



## Evaluating extra care – valuing what really matters... The case for taking relationships seriously

This case study features Strand Court, the first of a number of planned extra care housing schemes to be built in North East Lincolnshire. It looks at the benefits of extra care housing from a residents' perspective, drawing on research undertaken to identify people's experience of wellbeing and satisfaction within the scheme using a new measure of 'relational value'.

*"here I'm a different person, because the carers have gone out of their way to get me to mix with people, and I'm finding I can chat to the residents, and that just is not me in the past"*

**Resident's story:** Mrs W lives in her own flat in Strand Court extra care housing ... and she states that she has been a lot better physically and mentally since she has moved. She states that she enjoys being able to sit outside in the pergola when the weather is nice, and that there is a nice atmosphere with the other residents as they call to say hello to each other. She states this did not happen at her last address.



Written by **Peter Lacey**, Whole Systems Partnership, and **Sarah Moody** (Extra Care Housing Coordinator, North East Lincolnshire CCG) for the Housing Learning and Improvement Network

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## Introduction

We believe that good relationships are at the heart of ensuring high quality care. Research consistently highlights how relational qualities underpin positive outcomes, and yet we spend so little time focussed on the things that explicitly seek to develop and strengthen these relationships. And so, when, in July 2015, North East Lincolnshire saw the doors of Strand Court open, and we were asked to undertake an evaluation of this new extra care housing (ECH) provision, we were keen to complement some of the usual measures of success with a focus on relationships.



Opened in 2015, Strand Court was commissioned by the North East Lincolnshire Clinical Commissioning Group and developed by Ashley House, with housing management by Inclusion Housing and care management by Lincolnshire Quality Care Services (LQCS).

The £8 million scheme offers 60 specially designed ECH apartments for social rent for frail elderly people needing care and support in East Marsh, Grimsby. The focus has been to provide a good balance of care needs from the commencement of occupancy in order to encourage the development of a positive community life, with opportunities for social interaction and mutual support between residents. Therefore, allocations are based not just on age and assessed and unmet needs but also on the willingness and ability of individuals to benefit from living in extra care housing.

What has been distinctive about this work has been the research undertaken to identify people's experience of wellbeing and satisfaction within the scheme using a new measure of 'relational value' (R<sup>v</sup>). This is a concept rooted in research undertaken as part of a Knowledge Transfer Partnership between the Whole Systems Partnership and Leeds University School of Healthcare Studies. It seeks to identify, measure, monitor and work with positive behaviours that build integrity, respect, fairness, compassion and trust in the local system. However, before we describe this, we'll summarise some of the other key findings....

### What do the numbers say?

When we looked at the published literature on extra care housing evaluations we found an absence in the use of 'control groups'. This meant that these couldn't answer the question, '*how do outcomes compare with a similar group who had not taken up residence?*' Our evaluation therefore also sought to address this gap. We have now looked at data up to March 2016, i.e. about 7-9 months since people took up residence.

We have identified some key benefits from an analysis of the 'before and after' resource use by looking at a range of data for the year up to July 2015 for people who took up residence (n=56) and a control group (n=66). We also looked at any changes after people took up residence, compared with the position at the end of March 2016 (we also plan a further evaluation in the Spring of 2017).

These are some of the key findings so far:

1. Care package costs to the Local Authority for residents were reduced significantly following taking up residence, although they increased slightly in the following 7-9 months, but were still 16% below pre-admission levels for people with complex needs and 18% below for people with non-complex needs. This compares with increases of 23% and 14% respectively amongst the control group.
2. Ten of the new residents had previously been in a care home, and whilst 3 returned there over the first 7-9 months there were no 'new' admissions to a care home from the other 46 new residents – amongst the control group 63 were at home at the start of the evaluation period and 6 were admitted to a care home over the same period.
3. An estimate of savings to the Local Authority of home care or care home services compared with the likely costs estimated from the Control Group, are £260k pa, which is an average of c£4,600 per person.
4. The death rate amongst residents has been lower than in the control group, despite similar age profiles and initial levels of need.
5. The number of episodes reflecting mental health needs has been significantly lower for people in Strand Court when compared with the control group, and the number of new dementia diagnoses has been higher.
6. The number of contacts to the local 'single point of access' amongst those with complex needs has reduced very significantly, by c60%, compared with the year prior to admission.

These findings continue to demonstrate a strong case for 'housing with care' solutions as part of a local economy. Work is ongoing to provide a broader perspective, including the potential to work with a linked dataset to obtain a clearer picture of the impact on health resources. Initial indications from this work do not currently suggest a reduction in hospital admissions on a before and after basis, or in comparison with the control group, although this is being kept under review.

