



It's the quality of care that determines the benefit of Extra Care Housing

The purpose of this viewpoint is to discuss the importance and value of care services as part of a holistic model of housing, community facilities, and assistive technology systems to deliver long term support for older people.

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Introduction

When I speak with my 83 year old Mum about her future, it is difficult to see her in any other environment than the home that she shared with my Dad for 54 years. Now that she lives alone it has become her “comfort blanket” that meets her immediate needs for safety and security. Mum knows the neighbourhood and still manages to get to the local shops when she can. She is known by many people in the community that have aged with her. Mum is still very proud that she owns her own home and she would find this very hard to give up.

Despite my professional insight into the positive housing and care options for older people, it is challenging to find a way of promoting this in a way that informs Mum but doesn't pressurise her into considering moving home. Although she has a strong desire to maintain her lifestyle, health and wellbeing, she still believes that these needs can all be met in her present home and it is hard for her to visualise a time when she won't be able to take care of herself.

What I have recognised in the past few years is how various services have become of greater importance to her. Day services and transport in particular and practical services like gardening and home maintenance, and it may be a greater dependency on services that will be a deciding factor in any future move that Mum will choose to make.

I believe that my Mum's experiences are echoed in many examples from my professional experiences and that it is the relevance, reliability and standards of services that are motivating factors encouraging many older people to choose to move home and, in particular, to move to Extra Care Housing schemes. The availability of 24 hour care is often a key deciding factor to move home, especially for more vulnerable older people with high levels of care and support needs, and it is often the lack of availability of this support in their existing homes that leads to a permanent move.

In the recent Joseph Rowntree Foundation publication, 'Older people's housing choice, quality of life and under-occupation',¹ the authors refer to the importance of services for older people. They state:

“Many older people prefer to remain living in mixed-age housing and communities. Staying put (perhaps with adaptations) can be the right choice, offering advantages such as keeping pets and continuing emotional and practical support (from neighbours, local organisations, etc.). However there is also evidence that moving (especially to housing with care) can improve quality of life, physical health and social well-being.”

Significant issues raised in this Viewpoint have been informed by my own personal operational experiences of both delivering and developing care and support services in Extra Care Housing and from listening to the views of older people and their relatives.

I pose the question: can Care Services in Extra Care Housing therefore really enable personal choice and independent living for older people?

Current supported housing options for older people

The choice of homes and associated services to support older people to live well in later years is improving and, in particular, with the ever growing support for Extra Care Housing options. There is also widening evidence to suggest major positive implications for both the quality of life of individual older people living in these settings and the potential to address the pressures on funding sources that are striving to support the demographic growth of older people.

¹ Pannell J, Aldridge H and Kenway P (2012), *Older people's housing choice, quality of life and under-occupation*. Joseph Rowntree Foundation

“A well-funded, fully integrated system of care, support, health, housing and other services is essential, not just to provide high quality support for individuals, carers and families, but also to provide good value to the exchequer and the tax payer.”²

Health Select Committee 2012

Providing personal or domiciliary care in forms of supported housing for older people is not a new concept and has been evident, perhaps in differing forms, since at least the late 1980's. For example, the work at Dray Court Enhanced Extra Care project in Guildford, in partnership with the then Health Authority and Surrey County Council Social Services.

Projects were also being developed in other areas where the Local Authority were agreeing arrangements for their Home Care Staff to have a Team based throughout the daytime period on sheltered housing schemes managed by Housing Associations or Registered Providers (RP). Of course, this would not meet the current criteria for Extra Care Housing which promotes the availability on-site of 24 hour care and support services, but it was a start to enabling older people to stay in the homes that they were familiar with, amongst their neighbours and wider community. At the time, this was regarded as a positive innovation.

What is the role of care and support services in Extra Care Housing?

