

# The Extra Care Housing Initiative Evaluation

PSSRU

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at the University of Kent,  
the London School of Economics  
and the University of Manchester

Evaluation of the Extra Care Housing Initiative  
Feedback Day, 8 October 2008

# Project Team

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## ECHI Evaluation Aims

- Short and long-term outcomes for residents and schemes
- Costs and funding
- Comparison with care homes
- Factors associated with costs and outcomes
- Role in overall balance of care

## Linked Studies

- Main evaluation of ECHFI funded schemes
  - Additional scheme in Wakefield
- JRF funded study of social well-being
- JRF funded study of Rowanberries
- EPSRC funded study of design evaluation (EVOLVE)

# Data Collection

## ■ Resident data

- Functioning, services, expectations & well-being
- Moving in, 6, 12 and 18 months later

## ■ Schemes

- Contextual information on opening
- Social activities at 6 months
- Costs and context a year after opening

## Progress to Date

- 18 of the 19 schemes open
- Data available from 15 schemes
- Interim report on initial data
- Rowanberries study complete
  - JRF report due shortly
- Thank you!!!

# Future Work

## ■ Evolve

- Piloting soon

- Will be inviting schemes for main data collection next year

## ■ Evidence needed

- From data we are collecting

- NIHR School for Social Care Research

- Workforce? Quality? Long term outcomes?

# Today

- Residents on entry and six months later
- Social life at the schemes
- Rowanberries: costs and outcomes
- Two workshops
  - Evaluating design of extra care housing
  - Individual Budgets and extra care housing

## Contacts

- PSSRU publications on the evaluation:
  - [www.pssru.ac.uk/projects/echi.htm](http://www.pssru.ac.uk/projects/echi.htm)
- Housing and Care for Older People Research Network:
  - [www.hcoprnet.org.uk/](http://www.hcoprnet.org.uk/)

# The Characteristics of the Residents at Entry, and Changes During the First Six Months

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## Entrants to Extra Care: Data Collection

- Baseline assessment data:
  - 505 residents in 15 schemes (September 2008)
  - 463 residents moved in during 1st 6 months
- Six month follow-up:
  - 284 residents in 13 schemes (September 2008)
- Comparison with 494 (personal) care home residents admitted in 16 authorities in 2005 & 1366 admitted in 18 authorities in 1995

## PSSRU Evaluation: Response (September 2008)

	Number	No. units	Perm/ care units	No. residents	Residents assessed (6 months)	Residents assessed/ units (%)
Smaller schemes	13	559	521	608	371	71
Villages	2	528	180	626	92	51
Total	15	1087	701	1234	463	66

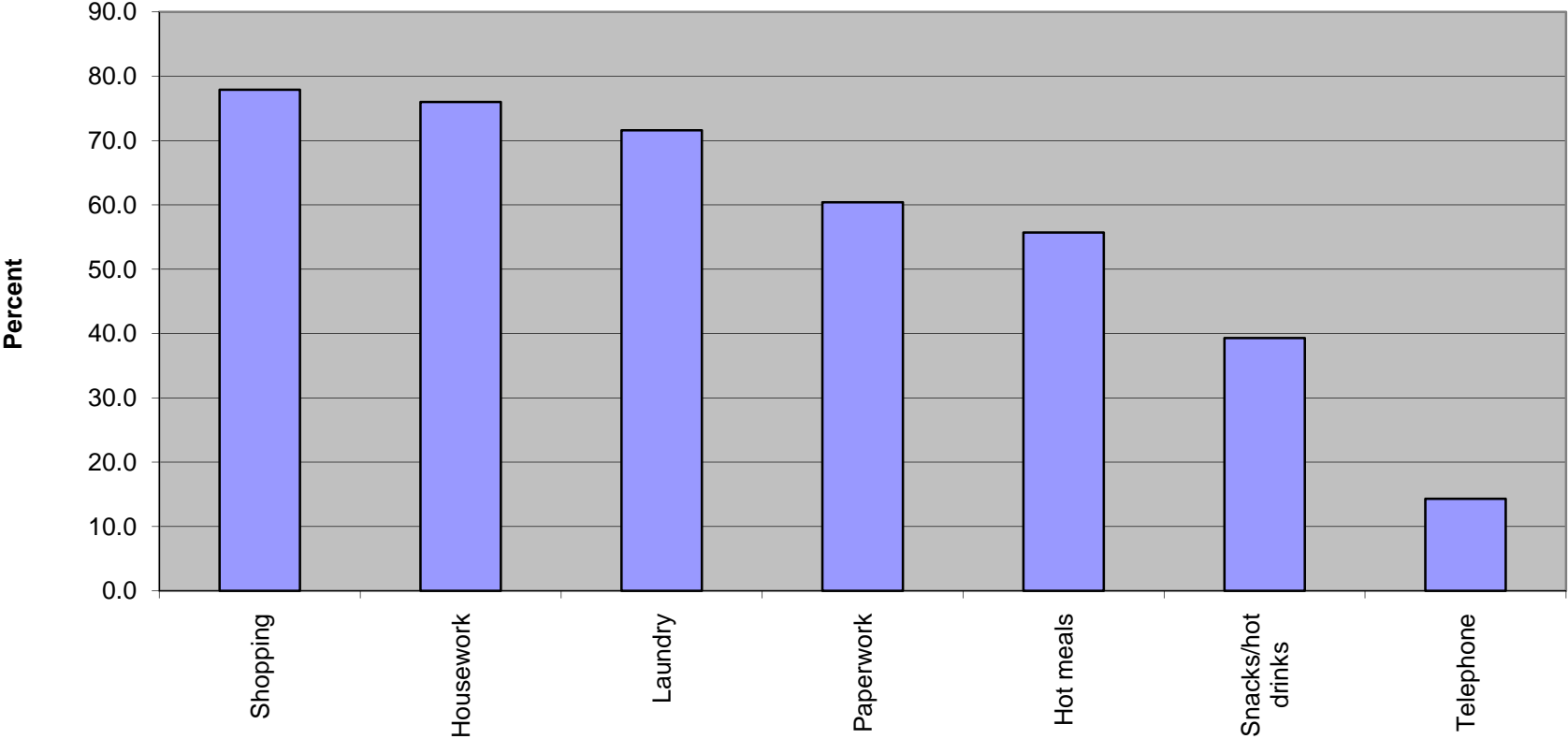
## Entrants to Extra Care (2006/7) & Care Homes (2005): Demographics

