

Extra care housing in the UK

A scoping review

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Scope and purpose of review



Review question

What is the volume, focus, study design, quality and main findings of **empirical research and evaluations** relating to extra care housing in the UK?

Commissioned by

National Institute for Health and Care Research Strategic Commissioning group

Purpose

Intended to inform commissioning of further research into extra care housing



Setting Standards for Retirement Communities



Edwards Court, Exeter

Methods

We searched multiple databases and websites (e.g. Housing LIN).

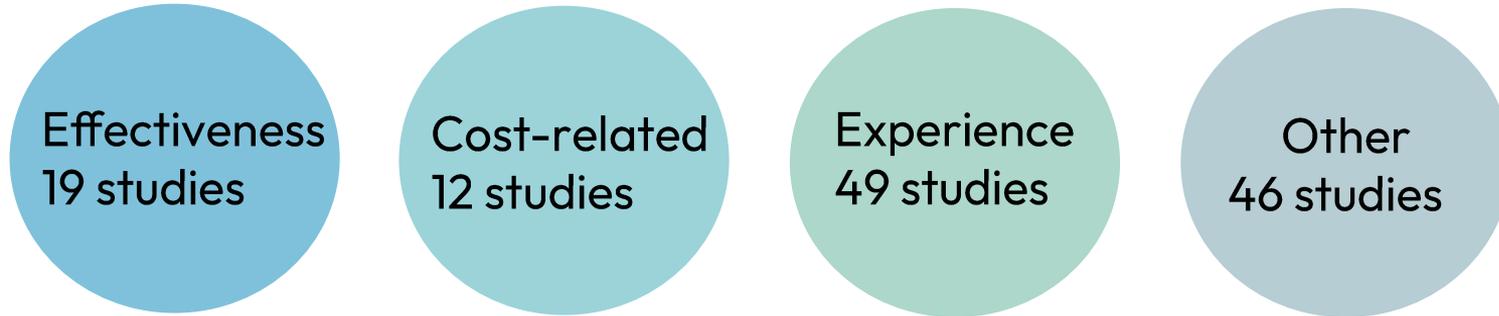
Two reviewers worked in parallel to:

- Select studies for inclusion based on our criteria
- Extract data on each study
- Assess its methodological quality



Summarised study characteristics and results in tables / figures and narrative.

Focus of studies



Total: 98 studies

Mapped evidence onto older people's journey through ECH:

Moving into ECH → Living in ECH → Moving on from ECH

Changing care needs

- Older people are tending to enter extra care housing with greater care needs:
 - In response to a crisis.
 - Often due to local authority requirements.
- The longer people stay in extra care housing, the more likely they are to develop care needs.
- Uncertainty over the level of care need that extra care housing is able to support:
 - Reflected in how it was defined in the included studies.
 - Distinction between ‘care’ and ‘support’ was not always clear and was another area of variation across schemes.
- Residents sometimes had problems as small care or support tasks were not carried out.

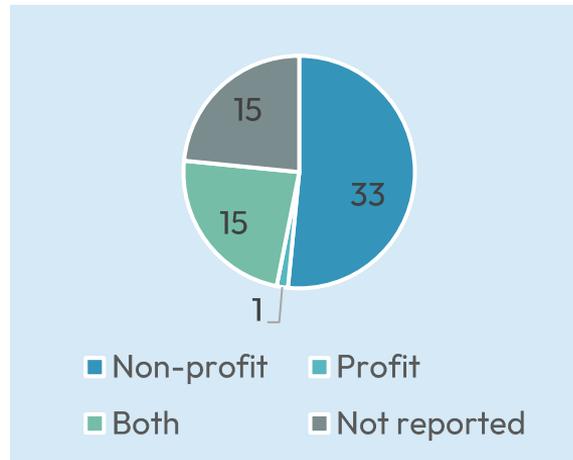
Definitions of extra care housing

- Of the 98 included studies, 55 defined extra care housing. Only 20 gave an applied definition

