sup>3</sup> Kneale, D. (2011) 'Establishing the extra in Extra Care: Perspectives from three Extra Care Housing Providers'. London: International Longevity Centre – UK. P. 4-5  
[http://www.ilcuk.org.uk/index.php/publications/publication\\_details/establishing\\_the\\_extra\\_in\\_extra\\_care\\_hou](http://www.ilcuk.org.uk/index.php/publications/publication_details/establishing_the_extra_in_extra_care_hou)

<sup>4</sup> Ibid p.12

c. **NHS Savings**

Residents in retirement communities are less likely to enter hospital and overall likely to spend less time in hospital, compared to older people living in general needs housing.<sup>5</sup>

A recent large study found that NHS costs were reduced by 38% for those moving into retirement village (with onsite care and support), compared to those in a control group. In the study this equates to an average saving of £1,114.94 per person per year.<sup>6</sup> This related to GP visits, practice and district nurse visits, and hospital appointments and admissions. NHS costs for 'frail' residents had reduced by 51.5% after 12 months.

d. **Jobs and Growth**

Alongside supporting jobs and growth in the construction industry, each new retirement community of around 250 units creates approximately 63 permanent staff. This includes housing management, care, grounds maintenance, leisure and retail, domestic services, and marketing and sales staff<sup>7</sup>.

## Placing housing-with-care in the wider context of the social care and housing landscape

7. We know you are aware that the number of older people in the UK will be increasing significantly over the coming years. However, we would like to add that not only will we see an increase in the number of older people, we are also facing an increase in health and support needs, with the number of older people diagnosed with four or more diseases expected to double between 2015 and 2035.<sup>8</sup>
8. You will be aware that the role of housing for the future of our social care system has been highlighted on numerous occasions. A Written Ministerial Statement by the Secretary of State Damian Green on the forthcoming social care green paper acknowledged the "crucial role of housing" in supporting social care services.

---

<sup>5</sup> Kneale, D. (2011) 'Establishing the extra in Extra Care: Perspectives from three Extra Care Housing Providers'. London: International Longevity Centre – UK. P. 4-5  
[http://www.ilcuk.org.uk/index.php/publications/publication\\_details/establishing\\_the\\_extra\\_in\\_extra\\_care\\_perspectives\\_from\\_three\\_extra\\_care\\_hou](http://www.ilcuk.org.uk/index.php/publications/publication_details/establishing_the_extra_in_extra_care_perspectives_from_three_extra_care_hou)

<sup>6</sup> Holland, C (2015) 'Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and The ExtraCare Charitable Trust'. Aston University.  
<http://www.aston.ac.uk/lhs/research/centres-facilities/archa/extracare-project/> p.7

<sup>7</sup> We estimate that a village of 250 units creates around 63 permanent jobs, with a median salary of around £32,000. Source: ARCO estimate based on evidence submitted by members. The ratio of units to permanent jobs submitted from ARCO members ranged from 1:1 jobs to units to 1:5 jobs to units – with economies of scale observable for larger operators. We opted for a conservative estimate of 1 job: 4 units. Salary of £32,000 based on estimated revenue of £8,000 per annum from each unit through service charges, care costs, leisure spend and catering.

<sup>8</sup> Andrew Kingston, Louise Robinson, Heather Booth, Martin Knapp, Carol Jagger, for the MODEM project. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. Age & Ageing, 2018.

9. Over the previous months, we have been working with the Department for Health and Social Care, and the Ministry of Housing, Communities and Local Government (in the context of the Social Care Green Paper) on how to increase the provision of housing-with-care for older people in the UK. We also provided information and gave oral evidence to the CLG Select Committee's inquiry into housing for older people. We were pleased that the Committee concluded that a national strategy for housing for older people is needed as 'more of all types of housing for older people—extra care, sheltered and accessible housing—need to be built across the social and private sectors.' The report also recognised the particular contribution of housing-with-care as 'specialist housing, particularly extra care housing, can promote the health and well-being of older people and their carers'.<sup>9</sup>
10. This is also in line with the Government's Housing White Paper, which argued that "offering older people a better choice of accommodation can help them to live independently for longer and help reduce costs to the social care and health systems."
11. Previously, the Mayor of London tried to encourage provision of housing-with-care/extra care housing, stating in 2012 that "one area of particular shortage is extra care housing, with an estimated 16,700 homes of this type required over the next five years"<sup>10</sup>. It is clear that this strategy has not been successful.