Based on available research and information that has been generated over the past several years by organisations such as the PSSRU and then later the Housing LIN in many reports and publications, whatever the scheme type, there appear to be 3 key common factors that services in Extra Care Housing respond to:

Practical	Day to day support to enable older people to manage their home environment and domestic day to day living arrangements
Prevention	Having access to information and low level services that can promote independence and prevent a decline in abilities and, more seriously, personal health and care (These services increasingly include leisure and social activities)
Personal	A direct and planned response to deliver personal care and support for people whose age related needs are increasing and affecting their ability to care for themselves adequately

Where care services are currently delivered in housing for older people

Sheltered and Very Sheltered Housing

Existing Sheltered Housing Schemes can sometimes expand their range of care and support services, within their existing facilities to become very sheltered housing, to support independent living for longer. At this stage, the Care Services are usually provided by domiciliary care providers that work in the community. Some of these schemes have also gone a step further and where feasible can often become remodelled or refurbished sheltered housing schemes to include elements that increase the schemes capacity to support an ageing population. This generally includes improved facilities for catering, leisure, care and support that can offer older people opportunities to stay in their chosen homes and location for longer, usually with

² Health Select Committee (2012), Report on Social Care 14th Report of Session 2010 - 2012

a regular care staff presence up to 24 hours. The report, *'More than Just a Few Kind Words'*³ promotes the value and potential of sheltered housing to support future generations of older people and recommends further developments.

New build Extra Care Housing schemes and Extra Care/Retirement Villages

Purpose-built larger schemes and Village models can deliver well-designed and good quality homes and can also provide a wider range of practical support, personal care and preventative services linked to social wellbeing and leisure, all in one location. Increasingly, Assistive Technology plays a key part in maximising independence for residents who need care in some of these schemes.

The size of the schemes and the population generally make it possible to sustain substantial contracts to deliver care and support.

How are current extra care services currently commissioned and delivered?

New build Extra Care Housing schemes, including Villages and significant volumes of remodelled schemes, are forging ahead with new designs and incorporating partnerships between organisations to support people with varying care needs, especially those with dementia and other long term health conditions. Increasingly, the needs of older people with learning disabilities and adults who lead chaotic lifestyles are also being met by Extra Care Housing providers.

In new and remodelled settings, most care and support services are delivered in partnership with the Housing Association and the registered private sector care provider that have usually been commissioned by the Local Authority to provide services.

Some new schemes still have personal care services directly provided by the Local Authority. Some examples of this are evident in several areas of England (and Wales). However, this appears to be linked to the commissioning authorities' strategy for contracting out internal Home Care Services. It has also been suggested by some authorities that it is an opportunity to learn more about the style and approach to delivering flexible care and support that is promoted as achieving the best outcomes for older people by long standing providers and Extra Care Housing and Village market leaders.

As is outlined in the Housing LIN's Technical Brief No.1, *Care in Extra Care Housing*, personal care services have historically been commissioned as a fixed term block contract that delivers a specific volume of service with an additional provision to supply increased levels of service as spot purchasing if required and, increasingly, there are specifications that commission personal care and supporting people services jointly.

However, most recently there are growing numbers of contracts that are being re-commissioned for further contract periods that are providing only a core service that covers a minimum of 1 or 2 staff members present over the whole 24 hour period on the scheme. This is being promoted by some service commissioners as a model that delivers the 24 hour presence that the accepted Extra Care Housing description, in the absence of a formal definition, provides for. Furthermore, hard pressed commissioners make the case that this also enables 'personalisation' to be addressed by providing the opportunity for older people with personal budgets or Direct Payments to choose their preferred provider to deliver additional services that they require beyond the 24 hour access to care and support.

³ Department of Communities and Local Government (2010), *More than just a few kind works*.

There are also now examples of schemes that are being promoted as Extra Care Housing, that do not deliver a 24 hour on-site staffed service. In Wrexham, a local Housing Association has developed a scheme where the 24 hour response is delivered via a Call System that manages access to an emergency mobile response service. This has been driven by the commissioning model of the Local Authority that considers an out-of-hours emergency helpline managed by a call centre provider to alert on-call care staff to be an adequate response. It is, however, worth noting that 12 months after opening there are still several voids at this scheme and this is considered by the Housing Association to be attributable to the lack of on-site staff throughout the evening and night time.

In my own experience, a significant part of the offering to older people considering a move to Extra Care Housing is the presence of on-site staff throughout the day and nighttime, and without this we may see fewer older people who can see what the additional benefit would be to move home to an Extra Care Housing scheme.

