Housing with Care for Older People: Current Knowledge – Future Policy

Thursday 27 November 2008

Chair: Jeremy Porteous
UK evidence base

- Diversity of provision
- Value placed by residents on combination of independence and security
- Health, well-being and quality of life
- Reducing social isolation?
- Alternative to residential care?
- Balance of fit and frail?
- Home for life?
- Cost effectiveness and affordability?
Key messages for policy makers

• Combination of independence & security
• Diversity of provision/no single dominant model
• Can residents’ choose?
• Location and design features
• Meeting different types of need
• Home for life?
• Affordability?
Independence & security

- Privacy – your own front door
- Personal choice to “take part” or not in community activities
- 24 hour support on site
- Sanctuary and safe environment
- Freedom from maintenance & repairs
- Not always a shared understanding of ‘independence’ between residents and providers
Diversity of provision – is it a good thing?

- Design
- Location
- Type of provider organisations & partnership
- Eligibility criteria
- On-site care home?
- Is such diversity a good thing?
Choice for residents?

• Eligibility criteria
• How much choice do older people really have?
• Inclusiveness?
• Inwards v. outwards facing communities?
• Mixing of the fit and frail?
• How desirable are homogeneous communities?
• Moving on?
Location and design features

- Space for living
- Attention to design detail
- Design for a range of impairments
- Outdoor spaces
- “Informal” meeting places
- Individual versus communal spaces
- Simple technologies
- Accessible to transport & others services
Meeting different types of need?

- Housing element is not secondary
- Service gaps often related to “support”
- Role of informal carers and voluntary sector
- Care needs could not always be met
  - Challenging behaviours/dementia
  - Flexibility of care
  - Numbers of residents with high level needs
  - Willingness of funders to pay for additional care
Housing with care – home for life?

- Housing with care provide an alternative to residential care in some circumstances
- It is not a substitute for these settings
- Tension between independence and high levels of care needs
Housing with care – affordability?

- Expensive for self-funders
- Highly dependent on currently benefits system
Conclusions

• How realistic is “independent living” for some groups of people?
• Design
• Replacing residential care?
• Social inclusion versus homogeneity
• Affordability
• Eligibility – what happens to those who can’t get into housing with care?
PSSRU work on Housing and Care for older people

Ann Netten

PSSRU at the University of Kent, the London School of Economics and the University of Manchester
Housing & Care programme

- Investigate implications & potential of current developments in housing & care for older people
- Feasibility, desirability & affordability of alternatives to care home provision
- Implications of developments for older people and care home provision
Studies

- Large scale studies of care homes and residents
- Home closure studies
- Scoping study of extra care
- Study of control in ECH and care homes
- JRF funded study of Rowanberries
- Ongoing
  - Longitudinal evaluation of schemes funded under DH ECH Funding Initiative
  - JRF funded study of social well-being
  - EPSRC funded study of design
  - Study of care home resident and relatives views
ECHFI evaluation results to date

- ‘Pull’ more important than ‘push’ moving factors
- Resident profiles differ from care homes
- Average level of dependency lower in extra care
- Very few with severe cognitive impairment
- Substantial need for help with IADLs & mobility
- Increased receipt of formal care services
- Similar levels of receipt of financial benefits
- Less change in dependency in 1st 6 months than in care homes
Rowanberries costs

- Before and after design
- Costs per person per week increased
  - £382 per week before move
  - £473 per week after move
- Approx. 76% of formal care costs per resident per week fell to public sector
- Like-for-like comparison problematic but:
  - Increase in costs to public sector
  - Higher than if in care homes or in private household
Shift in pattern of costs

<table>
<thead>
<tr>
<th>Category</th>
<th>Before</th>
<th>After</th>
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<tbody>
<tr>
<td>Informal Care</td>
<td>48</td>
<td>15</td>
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<tr>
<td>Health Care</td>
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<td>53</td>
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<tr>
<td>Social Care</td>
<td>110</td>
<td>141</td>
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<tr>
<td>Accommodation</td>
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<td>80</td>
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<tr>
<td>Living expenses</td>
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</tr>
<tr>
<td>Personal expenses</td>
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<td>0.1</td>
</tr>
</tbody>
</table>
Rowanberries outcomes

- Improvements in social care outcomes
  - Reflects decrease in unmet need across seven social care domains
  - E.g. nearly two-thirds reported good social life at Rowanberries,
    compared to > 50 % feeling lonely and socially isolated previously