### **A huge level of under-supply in the UK...**

12. While more than 5% of the over-65s live in specialist housing with 24h support in countries like the US or New Zealand, only approx. 0.6% of the over-65s currently lives in a housing-with-care development in the UK.

### **...and in London**

13. In London, there is a similar shortfall, which is particularly striking for leasehold provision: currently, a database maintained by the Elderly Accommodation Counsel shows that there are 909 housing-with-care units for ownership in London (of which 122 are shared ownership units). The evidence base for the Mayor's Housing Strategy states that 69% of older Londoners were homeowners in 2014. This means that provision for private homeowners in London is below 0.2% of those aged 65 and over<sup>11</sup>.
14. We believe that this is a sign of a failure to provide favourable circumstances to enable adequate supply to be provided, which is why we are strongly urging you to revise the current draft London Plan.

---

<sup>9</sup> Communities and Local Government Committee (2019) 'Housing for Older People' available at <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/370.pdf>

<sup>10</sup>

<https://www.london.gov.uk/sites/default/files/The%20Mayor%27s%20Care%20and%20Support%20Specialised%20Housing%20Fund%20Prospectus.pdf>

<sup>11</sup> Assuming 1,021,000 over 65s based on 2016 projections, and 1.3 inhabitants per unit.

15. If London were to provide the same level of housing-with-care for its ageing population as Auckland in New Zealand, this would mean providing 40,000 units of housing-with-care to meet today's demand, which would need to increase by almost 50% by 2030 to accommodate the growth in the number of older people. It is clear that we will get nowhere near these levels without a focused and concerted efforts to increase delivery of this specialist type of housing.

### Choices for older Londoners

16. This level of undersupply means that housing options and choices for older people in London are severely limited. An older Londoner, who may be struggling in their existing home (due to a medical condition, loneliness, or because his or her home has become too difficult to manage) has the following options:

- a. **Remaining in their own home:** this might be difficult for the individual, as there are no support services immediately available, there are very limited opportunities for social interaction and the property might be too difficult to manage for them.
- b. **Moving to a smaller flat or property:** while this might be able to address the mobility needs and mean a more manageable property, the lack of support services might necessitate an additional move if their needs could no longer be accommodated, for example by a reliance on external domiciliary care services. It might also be much more difficult to persuade people to make this move as they would need to give up their existing family home for a solution that might only be temporary.
- c. **Moving to a care home:** Care homes provide high levels of care, and are the appropriate place for older people with very high care needs. However, due to their cost (on average, a place in a residential care homes in London costs £38,532 per year, rising to £49,348<sup>12</sup>) and the fact that they provide rooms not apartments, average lengths of stays in care homes have reduced significantly in recent years<sup>13</sup> as older people delay their entry into a care home for as long as possible. As such, it would be difficult to argue that they represent an aspirational choice for older people who do not yet require high levels of care, and might be looking for a longer-term solution.
- d. **Moving out of London:** Currently, the provision of housing with care outside of London – while still not nearly as large as it could be – is somewhat better, meaning that older people may need to move away from their social networks and familiar surroundings in order to find a suitable home.

17. *We believe that it would be negligent if the London Plan were not to address the lack of choices for older Londoners.*

---

<sup>12</sup> LaingBuisson Care of Older People UK Market Report 28th edition 2017

<sup>13</sup> In care homes, the average length of stay is now below 2 years, while the average length of stay in a housing-with-care scheme is approximately 6-8 years.

## The draft London Plan

18. We welcome that the current draft London Plan encourages the building of this/housing for older people. However – given the current lack of choices outlined above and the scale of the challenge - **we believe that the current proposals fall far short of what is required** to effectively increase the provision of appropriate schemes that address the housing and care needs of older Londoners.

## Suggestions for change

19. Previous policies aimed at stimulating the market for housing for older people in London have very clearly resulted in failure – not just a failure of planning policy but also market failure by providers as they have not responded to the challenge and have been slow to develop sustainable business models to create successful housing-with-care schemes for Londoners. However, the operational housing-with-care business model has attracted a number of new entrants and investors in the market, who take a long-term view and are willing and able to invest in long-term business models.