What isn't clear at the moment is how changes in commissioning will impact on the original vision for an Extra Care Housing scheme shared by the Housing Association (or private sector provider) and their partners, and whose occupancy levels are most likely to have been based on the success of the original care commissioning strategy. At the outset, there may have been more funding committed to ensure a steady flow of referrals to the new scheme for people with higher level needs and having this removed may result in a significant shift in the community profile over time. Will it still be Extra Care Housing? Or will we be in danger of seeing the same serious consequences caused by fluctuating capital and revenue funding that resulted in the Southern Cross residential home closures, as described in the Report commissioned by The Housing LIN; *'Managing risk: lessons from Southern Cross for the specialist housing with care and support market'*.⁴

Another emerging model includes the delivery of care and support that isn't funded by the Local Authority. For example, there is an increasing practice where the services are purchased privately by the residents or from a personal budget that has been allocated following an assessment of their needs. The model, although in its early stages, is continually being reviewed to consider how effective it is in supporting personalisation (see Housing LIN case study No.58, *Delivering Personalised Care and Support in Extra Care Housing at Vernon Gardens, Brighton*).

What is also evident in many Extra Care Housing Schemes is the expectation that is placed on the Care providers staff team to respond to Housing emergencies and building management when the Housing providers staff are off-site. In my opinion this can cause a distraction from providing personal care services for people and I believe that this is an area that needs to be looked into by Housing providers to recognise that they are now providing housing services to a much older and in some cases frailer group of people, and if their buildings are to be used by the community both on the scheme and outside the scheme during extended hours, that this needs to be managed and resourced and not be the responsibility of care staff.

What are the intended outcomes of providing care services in Extra Care Housing for older people?

The earlier Extra Care Housing schemes and associated care services were more often promoted by Adult Social Care staff responsible for making referrals, as a positive alternative to residential care, which may have suggested a replacement of residential care to many older

⁴ Berrington J (2012), *Managing risk: lessons from Southern Cross for the specialist housing with care and support market*. Housing LIN

people. Of course, this would be dependent on their individual route to the scheme, which for some people with no or low needs may have been purely housing led. However, I believe that for people already receiving personal care, this may have led to an expectation that some of the more institutional aspects of residential care and routines of domiciliary care would be in place in the extra care scheme, e.g. an immediate response to alarm calls (often made for non-urgent needs) and also visits that must be made daily at specific times for specific periods. I believe that these were also an expectation of the families of older people who were helping their older relatives to consider a home move to meet their future care and support needs.

I also believe that there is still a perception by many local communities that new Extra Care Housing schemes in their location are indeed new “older people’s care homes”. From my own experience of being a Retirement Village Manager in the past, there were growing misconceptions in the community and amongst the staff of other service providers such as Health and Social Care staff, about the purpose and function of Extra Care Housing and it was very difficult to encourage people to view it first and foremost as housing. This was despite a very thorough and public promotion and consultation with key stakeholders well in advance of the scheme opening. I have recently heard another provider speaking about a similar experience which suggests that the public perception of Extra Care Housing has not significantly changed.

I therefore believe that the earlier common outcomes for Extra Care Housing were based more around appealing to reassurance factors - safety, security and being part of a community - along with having access to 24 hour care and support services on site. Housing was perhaps seen as the vehicle to providing all the other aspects of support and wasn’t seen as the key driver for personalised and independent living.

Since these earlier schemes, the Ministerial Concordat *‘Putting People First’*⁵ and *‘Think Local, Act Personal’*⁶ have promoted radical reform of public services, enabling people to live their own lives as they wish.

Other publications such as the HAPPI report⁷, *‘Lifetime Homes, Lifetime Neighbourhoods’*⁸ and more recently the All Party Parliamentary Group on Housing and Care for Older People Inquiry into the HAPPI report⁹ have all promoted a shift towards the need to seek housing and care solutions that are “*much more positive and attractive than those that have been seen as appropriate in the past*”.

In the light of this, the outcomes that older people will expect from Extra Care Housing services are likely to reflect these aspirations.

I would promote that:

- Older people need to have the choice of an alternative home that they wish to move into, that is designed in a way that they like, with enough space and that they will enjoy living in. It will need to reflect their choice of location, perhaps in a community that they have belonged to for most of their life or that they mostly identify with, and;

⁵ Department of Health (2007) *Putting People First*

⁶ *Think Local, Act Personal* (2011)

⁷ Homes and Communities Agency (2009), *Housing our Ageing Population: Panel for Innovation*

⁸ Department of Local Government and Communities (2008), *Lifetime Homes, Lifetime Neighbourhoods*

⁹ Porteus J (2012), *Housing our Ageing Population: Plan for Implementation*.
All Party Group on Housing and Care for Older People

- It will need to be affordable both in the respect of purchase or rent and all the associated service charges, including any wellbeing charges to support 24 hour access to care and support. The range of services that are made available to people on the scheme will also need to offer choice, control, and quality.