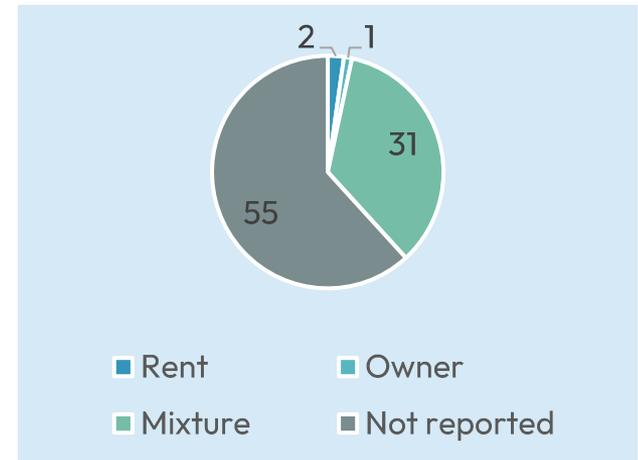
Criteria	Example	Number
Self-contained property	“schemes should consist of groups of self-contained apartments or bungalows”	44
Rented / owned by resident	“accommodation for rent/equity share/outright sale”	20
Provision of individualised and flexible care	“care services are available in a flexible way, tailored to residents’ particular and evolving needs”	32
Care and support staff present on premises 24/7	“a service registered to provide personal or nursing care is available on site 24 hours a day”	26
Housing and care contracted separately	“Extra care housing is made up of two parts: the physical building comprising of self-contained units and communal areas, and the care and support services that can be bought in by individuals.”	8
Communal facilities and services	“access to a range of communal amenities”	41

Affordability

- Changes in the funding landscape, in terms of development and running schemes.
- Lack of up-front information and clarity about the services provided by schemes and the charges for these services.
- Residents expressed concern over being able to afford care as their needs increased.



Housing provider



Ownership

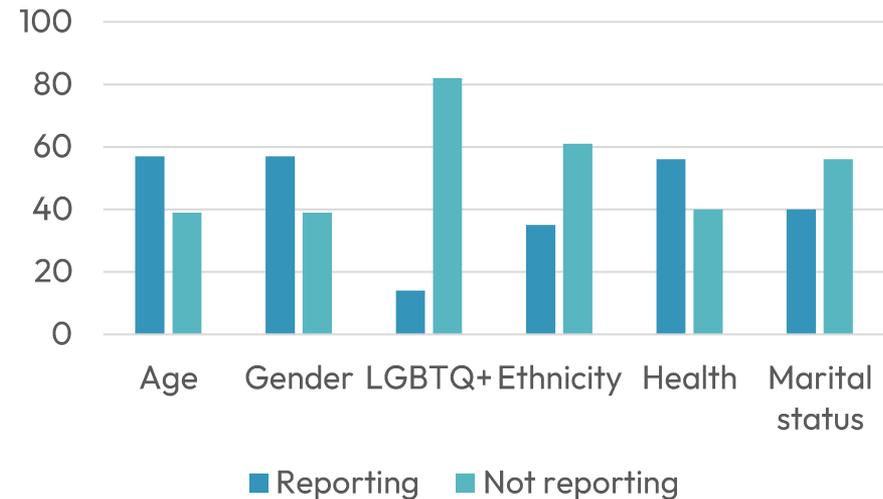
A home for life

- Can extra care housing offer a home for life?
 - Schemes are less willing to admit and continue to support older people with high care needs.
 - End-of-life care in extra care housing was rarely discussed.
 - For self-funding residents, it may not be affordable to stay as their needs increase.
- How do people move on from ECH?

“Further research could usefully explore the exit criteria that do exist, the basis for making individual decisions to leave and whether any formal or informal guidelines are available to support making transition plans to help someone to move with the least possible impact on their physical and emotional wellbeing.” (Twyford, 2016)

Inclusivity: social

- Residents from minority groups (e.g. those with disabilities, LGBTQ+ people and people from ethnic minority groups) have different experiences of living in extra care housing.
- Factors to promote social inclusion were identified:
 - on-site staff presence
 - **inclusion in the local area**
 - listening to the views of residents
 - age-friendly design
 - adequate digital infrastructure
 - a supportive policy environment



Participant characteristics

Inclusivity: physical

- Advances in assistive technologies could support residents – need to consider social element of their use.
- Physical design of schemes needs to meet the needs of residents.

“I think there is a general expectation that older people need heat and I’m not sure that’s true, ill people need heat sometimes but not just because you’re older.”
(Lewis, 2015)



Management and staffing



- Managers and commissioners have tended to seek a balance of care needs amongst extra care housing residents: those with no or minimal care needs; those with medium-level needs and those with high-level care needs.
- However, limited research looking at the organisation and management of ECH.
- Little comparison between different types of housing and care providers, non-profit and private providers, and different models of care.
- Staffing – need for specific training and roles.

Summary

- Volume of research evidence, broadly supporting extra care housing as a model of care for older people.
- Variation in type and quality of the studies:
 - Some good quality studies challenge specific assumptions about ECH or identify issues.
 - Few, but very interesting and informative studies focus on specific subgroups.
- Variability in definitions and service provision, with need for some standardisation.
- Questions around how to balance the changing care needs of residents and whether extra care housing can offer a home for life.



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Questions?

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The report is available at:

And a short briefing paper:

<https://www.exeter.ac.uk/research/groups/medicine/esmi/workstreams/exeterhsdvidencesynthesiscentre/>