20. We believe that at a minimum the draft London Plan needs to incorporate the following amendments if it wants to credibly address the current (and growing) shortage of specialist housing:

21. *A clearer differentiation between different types of housing for older people:* We also believe that the current focus on older people is not sufficiently differentiated. Apart from housing-with-care, there are a range of housing options for older people that need to be defined more clearly. The draft London Plan makes an attempt at this at 4.15.3, which we support as treating all housing for people over the age of 55 as 'older people's housing' conflates a number of issues and ignores the reality that the needs of people in their 50s are often very different to those of Londoners in their 80s. Therefore, the London Plan should take a much more detailed and granular approach to the types of housing for older people that the Mayor would like to encourage, so as to enable growth across the spectrum. **Table 4.4. is not nearly detailed enough in breaking down what types of older people's housing are needed.** This could include being more specific about the number of downsizer/rightsizer homes (with few facilities and services), retirement or sheltered housing (with some services and facilities), and the housing-with-care model (such as extra care), which unlike the other models of provision has a higher level of facilities and services, and employs different business models (and charges differently, creating rental income or by using deferred charges on residents' equity).

22. *A clearer definition of housing-with-care:* Once a general overview of different types of housing for older people has been established and need determined by type or category, there is an urgent need for a clearer definition of housing-with-care to be clear as to what providers need to incorporate in their schemes in order to qualify. In our view, Policy H15 does not go far enough in clearly defining what extra care housing for older people is. While build-to-rent (Policy H13) takes a criteria-based approach to what constitutes a build

to rent scheme, policy H15 is much too broad in its approach and does not differentiate between tenure models, service models or business models being used. We believe that policy H15 should be much clearer in its focus on what housing-with-care is. By defining the type of scheme the GLA would like to encourage, it would provide certainty and guidance to London boroughs when it comes to providing housing-with-care in a variety of tenures, and enable providers to ensure their schemes meet the required criteria.

23. *A clearer tenure differentiation within the housing-with-care category:* Currently, the EAC lists approx. 150 housing-with-care schemes in London that are for affordable/social rent (many of which are provided by our members). We believe that the UK should be proud of the fact that the 'extra care' model for social/affordable rent means that there are housing-with-care options for people with more moderate means – in contrast, most of the provision in other countries such as Australia and New Zealand is for private payers only. However, given the particular lack of schemes available for purchase in London, we believe that Table 4.4 would need to be updated urgently to account for the fact that housing for older people needs to be delivered as part of an older people's housing mix that reflects the tenure mix of the wider population (i.e. takes account of shared ownership, private rent and outright sale as well). We note that table A5.1 of the current London Plan shows 'indicative annualised strategic benchmarks to inform local targets and performance indicators for specialist housing for older people 2015 – 2025', which we believe to be a more sensible approach.
24. *Robust monitoring and enforcement of housing delivery for older people:* We note that previous housing benchmarks for older people – while well-intentioned – did not result in any meaningful activity to increase the numbers of options/properties for older people. Therefore, we believe that it will be vital for the London Plan to set out robust measures to monitor progress, and spell out consequences for planning authorities that fall short of their targets for housing-with-care, as the current under-delivery simply cannot continue.
25. *Housing-with-care as a C2 use class:* There is a large body of case law and precedent confirming that *genuine* housing-with-care schemes are within the C2 use class, as they are capable of delivering high levels of care to older people. In most instances, they can deliver care into people's homes that mean that they do not need to move on to a care home. Defining extra care as being in the C2 use class goes against established practice, and we would urge you to reconsider. One of the main differences between the housing-with-care model and C3 housing is also that it creates an operational platform employing dozens of staff, and in its operation is a hybrid between a care, leisure and hospitality business.
26. *Affordable housing:* As it currently stands, a care home would fall in the C2 use class and in most cases would not attract affordable housing contributions. However, applying the full affordable housing contributions to housing-with-care means that the London Plan would favour the development of additional care homes over more appropriate housing-with-care. There is no doubt that London needs more good-quality care homes places, however we do not believe that the draft London Plan should create a disincentive to

develop a form of tenure which so many other government departments want to promote. We explore these points further below.