Furthermore, I advocate that the key outcome areas for people should be:

- Being happy, occupied and feeling secure in a new home in a new community;
- Affording to purchase local suitable services that are available from businesses and people they know and trust;
- Actively participating in development decisions and actions, affecting their homes and community where they live, and;
- Maintaining and sustaining independent living.

Quality and choice

In my view, all services that deliver a personal care service for people in Extra Care Housing should be registered and comply with the standards for domiciliary care and supporting people services.

The majority of Extra Care Housing schemes that have services underpinned by contracts with the Local Authority Adult Social Care Department are also required to comply with service specifications that are informed by various legislation and National Standards. However, the monitoring of contracts in my experience is patchy.

This is the current legal framework to manage the quality of the care that is provided for older people in Extra Care Housing. However, the way in which the care should be delivered, in a flexible way to be most effective, is frequently not understood by older people, their relatives and care staff and can lead to opinions that the service is not meeting needs and therefore can be perceived as poor quality. As highlighted in the recent Housing LIN case study No.56, *'Extra Care Housing in Cambridgeshire: Developing a Marketing Strategy'*, better marketing and better understanding of the style of care and support in Extra Care Housing across all key stakeholders could start to address this.

The choice of care service provider is often confined to the one contracted by the local authority if the person is unable to fund their own service. As outlined earlier, there is evidence that contracts are being let that allow some additional choice over and above the Local Authority's chosen care provider with the use of a personal budget. However, there is evidence that most people prefer to have the on-site provider if they are delivering a good service as they are more accessible. (Housing LIN Technical Brief No.1, *Care and Support in Extra Care*, updated version June 2010)

Have personal care services in Extra Care Housing offered more choice and independence to older people?

This I believe is dependent on the reasons why older people have chosen to make the move to Extra Care Housing in the first place. Growing evidence does suggest that many people benefit in the long term.

A growing number of documented case studies telling the experiences of older people and the life changes they have had since moving to extra care are highlighting the benefits of having 24 hour on-site access to care.

The following examples demonstrate the social value of Extra Care Housing:

Case Study 1

To stay together when a husband or wife has a long term health condition e.g. dementia

Mr and Mrs B moved into a remodelled sheltered housing scheme to provide an opportunity for Mrs B to continue to provide some care in a more manageable environment for her husband who had dementia and also other physical illnesses including Parkinson's Disease. Mrs B worked closely with the care team at the scheme to continue to support her husband almost until he passed away. She believes that this enabled him to end his life with her in their own home and minimized the time that they had to spend apart after a long and happy marriage.

Case Study 2

Moving out of Residential Care and back into a home of my own

Mrs A moved from a residential care home where she had lived for 2 years to an Extra Care Housing scheme. Her experience was so positive that she was soon able to manage some domestic tasks like simple cooking, even though she had not had the opportunity to do this herself for more than 2 years. With the right support she managed to regain skills that had not been practiced and wrongly assumed were lost as failing health at the time had been the driver for her move to residential care.

Case Study 3

Planning for our future

Mr and Mrs D moved to a large Extra Care Housing scheme when they were both in their early 70's. They had lived in their own home for over 40 years in the local area and found the opportunity to buy another home in an extra care scheme a positive prospect that reflected their previous circumstances as home owners.

After several years living well together at the scheme, Mr D developed a serious life threatening illness and both Mr and Mrs D now feel reassured that they live on a scheme where good quality care is available to support Mr D during his illness, but also that Mrs D is now an active volunteer in their community and has many friends that will support her both now and in the future.

What services need to change or develop?

The Housing LIN Technical Brief No.1 on *Care and Support in Extra Care Housing* provides a thorough description of the range of procurement options and services in Extra Care Housing and there are useful case studies included that support all of these options.

Although there are consistent areas where people may need support, practically, personally and to promote sustained independence, more could be done to work with older people before they move to their new home to ensure that services are personalised as far as possible within the Extra Care Housing setting. Having a personal transition plan that is directed by the outcomes that an individual would want to achieve from a new lifestyle in Extra Care Housing would provide a greater opportunity to develop a better understanding of the style of care services. At present, many people move to extra care as a result of a crisis and there is not always an opportunity to do this positive planning.

