



the BRIEFING

Exeter HS&DR Evidence Synthesis Centre March 2025

Extra care housing in the UK: A scoping review

Globally, and in the UK, the population is ageing.¹ As people grow older, they tend to have more health and social care needs. Suitable housing is important in enabling older people to live independently for as long as possible.² Extra care housing is a form of specialist retirement housing, with access to onsite personal care, that may support healthy ageing.³

This is a summary of a scoping review which identified and described the main characteristics and findings of research on extra care housing for older people in the UK. By identifying the current evidence, and where there are gaps, this review is intended to inform the commissioning of further research regarding extra care housing. We found that:

- ◆ Most research focused on older people’s experiences of living in extra care housing. These tended to be positive but there were challenges, such as the flexible provision of care. Less evidence was available on the impact of extra care housing on health and its cost-effectiveness.
- ◆ The quality of the research was variable and, often, extra care housing was not clearly defined by studies.

Whilst there is evidence that supports the provision of extra care housing, there is still a need for further high-quality research as well as work by policy and practice to create a standard definition for extra care housing.

Extra care housing is a model of housing, primarily for older people.

Its key features⁴ are:

- *Self-contained accommodation (e.g. a flat in a larger complex).*
- *Communal facilities (e.g. café/restaurant).*
- *Flexible and individualised care.*
- *Staff onsite 24/7.*
- *Accommodation and care contracted and paid for separately.*

It is known by a variety of terms, including specialised housing, assisted living and integrated retirement community.

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What is this review about?

This review aimed to identify and describe the aims, focus, study design, quality and main findings of research relating to extra care housing in the UK.

What evidence did we include?

We included studies that:

- Were focused on extra care housing (as defined on the previous page) for people aged 55 or over.
- Focused on residents, their family or informal carers, or other stakeholders, such as scheme staff and housing providers.
- Investigated any outcome or aspect of extra care housing (e.g. effectiveness, costs, experiences).
- Were conducted in the UK.

Studies could be primary research, evaluations (e.g. by local authorities), or systematic reviews of the evidence.

Finding the evidence: We searched seven bibliographic databases for studies, as well as the websites of relevant organisations. We also searched the citations and reference lists of included studies.

Study selection and data extraction: Studies were screened for inclusion by two reviewers, who then carried out data extraction.

Studies were analysed by grouping them into themes based on their focus and findings.

Critical appraisal: We used two standardized checklists to assess study quality, the MMAT checklist (primary studies) and AMSTAR 2 (systematic reviews).

What did we find?

Ninety-eight publications were included in the review. In terms of **study design**, 28 of the included studies were quantitative, 37 were qualitative, 19 took a mixed methods approach, and two were modelling studies using secondary data. Of the quantitative and qualitative studies, 45 were cross-sectional (reporting data from one point in time), and 19 longitudinal (reporting data from multiple timepoints).

Type of participant:

- **Older people** were most often included in the studies (57 studies, 32 only with older people). Participants were mainly living in extra care housing, with some studies focusing on specific groups such as residents with complex care needs (e.g. dementia).
- Other participants included **professionals**, either staff working in a housing scheme (n=24), or external stakeholders (n=21) such as housing providers, local authorities, or architects.
- **Family members or informal carers** were also participants in some studies (n=10).

Studies did not consistently report details on characteristics of participants. Age and gender were reported most often, along with cohabiting status. Few studies reported the LGBTQ+ status of participants.



Types of extra care housing schemes:

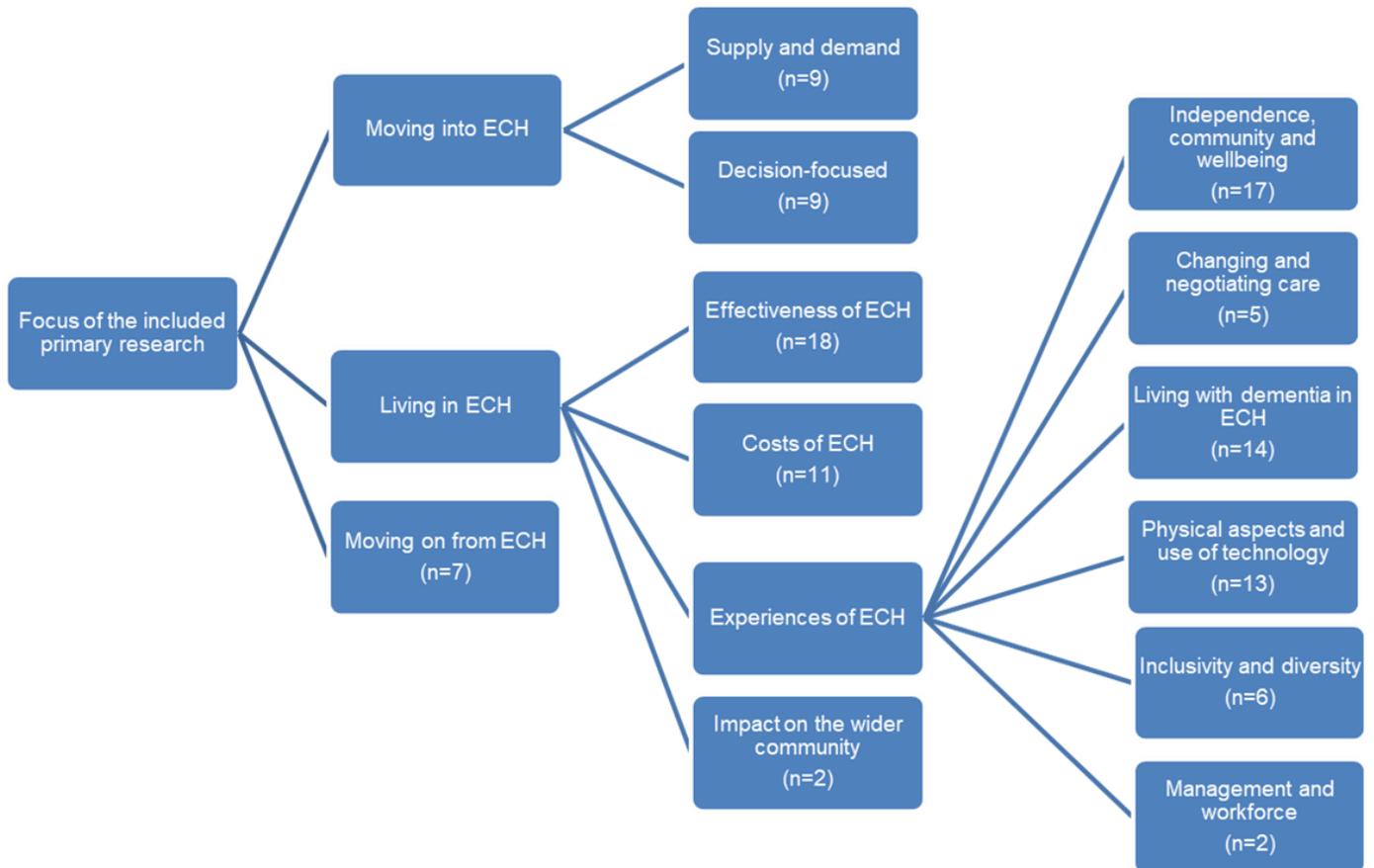
- **Geography:** 20 studies included urban and rural extra care housing schemes, 9 urban, and 2 rural. Thirty studies did not report this information.
- **Provider:** more studies (n=26) included non-profit schemes than private schemes (n=1). Thirteen included non-profit and private providers.

As for participants, studies did not consistently report the characteristics of the schemes (e.g. size, facilities).

What did the included studies focus on?

Almost half of studies (n=45) focused on the **experiences** of older people living in extra care housing. There were 18 studies that investigated the **effectiveness** of extra care housing, and 12 looked at the **costs**. There were 44 studies that were classified as 'other', as they focused on aspects of ECH that were not experiences or effectiveness (e.g. building design). A number of studies (n=27) had more than one focus.

We grouped studies more specifically into the categories shown in the figure below, following older people's journey through extra care housing.



Moving into extra care housing

This category included two types of study, those that looked at the supply of, and demand for, extra care housing, and those that investigated older people's decision-making regarding relocation.

Living in extra care housing

The majority of studies were in this category. Those looking at effectiveness investigated a range of outcomes, such as quality of life or ability to perform daily activities, whilst studies on cost reported mainly on health and social care costs. Most studies explored experiences of living in ECH; some of these were directly focused on residents, exploring independence and community within extra care housing, changing care needs and relationships with staff, and inclusivity and diversity. There was also a group of studies focusing specifically on the experiences of residents living with dementia. Other studies looked at the 'implementation' of extra care housing, through investigations of the building design, the use of technology, and management and workforce.

Moving on from extra care housing

There were few studies in this category, with only one focusing specifically on whether and how older people came to leave extra care housing (e.g. due to increasing care needs).

What do these findings mean?

For policy and practice

We identified implications for policy makers and organisations commissioning and providing extra care housing based on our findings:

- The need for a nation-wide approach to create a standard definition for extra care housing.
- Ensuring the physical infrastructure of schemes meets the needs of residents.
- The availability of training to enable a skilled workforce.

The provision of extra care housing is changing, with reductions in government funding and increasing private sector provision.^{3,5} This is impacting schemes, with increasing numbers of residents being admitted with high care needs. More knowledge is needed on the implications this has for managing care and support, and on whether and how residents may need to move on from extra care housing to ensure transitions are supported appropriately.

For research

Studies were variable in their methodological quality. Future research should follow best practice guidance for conducting and reporting specific study designs. It would also be useful to report fully on:

- **Participant characteristics**, especially those relating to inequality in opportunity or outcomes (e.g. ethnicity, LGBT+ status).
- Participating **extra care housing schemes** (e.g. housing and care providers, size, facilities), to allow comparison between different types of scheme, and improve the usability of research by allowing decision makers to decide on the applicability of findings to their specific case.



What are the conclusions of this review?

There is a body of evidence that supports the provision of ECH as a model of housing for older people. However, given the changing health and social care landscape and the increasing care needs of the population, more and higher quality research may be needed to support the future development of ECH, both adding to the evidence base on its effectiveness and cost-effectiveness, and addressing specific knowledge gaps, such as whether it can offer a home for life. There is also a need in policy and practice to more clearly define ECH.

[View the project report online](#)

Contact Us

Sian de Bell
s.c.de-bell@exeter.ac.uk

Zhivko Zhelev
z.zhelev@exeter.ac.uk

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