### **Affordable housing contributions for housing-with-care**

27. The draft London Plan should reconsider the level of affordable housing contributions and CIL charges that housing-with-care developments can support due to their levels of communal facilities, the additional risk in developing large schemes for a restricted target market, and the business risk of operating care and hospitality businesses in the long term.
28. The risk is that applying a full affordable housing allocation to *genuine* housing-with-care schemes would mean that very little – if any – housing-with-care schemes would come forward to sale.
29. We fully understand the need to ensure that the label of ‘older people’s housing’ is not (ab)used to get around affordable housing contributions for schemes which do not deliver the widely accepted benefits of the housing-with-care model. We are aware of developers trying to ‘dress up’ schemes as ‘housing-with-care’ developments without a credible plan to provide sustainable services or facilities in the long term. This is one reason why we believe that the London Plan should spell out much more clearly what the minimum requirements for a housing-with-care scheme are, which would need to have a clear focus on providing a higher level of services to residents.
30. If the policy approach to genuine housing-with-care does not change, we believe that applying full affordable housing contributions to the housing-with-care model would lead to:
  - a. Housing-with-care developers not being able to compete for sites with general needs house builders, as general needs housing does not incorporate leisure, health, dining and back office facilities that housing-with-care schemes provide. The result of this would be that very few – if any – sites would be available to members such as ours.
  - b. Higher/unsustainable prices: If operators had to pay the same price for a site, they would need to charge higher prices due to sellable space being lower. This would mean that these properties would need to be sold at price points that would be beyond the reach of many.
  - c. Together with the cost of moving (including legal fees), service charges and other costs (such as costs for care services), this would create such a disincentive for older people that housing-with-care operators (and their investors and lenders) would not risk investing the billions of pounds the housing-with-care sector needs to attract in order to grow.
31. It is important in this context to consider the business models under which housing-with-care in the UK is delivered. While care homes rely on a regular rental income, property development in the general needs sector (and in the traditional sheltered housing sector) rely on a housebuilder model based on developer profit. However, housing-with-care



models in the UK include elements of upfront development profit (which may be lower than on a typical viability assessment), and long-term income streams, including deferred payments that do not accrue for many years. Therefore, the housing-with-care operational business model can be seen as a hybrid between care homes, and the housebuilder model. However, the London Plan in its current draft form would stipulate that affordable housing considerations for housing-with-care are *purely* based on the housebuilder model, which is likely to stymie development. Therefore, we would urge you to include a consideration for the operational business models used by our members when defining your policy on housing for older people. We would be happy to meet with you to discuss this in further detail. The recent report by the International Longevity Centre into international policy comparisons for housing with care also stated that in countries such as New Zealand and Australia, where this sector is much better developed, the event fee financial model is common with operators running retirement communities with long term financial interest<sup>14</sup>.

### **Benefits for Londoners – what London cannot afford to miss out on**

32. In addition to denying Londoners the opportunity to age in their home city and close to their existing networks, a failure to address the shortage of housing-with-care would also fail to reap the following benefits:
- a. *An extremely efficient use of space:* in a development of 100 apartments, the majority of residents is likely to downsize from terraced/semi-detached or detached housing which is currently being under-occupied. This means that by building 100 apartments with a high density, dozens of larger properties are made available to younger generations of Londoners, many of which will have gardens as well. In other words, if London were to reach half the levels seen in New Zealand, this would free up 20,000 family homes, with an additional 10,000 to follow to keep up with an increase in demand. At a time when the majority of new housing provision in London is leasehold flats, this is a substantial benefit.
  - b. *Reducing the pressure on London hospitals:* A study by Aston University for ARCO member the ExtraCare Charitable Trust (also mentioned in paragraph 6) suggests that residents in housing-with-care developments only spend an average of 1-2 days in hospital as they can be released into supportive environments much quicker. If London were to reach only half of where other countries already stand (so reach a provision of 2.5% of the 65s), this would substantially decrease pressure on A&E departments across London, thereby freeing up capacity for other Londoners.