Extra Care Housing is often seen as a solution to a growing level of dependency or a crisis in an older person's life, rather than a chosen move to open up better opportunities in lifestyle. The latter is experienced more often in other retirement housing options that are driven by modern homes and modern lifestyles, such as those promoted by HAPPI, rather than meeting individual needs for help.

The Housing LIN has commissioned a number of excellent resources that look at how Extra Care Housing can be marketed more effectively and most recently building on this. In addition to this, it has a sustained programme of promoting the purpose and benefits of moving to Extra Care Housing, not just to provide better information and therefore better choice for older people and their relatives but also to provide better information and a greater understanding of Extra Care Housing amongst key staff in the wider range of organisations in health and social care that are most likely to be discussing future options for housing, care and support services with older people. But more also needs to be done to address the full range of activities that involve recruitment, training and development of all staff who will be employed to provide housing, care and support services.

How should care and support services fit in to Extra Care Housing?

Most current models of service appear to be offering practical, prevention and personal care services but are they still restricted by contract structures in commissioning and other factors, such as provider's capacity, to truly deliver a personalised service?

I maintain that in order to provide a consistent and reliable service in Extra Care Housing there needs to be recognition from older people and their relatives that the acceptable model of sharing the costs of running facilities and services that has existed in sheltered housing, needs to expand to essential services delivering a minimum 24 hour care and support service. Equal investment to services that can be accessed by everyone should be the choice that older people make when they move in, regardless of their personal ability levels. In newly developing schemes, the ways in which the 24 hour services are provided could be the subject of consultation with potential new residents to promote an agreed vision for the schemes services and a possible greater buy in to more than housing and associated services, even for those people with lower care and support needs.

For example, 24 hour services could be delivered in a range of ways including an on-site staff team or a nearby response team that could be supported by assistive technology to respond in acceptable timescales. The range of services needs to be positively promoted to older people

when they are considering moving in. Not only to those with higher levels of care and support needs as a model that optimises their peace of mind and security within their own home, but also to those who have no or minimal care and support needs as a safety net, an insurance policy to have in place to provide a very local response should an emergency occur.

I have recently become aware of the intention of a Registered Housing provider to contract with the Registered Care provider to deliver an emergency response service overnight, to their developing “Independent Living Scheme” (term chosen by future residents). This service will be part of a charge that all the residents will pay to the Registered Housing provider. Planned night-time support will still be funded by the contract with the Local Authority or through personal budgets or private purchase. This will be a significant shift from current contract arrangements and will be a choice that older people who wish to live at the scheme will make before they move in.

Summary and final thoughts

In my personal opinion, based on playing an active part in the development of a good number of Extra Care Housing Schemes that have differed not just in new design or the re-shaping of existing buildings and locations but also in the culture of the communities that have developed, it has been the service developments that have been the added value attracting older people to consider making a move into the scheme.

Essential Extra Care Housing services that are mostly promoted are 24 hour care and support from regular staff and access to an emergency call system, housing management and catering services.

In addition, the quality, coordination and management of the services are critical to ensuring that the community have confidence in the services and the organisations that deliver them.

It could be argued that it is the services that are the key driver to ensuring that older people live happy and fulfilling lives in Extra Care Housing as many smaller and non-typical schemes demonstrate.

The recent Housing LIN North West Meeting in Ruthin in North Wales was held at a small Extra Care Housing Scheme that has been built onto an existing residential care home that was already a respected resource for this rural community. The services that are provided include care and support, housing management, social activities, personal grooming and catering. Some of these services are shared, e.g. catering and activities, and this has been a key factor in being able to deliver Extra Care Housing for this small rural community. Despite the close link between an institutional model of care and a new enabling model of care and support, it is the work to develop this community that has been a significant factor in its success and has led to an enhanced quality of life for many of the older people who live there, regardless of their status as a resident of the home or a tenant of the Extra Care Housing scheme.

I believe that this type of approach could be adopted to build additional Extra Care Housing units adjacent to suitable existing sheltered housing schemes to extend communities and maximise the use of land and other services.

I believe that service development has been a significant factor in Extra Care Housing and with the introduction of the Localism Act to drive forward opportunities for local people to direct the development of their local services and resources there should be greater opportunities for older people to have a significant influence on the way that their local authorities and housing providers deliver places for older people to live fulfilling lives in later life in a way that values and respects their experiences, skills and wellbeing.

Note

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

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

For further information about the Housing LIN's comprehensive list of online resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please contact us.

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