	Extra Care	Care Homes
Mean age [Range]	77 [45-100]	85 [65-102]
Female (%)	65	73
Single/divorced/separated (%)	26	14
Married (%)	28	17
Widowed (%)	46	68
Non-white (%)	4	1
Lived alone (%)	61	77

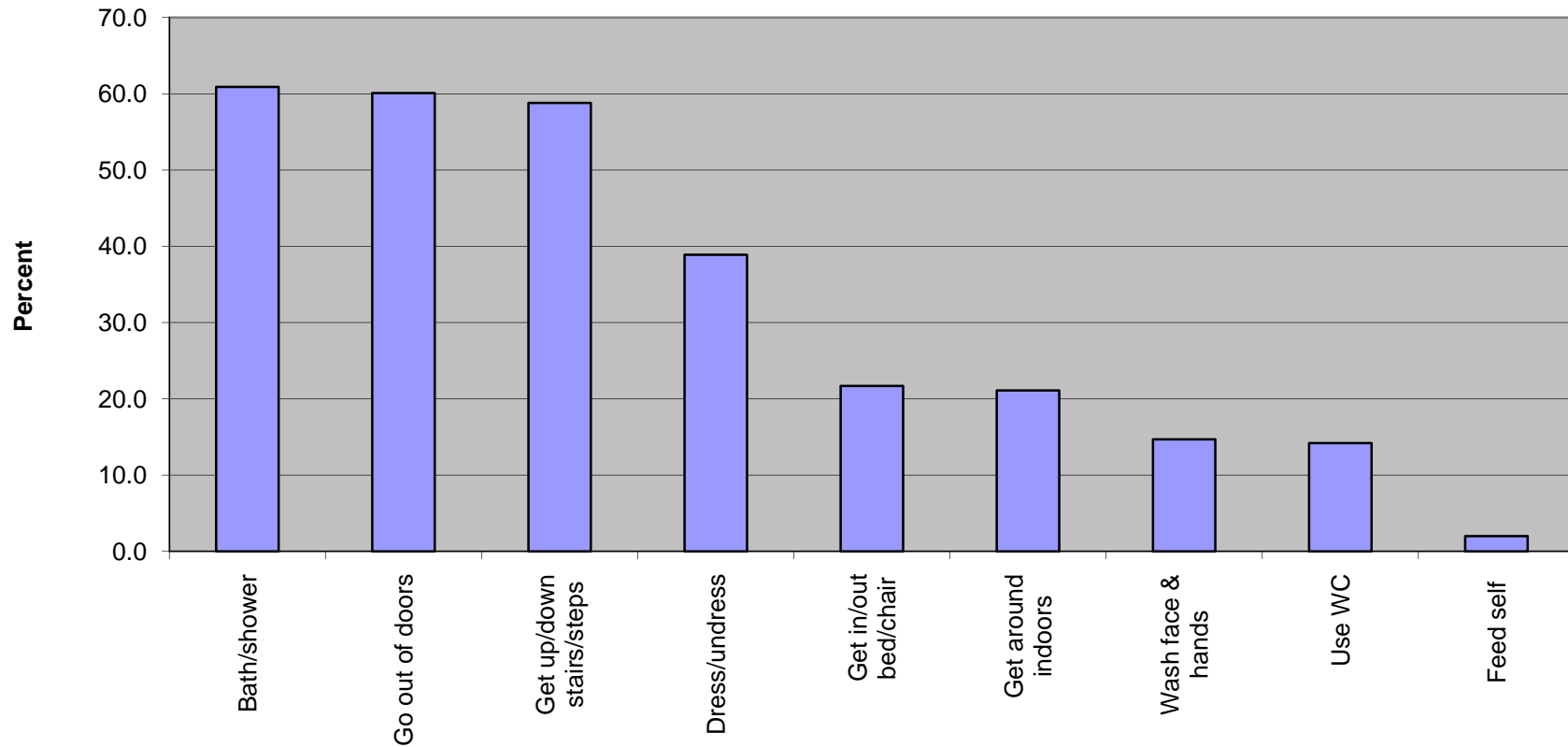
## Entrants to Extra Care (2006/7) & Care Homes (2005): Housing