## What is relational value?

What then about residents' experience of the care and support they receive?

Whilst we have looked at wellbeing scores amongst the group our main focus has been on what we are describing as relational value. This is a new concept that we are describing as:

*'The lifeblood of a system, organisation, partnership or team of people. It is the medium through which our interactions pass that either enhances or distorts our ability to achieve our common goals'.*

Like many intangibles you see its effect rather than the thing itself, although knowing it is there is often intuitively felt. We have identified, through our research, 5 attributes of relational value that reflect behaviours that you can directly experience. These are:

- **System integrity = how things interconnect and function:** this is present when the purpose or function of the system is understood and owned by all with clear boundaries within which everybody pulls together – genuine common purpose;
- **Respect = how we treat each other:** which is present when each party, individual, group or organisation has a recognised contribution to make, without which the purpose or function of that system cannot be achieved to its full potential;

- **Fairness = how equity is achieved:** which is present when no one individual, group or organisation is seen to take advantage of a weakness in another, which may, for example arise through privileged information or political influence;
- **Empathy or compassion = how we understand each other:** which is present when each individual, group or organisation is able to 'live in someone else's shoes' and by doing so is sensitized to the risks arising from a lack of integrity, respect or fairness, being proactive to address someone else's needs;
- **Trust = how much we put ourselves in other people's hands:** which is present when people act in each other's interests as a means to achieve the overall purpose and function of the system within which you are operating and are committed to.

These attributes, and their associated behaviours, have been shown to benefit people's wellbeing and are therefore worth promoting. Strand Court became our research base for finding out what aspects of relational value were important to residents and other stakeholders, and the extent to which behaviours consistent with this were present at all levels in the care setting. For those wanting to know more, the background to the research has just been published in the Journal of Health Organization and Management (Volume 30 issue 7 pages 1047-1062: [www.emeraldinsight.com/doi/full/10.1108/JHOM-01-2016-0018](http://www.emeraldinsight.com/doi/full/10.1108/JHOM-01-2016-0018)).

### How did residents express these ideas...

*"I see things and if I can help anybody I will. Can't physically help them but I mean even if it's just to sit and chat, that helps them, that helps a lot if you can sit and chat to people. And that's what I've noticed for myself, you know, being able to chat with other people, seeing somebody else's views, you know, I mean not everybody has the same views and things as yourself so, you know, it's good."*

*"Everybody will go out of their way to make you feel important I would say and that really encouraged me to join in. If people don't want to join in well that's up to them but you're encouraged to do things with others and I've, and the staff are very good at that, you know, I think they're excellent...the staff."*

### What was important to residents

Using the relational value framework, embedded in a method of research called 'Q methodology', we asked 27 residents, family and staff to prioritise a list of 48 statements that had emerged from our previous research. We then arranged the results to reflect the attributes of relational value. Individual statements such as 'everyone is treated as a whole person', or 'everyone is treated as equals', were strongly supported. When organising the statements according to what was most important in line with the attributes of relational value we found that system integrity and empathy were ranked most highly. People clearly wanted their living environment to be one in which things ran smoothly and where people would look out for each other.

The 4 main stakeholder groups (residents, staff, services on and offsite) were also asked to organise the statements into a general pattern. The responses were then collated and analysed by the researcher into 5 dominant patterns of response, as shown in the following table...

Theme	Dominant views
<b>Altogether now</b>	The majority of participants prioritised compassion/empathy statements, expressing a need to focus on the whole person.
<b>Respect as a two-way street</b>	People expressed the need for reciprocation, moderated through respect for the individual, as a key component for establishing a healthy relational environment.
<b>I'm free</b>	People needed to connect more meaningfully across the boundaries beyond the unit and not be constrained by personal or institutional boundaries
<b>Families - strengths and challenges</b>	People prioritised family influence through contact with staff, suggesting it is important that family get on well with staff and that family continuity is an important part of relational development.
<b>Enabling independence: 'helping hands'</b>	People suggest that the infrastructure and processes should be designed to enable relationships that focus on developing the autonomy of the residents.

This clearly demonstrates that what people want from a set of relationships can be different. We can therefore use these patterns to help consider the different ways in which people look at relationships and to help understand which concerns might arise from each perspective. We can also reflect on how these might be translated into actions to help maintain and improve the relational environment, for example, by asking how any new processes might impact on people when you take the different views into account.

These patterns also point toward the richness of living in what is essentially a communal environment, although it is also an environment where people's requirements for privacy and for different degrees of links with the wider community needs to be taken into account. Efforts at ensuring that housing with care settings do not become institutionalised may therefore be as much about these patterns of relational expectations as they are about levels of functional needs.