- Improved quality of life on seven-point scale
  - 68 % reported very good/ good compared to 23 % before move

- Well-being (CASP 19) and self-perceived health measures did not show any change
  - Based on situation after move and six months later

- Abilities in activities of daily living: no real change
Equity and efficiency

- Costs of ECH are high and not easily observed
- Reductions in unmet need
  - Impact of increased level of formal support
  - Increased access to health care
  - No real evidence of improved functioning
- How much are we prepared to pay for outcomes?
- Role of public funding?
- Charging regimes?
- Who should get extra-care housing?
  - ‘Balanced communities’ vs replacing care homes
  - Potential for ‘net-widening’? Housing needs?
  - ‘Prevention’ or improved qol for those who get?
Experiences of living in extra-care

- Planned moves
- Expectations
- Other residents
- What is provided
- What does ‘24 hour care’ mean?
- ‘...it would be nice to have the flexibility of a nursing home but with the independence of extra care...’ (manager)
- Implications for:
  - Marketing
  - Commissioning
Care homes

- Majority of housing and care provision
- Changing population
  - 2005 care home admissions equivalent to 1995 nursing home admissions
- Assumptions re poor outcomes
  - Sense of control? Changes in functioning?
  - Implications for residents, relatives and homes
- Closures of care homes
  - Management and loss of welfare of residents
Ongoing research questions

- Costs
  - Comparing like with like
  - Acceptability
    - Care home fees vs ECH payments
    - Service charges/ activities in ECH

- Implications for costs and effectiveness of
  - Personal budgets?
  - Scale?
  - Balance of dependency?
  - Meals facilities and provision?

- etc................................
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Sources of Evidence

- Opening Doors to Independence. Supporting People with Dementia in Extra Care Housing. (Vallely, Evans, Fear & Means 2006)
- Social Well-Being in Extra Care Housing. (Evans & Vallely 2007)
- Case Studies for the Housing LIN
Three Themes

- Promoting Independence and Well-being
- Supporting Older People with Dementia
- Housing with Care as Sustainable Communities
Theme One: Supporting Independence and Wellbeing

- Providing appropriate services and facilities on site OR making those in the local area accessible

- Social activities, both in the scheme and outings; be imaginative (beyond bingo); funding issue; specify minimum levels in contract with LA

- Encouraging informal carers – role in terms of support (practical, emotional, financial)

- The built environment – accessibility, promoting social interaction, etc.
Theme One continued

- Care that is person centred and flexible: limitations of task led model; out of hours support

- Residents at higher risk of social exclusion – physical/cognitive impairment, recently moved in, no local family, single men

- Opportunities for resident involvement – e.g. resident associations, activity organising groups, needs to go further
Theme Two: Supporting People with Dementia

- A home for life?
  - Longitudinal evidence re moves and reasons

- Orientation and wayfinding
  - Design features, layout, etc

- Opportunities for social interaction
  - Inclusive activities
  - Information and education

- Models of care
  - Integration or segregation
  - Staffing – keyworking, person centred care, understanding risk
Theme Three: Sustainable Communities

- Housing with care schemes are successful as age friendly neighbourhoods
  - Opportunities for social interaction, accessible design, the built environment, place attachment, age proofing

- But how well do they connect with wider communities?
  - Location, transport,

- A question of diversity
  - Ethnicity, health, tenure, age
Some Policy Implications

– Promoting best practice in social inclusion

– The role of housing with care in supporting people with dementia

– Housing with care settings as sustainable communities
Housing with Care for Older People: Current Knowledge – Future Policy

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Housing with Care for Older People
Current Knowledge – Future Policy
Living in a Purpose-built Retirement Community

Bernadette Bartlam

Living in a Purpose-Built Retirement Community

- Background
- Keele Research Studies
- What We Know
- What We Don’t Know
Assessing the Health Impact of Age-specific Housing: 2 year study comparing health and social functioning of a RC sample with comparable community sample.

The Experiences and Perceptions of Retirement Community Residents: 2 year qualitative study following a group of residents over time.

New Lifestyles in Old Age: Health, Identity and Well-Being in Retirement Communities: 3 year multi-method study to examine the contribution of this model to improving the well-being of older people.
What we know: RCs in Britain

- **A Retirement Element**
  residents no longer in full-time employment - affecting use of time and space.