---

<sup>14</sup> ILC (2018), 'Stronger Foundations - International Lessons for the Housing-with-Care Sector in the UK' available at [http://www.ilcuk.org.uk/index.php/publications/publication\\_details/stronger\\_foundations\\_international\\_lessons\\_for\\_the\\_housing\\_with\\_care\\_sector](http://www.ilcuk.org.uk/index.php/publications/publication_details/stronger_foundations_international_lessons_for_the_housing_with_care_sector)

- c. *High quality personal care:* Personal care can be delivered at a high quality in retirement communities, with approx. 90% of domiciliary care agencies in our members' schemes rated 'good' or better by the Care Quality Commission, a proportion that is higher than for domiciliary care agencies providing services to the wider community (for whom only approx. 90% are rated good or better). This would result in high quality care services being available for older Londoners.
- d. *Releasing the pressure on London's social care workforce:* Recruitment and retention of care workers is already a significant issue in London. Retirement communities reduce the pressure on the social care workforce as care can be delivered very efficiently due to the significant reduction in travel time (which also reduces traffic movements for care workers driving between appointments for domiciliary care providers). The UK Home Care Association calculates that approx. 16% of the cost of an hour of domiciliary care is related to travel time and cost, which would be minimised. Apart from addressing the workforce challenge, this would also lead to cheaper and more flexible care being delivered to Londoners.
- e. *Reducing the need for care in the first place:* In addition, retirement communities reduce the quantum of care delivered, with studies showing general reductions in the levels of social care being taken up by residents in genuine housing-with-care developments. In one study a significant number (19%) of residents designated as 'pre-frail' when they entered a retirement community had returned to a 'resilient' state 18 months later.<sup>15</sup> This further reduces the pressure on the social care workforce, results in savings for older people paying for their own care, and councils funding social care, and – most importantly - leads to a higher quality of life for older Londoners.

### **Summary: the key questions for the Mayor of London in relation to housing for older people**

- 33. The draft London Plan is a hugely ambitious document which will have far reaching consequences for London's future development. However, currently the draft London Plan falls short of what is required to provide housing options and choices for older Londoners.
- 34. Housing-with-care may still only be in its infancy in London, but we believe it is essential that it is not treated simply as another form of housing and housebuilding, which fails to acknowledge the operational nature of the schemes, the levels of care and support available, and the differing business models and financial considerations relating to housing-with-care schemes.
- 35. We have set out our reasoning above, but would like to close by saying that the Mayor of London needs to make choice in answering the following questions:

---

<sup>15</sup> Holland, C (2015) 'Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and The ExtraCare Charitable Trust'. Aston University.  
<http://www.aston.ac.uk/lhs/research/centres-facilities/archa/extracare-project/>



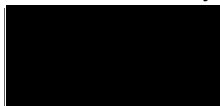
- a. Should older people in London have the choice to find housing and care options that will allow them to age independently in a supportive environment, maintaining their networks and enabling a high quality of life?
- b. Should London address the challenges of an ageing population in a truly ambitious way, or should it continue to delay a move towards being a truly age-friendly city?
- c. Does the Mayor of London want to take steps to create supportive environments that reduce the need for social care, and take pressure of the NHS?
- d. Does the Mayor of London want to encourage older people to rightsize from family homes into smaller properties, freeing up family homes and gardens for younger generations?

36. If the answer to any of these questions is “yes” (and we believe the answer to all of these questions has to be ‘yes!’), then we believe that the London Plan needs to be updated significantly in order to take account the housing-with-care model in a much more effective way (along side other housing options for older Londoners).

As the main trade body for providers of housing-with-care for older people, we would welcome the opportunity to meet with your officials to discuss how the housing-with-care sector specifically can help to meet the housing and care needs of older Londoners. We would also be very happy to arrange a tour or viewings of housing-with-care developments in London (or just outside of London, as there are not many schemes in London to choose from!).

Should this – or a meeting - be of interest then perhaps your office could contact my colleague Mhairi Tordoff on [mhairitordoff@arcouk.org](mailto:mhairitordoff@arcouk.org) or 020 3697 1204. Please do not hesitate to contact me if you have any further questions regarding our submission.

Yours sincerely,



Michael Voges,  
Executive Director, ARCO

#### **ARCO Members**

A2Dominion  
Abbeyfield  
Anchor  
Audley



Aura Care Living  
BEN  
Berkeley Healthcare  
Birchgrove  
Elysian Residences  
Enterprise Retirement Living  
ExtraCare Charitable Trust  
Genesis  
Housing & Care 21  
Inspired Retirement Villages  
Jewish Care  
Liberty Retirement Living  
LifeCare Residences  
MHA  
Middleton Hall Retirement Village  
Midland Heart  
OneHousing  
Rangeford  
Renaissance Villages  
Retirement Security  
Retirement Villages Group  
Richmond Villages  
St George's Park  
St Monica Trust  
Trafford Housing Trust