



The full report is available to download at:
www.pssru.ac.uk/project-pages/extra-care-housing/

Between 2004 and 2010, the Department of Health, through the Extra Care Housing Fund, spent £227 million in capital funding to encourage local authority social services departments and housing providers to develop new ways of working together to provide extra care housing. A condition of receiving support from the first two rounds of the Fund was participation in an evaluation.

The evaluation took place between 2006 and 2010 and focused on 19 extra care housing schemes. The aim was to examine the development of the schemes from the beginning, and to follow the residents' experiences and health over time.

SUMMARY FINDINGS

This summary describes the findings of a study of extra care housing, which was funded by the Department of Health and carried out by the Personal Social Services Research Unit (PSSRU) at the University of Kent. It is based on the report published by the PSSRU and the Housing Learning & Improvement Network (Housing LIN) in December 2011. The results were presented at the Housing LIN's first annual conference (see www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Newsletter/HLIN_Newsletter50_Dec2011.pdf). A web page containing links to the report, and other documents produced about the evaluation is available on the PSSRU website: www.pssru.ac.uk/project-pages/extra-care-housing/

Key points:

- People moved into extra care housing with positive expectations
- Most people made new friends and had a good social life
- For most of those who were followed up, their ability to look after themselves either stayed the same or improved after they moved in
- Most people who could be traced were still living in the schemes by the end of the study, and about one-quarter had died
- Extra care housing appears to be value for money when changes in residents' ability to look after themselves and costs are compared between extra care housing and residential care homes for similar groups of people
- Extra care housing is a valuable option for older people, but there is a need for more throughout the country

BACKGROUND

Extra care housing

Extra care housing aims to meet the housing, care and support needs of older people, while helping them to keep their independence and their own front door. Extra care housing has been seen as a possible alternative to residential care. It offers easy-to-manage accommodation with social activities and access to care 24 hours a day.

The study

Between 2006 and 2010, 19 new extra care schemes that received funding from the Department of Health took part in the study. In addition to the main study, the Joseph Rowntree Foundation (JRF) funded two studies: a study of the costs and outcomes for residents in one of the schemes; and a study of the development of social well-being.

'My age and health indicated that I should look to the future for myself and not become a burden to my daughter. The prospect of needing future care plus the security aspect that was on offer was very appealing.' (Village resident)

'We could not manage our previous home owing to having to climb two flights of stairs, as we are both disabled and I need two sticks to walk about. Having a lift here is most helpful.' (Scheme resident)

'I liked the idea of facilities. Where I lived during the day was fine but it was difficult to find evening venues when you don't drive.' (Village resident)

The aims were:

- To identify residents' reasons for moving to extra care housing
- To identify how schemes had begun to develop social activities and a community during their first year
- To follow residents' experiences and health over time
- To identify the full costs of extra care housing and what affected these costs
- To compare the costs and what happened to people with people who moved into residential care homes

Information was collected from residents and staff soon after the schemes opened, and then at different points in time up to two and a half years after opening. The comparisons with residential care homes used information from two previous studies of people moving into care homes in 1995 and 2005.

THE SCHEMES

The schemes had opened between April 2006 and November 2008 and included three villages, each with about 250 flats or bungalows, and 16 smaller developments, with between 35 and 75 flats. The schemes offered a mixture of rented, leasehold and shared ownership tenure arrangements.

THE RESIDENTS

Detailed information about health and care needs was collected from 817 residents who received care and support at the schemes. Similar information was also collected six, 18 and 30 months after moving in.

Compared with people who moved into care homes in 2005, the residents were younger, there were more men, and they were less likely to be widowed. Before they moved in they were less likely to have been living alone, or to have been receiving care from friends and relatives, community nursing or home care than people who moved into care homes.

On average, people moving into extra care housing were found to be much more able, both physically and mentally, than people moving into care homes (although residents in several schemes had high levels of physical disability).

REASONS FOR MOVING INTO EXTRA CARE HOUSING

When they moved in, all residents (including those who were not receiving care and support) were invited to complete a questionnaire about their reasons for moving in and their expectations of the scheme. In total, 1,182 people responded, 949 of whom moved in in the first six months.

For most people the reason for moving into extra care housing seemed to be a positive choice to live in a more supportive and sociable environment.