- **A Community Element**
  an age-specific population - same geographically bounded area.

- **A degree of Collectivity**
  with which residents identify - may include shared activities, interests and facilities.

- **A sense of Autonomy with Security.**

  (Phillips et al, 2001)
The US: why... who...

- Social
- Environment
- Health and support

- Middle class
- Geographically diverse
- Higher incomes
- Owner occupiers
- Better education & health
- White
- Early retirees
- Childless
- Mobile
The UK: why... who...

- Social
- Environment
- Health and support
- Diversity of tenure
- White
- Female
Benefits

- Maintain/enhance quality of life
- Enhance ageing identities
  - Age homogeneity
- Combat loneliness
- Improve morale
- Engender healthier lifestyles
- Improve inter-generational relationships
Drawbacks

- Playpens for the elderly
- Often exclude:
  - Minority groups
  - Those with mental or physical incapacity
- Denigrate intergenerational links
- High impact loss and change
Moving from this....
To this...
The vision...

Mixed tenure
55 and over
Located in South Bucks 20 miles from central London
30 acres of private woodland

By 2010:
- 326 residential properties all built to lifetime homes standard
- a restaurant and café bar
- a shop
- a post office
- a GP surgery
- a health and fitness centre,
- a residents’ library, a village hall, and a winter garden.
Towards a longitudinal study...

- Multi-method longitudinal study
- First phase: 2006-2009
What We Don’t Know

- Definitions
- Independence/inter-dependence
- Accommodating different/changing needs
- A ‘Home for Life’
- Staffing
- Philosophy
LARC is funded by the Anchor Trust, and is taking place in collaboration with the staff and residents of Denham Garden Village.

Keele research team:
Bernadette Bartlam, Miriam Bernard,
Jenny Liddle, Thomas Scharf
and Julius Sim
Housing with Care for Older People: Current Knowledge – Future Policy

Thursday 27 November 2008
Housing with care: current knowledge and future policy: Some lessons about remodelling

Professor Anthea Tinker, King’s College London
JRF conference 27.11.08
What the presentation will cover

1. Why is remodelling important?
2. The remodelling research project
3. The main findings about this project and how far they may be applicable for wider policies
4. Lessons for future policy including those for extra care housing in general
1. Why is remodelling important?

- The lack of resources for new build
- The lack of sites for new build
- For individuals the emphasis on grants to modernise/improve their homes
- For schemes, such as sheltered housing, which is not up to standard (and may be difficult to let)
- For poor residential care homes where some people could live in a more independent way
2. The remodelling research project, funder and timing

Remodelling sheltered housing and residential care homes to extra care housing

- Funded by the Engineering and Physical Sciences Research Council (EPSRC – EP/C5329451)
- A multi-disciplinary project
- May 1 2005, for 2 years (extended to 31.7.07)
The research team

Professor Anthea Tinker and Dr Fay Wright,
- King’s College London, Institute of Gerontology

Professor Julienne Hanson and Hedieh Wojgani
- University College London

Dr Alan Holmans, University of Cambridge

Dr Ruth Mayagoitia-Hill and Els van Boxstael
- King’s College London, Centre of Rehabilitation Engineering

(3 student projects)
What the research project covered

- Examined how a sample of 10 social housing sheltered housing and residential care homes had been remodelled since 2000 to extra care housing.
- Examined the building, care and AT changes and considered future needs
- Conducted interviews with design professionals i.e. architects, quantity surveyors, contractors and professional clients
- Explored tenants’ experiences of living in a remodelled extra care scheme.
- Elicited the views of care and support staff about how well a remodelled extra care scheme works in practice.
- Costed the changes to the schemes
3. The main findings about this project and how far they may be applicable for wider policies – the buildings and technology

- Schemes had, in general, become more accessible compared with before remodelling (but the majority fell short of recommended widths for corridors)
- Most flats and facilities (for tenants and staff) were bigger and better (but variations in size)
- The grounds/gardens were often better than before
- Improved access and circulation (but standards not up to those for new build)
3. The main findings about this project and how far they may be applicable for wider policies – the building and technology

- Issues relating to the number, the optimal placing and the size of lifts.
- Little or no effort to future proof the schemes by building in additional flexibility by way of service overlays (ICTs) or provision for fixed assistive technology (hoists etc.).
- Remodelling takes a lot of time e.g. getting funding, planning permissions etc.
- Expect the unexpected - most schemes overran and ran into problems
- How long term will the investment be?
The main findings about this project and how far they may be applicable for wider policies – the tenants