### Measuring relational value (R<sup>v</sup>) – lessons learned

Six months after undertaking this piece of research we returned with a questionnaire derived from the research. This enabled us to measure the strength of relationships across the care setting with a range of stakeholders, as evidenced by the behaviours associated with the attributes of relational value. The first diagram below shows the output from a simple survey tool that presented 30 statements, which people had to 'score' from 0-5 according to how 'true' they were for Strand Court. The table below is a combined view across residents, staff,

families and the wider organisation – when viewed from the perspective of these different groups residents sense of good relationships showed the highest score at 3.8. This is shown in the second diagram.

The data gathered using this tool provided us with a rich set of insights into how people view the quality of relationships, and gave opportunity to explore the sources of relational value, and thereby to identify areas for potential intervention. We identified some cultural issues, for example, that people were not confident that commitments would always be honored, and that spending time with people to allow empathy to develop did not always occur.



Figure 1: Combined scores for all participants for each attribute of relational value

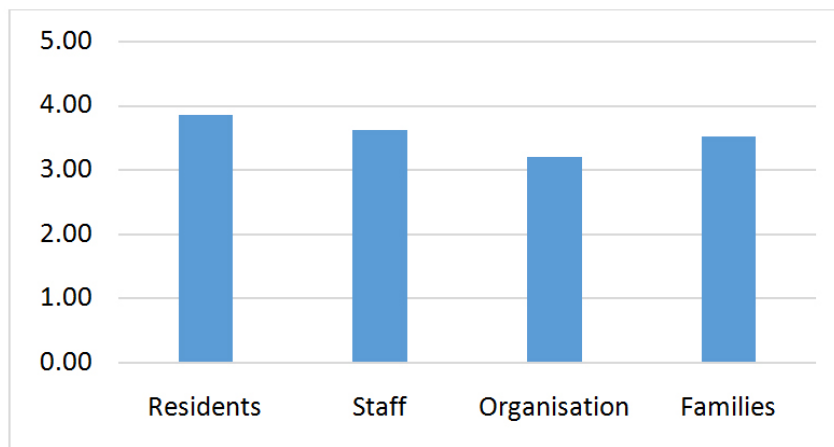


Figure 2: Combined scores for all attributes for each group of people

Our work has led us to believe that strong relational value is correlated with other positive outcomes for residents, as well as for others working in the care setting, because of the research we’ve undertaken. There are therefore plans in place to develop an R<sup>v</sup> tracker that provides a simple way of capturing information about relationships on a regular basis. This will be used to identify any dips in R<sup>v</sup> that may act as a precursor to reductions in the quality of care and other outcomes. Tools are also being developed to support staff induction and training in such a way as to highlight behaviours consistent with building relational value as a key expression of the culture for the unit.

## What is relational value like elsewhere?

That Strand Court appears to have a relatively high R<sup>v</sup> score is perhaps an indication that other outcomes identified in this evaluation have some roots in the experience of residents and others working in the unit. However, as this is a new tool we do not currently have a benchmark for comparison of Strand Court to other similar locations. We are therefore inviting other similar units to take part in a further piece of action learning to establish something of a benchmark.

We are looking initially for locations where a sample of at least 12 people can be encouraged to complete a simple online R<sup>v</sup> survey, from which we can begin to draw some comparisons and therefore tentative conclusions about the link between good R<sup>v</sup> scores and other outcomes. To be involved in this exciting development please contact us:

For more information on the evaluation or to get involved in providing a benchmark for relational value, please contact Peter Lacey: [peter.lacey@thewholesystem.co.uk](mailto:peter.lacey@thewholesystem.co.uk)

For information specific to Strand Court please contact Sarah Moody: [sarah.moody2@nhs.net](mailto:sarah.moody2@nhs.net)

## Note

The views expressed in this paper are those of the authors and not necessarily those of the Housing Learning and Improvement Network.

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## About the Housing LIN

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- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population

To access further information and resources on the evaluation of extra care housing, visit the Housing LIN's dedicated web pages at:

[www.housinglin.org.uk/Topics/browse/HousingExtraCare/Evaluation/](http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/Evaluation/)

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Housing Learning & Improvement Network  
c/o EAC, 3rd Floor,  
89 Albert Embankment  
London SE1 7TP

Tel: 020 7820 8077

Email: [info@housinglin.org.uk](mailto:info@housinglin.org.uk)

Web: [www.housinglin.org.uk](http://www.housinglin.org.uk)

Twitter: @HousingLIN & @HousingLINews