For people who needed care, the most important reasons for wanting to leave their previous homes were to do with their health. Even people without care needs gave physical health as a reason for moving. For people needing care, the need for adaptations to their previous home was often important. About half of the residents reported problems with managing their previous home. About a quarter also

'I've got my independence, but I can go across there [to the communal areas] and have company. You don't ever need to be alone here, because if you go across to the dining room or the conservatory, you're bound to meet someone.' (Scheme resident)

'I didn't have a social life when I was at home... and now I've got the friends I've made in here, we have little dos and some of us, we do use downstairs at night, the television ... put DVDs on and have a drink or two.' (Scheme resident)

Outcomes, in terms of physical and cognitive functioning, for residents with similar characteristics to care home residents were better, and costs were no higher, while mortality rates were lower.

mentioned various social issues as part of their decision to move, such as feeling isolated or a fear of crime.

The most important attractions of extra care housing were:

- 'Having your own front door'
- Flexible on-site care and support
- Security
- Accessible living arrangements and bathrooms
- The size of the accommodation available

On-site care and support was slightly more important for residents with care needs, and the ability to own their own flat and the availability of social or leisure facilities were more important for those without care needs.

RESIDENTS' EXPERIENCES

Experiences were generally very positive. Residents valued the independence, security, availability of care and support and opportunities for social interaction offered by extra care housing.

A year after moving in most residents enjoyed a good social life, valued the social activities and events on offer, and had made new friends. However, it was important that communal facilities (particularly restaurants and shops) and social activities were available when schemes opened. Adequate staff time and resources to support social activities and wider social well-being should be available, both when schemes first open, and over time to support residents who need more help.

The villages appeared well suited to more active older people, but different expectations could create tensions and misunderstandings, with some residents feeling that too many people with disabilities and greater care needs were moving in.

Residents valued keeping their previous links with the local community, as well as developing new ones. However, there were mixed opinions about people from the local community coming into schemes. Some residents were keen to encourage links, while others felt resentment towards outsiders using what they felt were 'their' facilities.

OUTCOMES FOR RESIDENTS

'Outcomes' mean what happened to people over the course of the study, in terms of moves, mortality and changes in health and needing help with everyday activities. At the end of the study, information was available about the destination of 84 per cent of residents, and two-thirds were still in the scheme. Just one in ten had moved on, usually to a care home, most frequently to a nursing home. By the end of the study about a quarter had died, usually after going to hospital, although about one-third had died in the scheme. However, compared with care home residents with similar characteristics, fewer people died than might be expected.

For most of those residents who were followed-up, their physical ability to do activities of daily living appeared to improve or remain stable over the first 18 months. Although more residents had a lower level of physical functioning at 30 months, more than a half had still either improved or remained stable.

COSTS AND COST-EFFECTIVENESS

Accommodation, housing management and living expenses accounted for approximately 60 per cent of total cost of extra care schemes. The costs of social care and health care varied across schemes. Higher costs were associated with higher levels of physical and cognitive impairment among residents, but also with higher levels of well-being.

When matched with a group of people with similar characteristics who moved into residential care, costs were the same or lower for those who moved into extra care housing. Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with similar characteristics who currently move into residential care.

CONCLUSIONS

Overall, the results of the study were very positive. People had generally made a positive choice to move into extra care housing, with high expectations, often focused on an improved social life. After they had moved in, most people reported a good quality of life, enjoyed a good social life, and valued the social activities and events on offer. Compared to residents with similar characteristics in care homes, residents in extra care housing had better outcomes, and costs were no higher.

The results support the use of extra care housing as an alternative to residential care homes for some people. However, the quantity of extra care housing is relatively low. More capital investment and further development of marketing strategies to potential residents are needed if extra care housing is to be made more available and appealing to a wide range of residents. Without continuing to attract a wide range of residents, including those with few or no care and support needs as well as those with higher levels of need, extra care housing may become more like residential care and lose its distinctiveness.

Alternative types of housing such as extra care, which are popular with residents and result in good outcomes, should be encouraged. In the words of one resident:

'I think more people should know about [extra care housing]. ... It's far better than sitting by yourself. We get together and talk about all sorts of things, and there's entertainment. ... And there's always somebody around you; there's people next door, even if you can't hear them, you know there's somebody in the rooms. And you've got a bell on there to push if you need anybody. No, it couldn't be better.'

THANK YOU

Thank-you to all extra care housing residents and staff who have taken part in this evaluation. The research team values the information you have provided very much, and hopes that results from this evaluation will help councils and schemes provide better services in the future. Thanks are also due to the local researchers for all their hard work.

May 2012