- In 6 of the 10 schemes remodelling took place with tenants in situ
- This was done for a variety of reasons e.g. no nearby schemes with voids and/or seen as important to retain existing community
- Tenant consultation about remodelling process varied
<table>
<thead>
<tr>
<th>Some positives of tenants in situ</th>
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<tbody>
<tr>
<td>- Many tenants enjoyed the process</td>
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<td>- Good relationships often developed with the builders</td>
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<tr>
<td>- Consultation with tenants over design easier</td>
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<tr>
<td>- Bonding between tenants</td>
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</tbody>
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Some problems of tenants in situ

- Health and safety concerns
- Building had to be remodelled in stages
- Services had to be maintained
- Time and cost consequences
- Dusty and noisy for tenants
Tenants who had previously lived in the scheme

- General satisfaction but examples of:
  - Anger at newcomers with high care needs
  - Hostility to newcomers
  - Sabotage of scheme activities
  - Refusal to have lunch
  - Direct rudeness to people with disabilities
Post-remodelling tenants positive

- Removal of worry
- Glad not a care home
- Glad of privacy
- Enthusiastic about care staff in most schemes
- Misfits - younger tenants with a disability
The main findings about this project and how far they may be applicable for wider policies - costings

- Costs of schemes compared: 9 schemes remodelled, 4 new schemes of which 2 private enterprise.
- Not a cost benefit study, but important to find out what the extra care remodelling cost, and how their costs compare with new build.
- The schemes were very different, some with extensive new building as well as remodelling existing accommodation, others with the existing area unchanged.
The main findings about this project and how far they may be applicable for wider policies - costings

- 9 of the 10 schemes ran over budget
- For the 8 schemes, average cost per standard flat was £64,300.
- Four with a range of £47,000 - £50,000 per flat.
- Highest, £95,000 - a ‘heritage’ building.
- Average cost per ‘standard flat’ for new build £67,000, including the two private enterprise flats.
- When like is compared with like remodelling is not inherently less expensive than new building.
The main findings about this project and how far they may be applicable for wider policies: some unresolved issues

- Communal meals (not all our schemes provided them) – how important?
- Care staff and their role (conflicts in our study over this)
- Dependency levels – 4 aimed at a dependency balance and 6 had a dependency threshold
4. Some lessons for future policies for extra care housing

- Will the next generation of older people find this kind of housing acceptable? (especially the small size of the flats)
- There is need for discussion about this form of provision so that funding can be ‘fair’ and so that older people, their families and professionals know what is provided (this may be locally specific).
- Is this form of housing (with higher standards) an option for the private sector?
- Should attention now go more to keeping people in their own homes?
More information

- As well as the summary in the pack, more detailed advice for housing and care providers is on the web:
  - [http://www.kcl.ac.uk/gerontology](http://www.kcl.ac.uk/gerontology)
  - Or email anthea.tinker@kcl.ac.uk
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Life in an extra care village as seen on TV:

Silverville

Professor Sheila Peace
Dr Caroline Holland

Faculty of Health and Social Care
Silverville

- BBC1/OU Documentary TV Series
- Transmission early 2009
- 6 x 30 minutes
- to raise questions and provide information under our public broadcasting remit
ExtraCare Charitable Trust

- supported housing schemes and retirement villages throughout the greater Midlands area and the North

- 32 Villages and Schemes completed or in progress

- Options for over 55s to buy, rent and share ownership
Lovat Fields

- Opened 2007
- 258 x 1 and 2 bed flats and bungalows
- Milton Keynes Council, English Partnerships, Touchstone Housing Association and The ExtraCare Charitable Trust
Research at Lovat Fields

• BBC research: two directors and two media researchers: 6 months residency
  + two OU consultants

• Related OU research: Price of Old Age online survey:
  http://open2.net/caresurvey

• PSSRU research

• MSc research
Silverville programme themes:

- Leaving home for ECH – a new environment
- Seeking companionship/being on your own
- Keeping active/financing ECH – the mix in Lovat Fields
- Relationships inside and outside the home
- Coping with long term conditions
- Living with Alzheimer's
Open2.net

- Post-transmission website
- Free information booklet
- On-going online survey
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