	Extra Care (%)	Care Homes (%)
Domestic household	62	27
Sheltered housing	21	10
Care home	11	12
Hospital	4	38
Intermediate care	1	7
Other previous accommodation	2	6
Rent	69	73

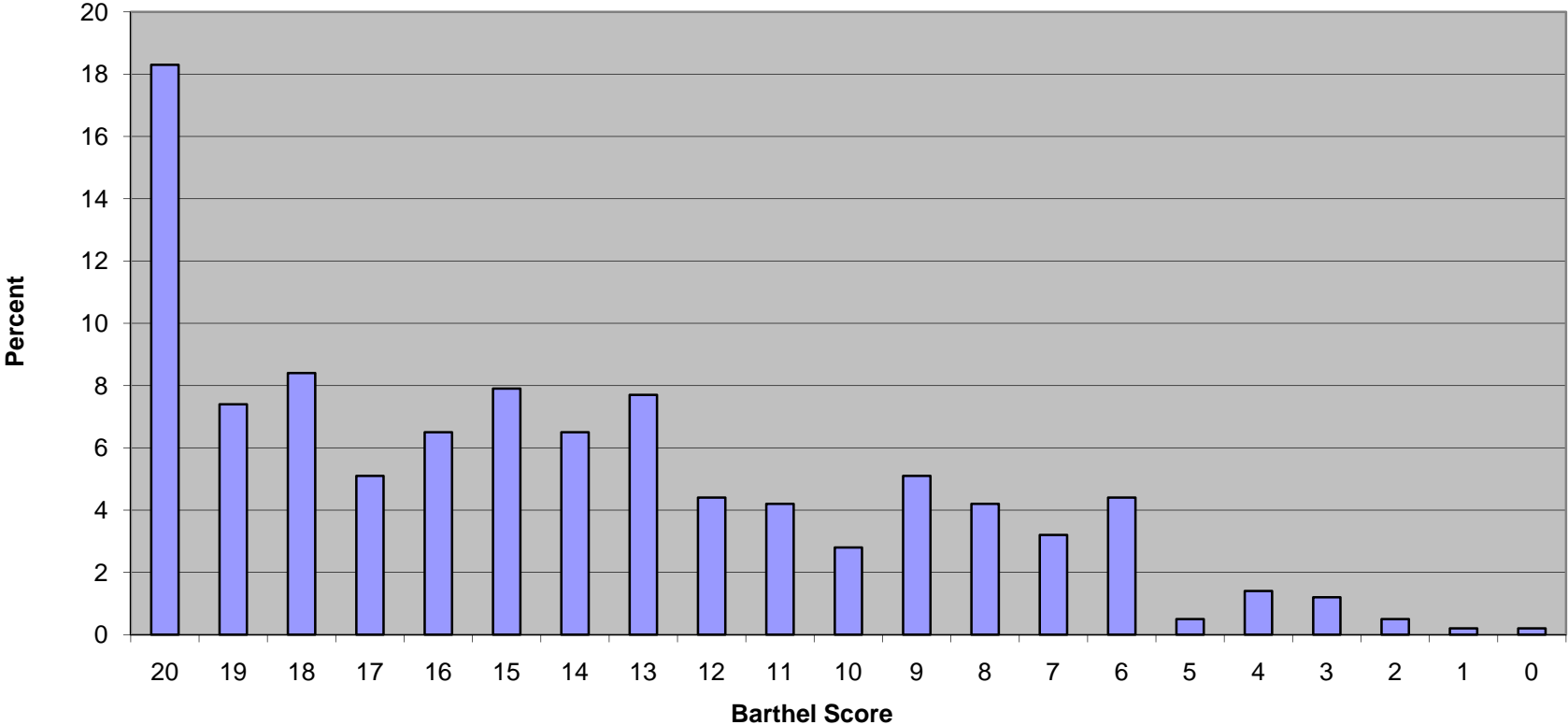
# Entrants to Extra Care (2006/7): Require Help with IADLs



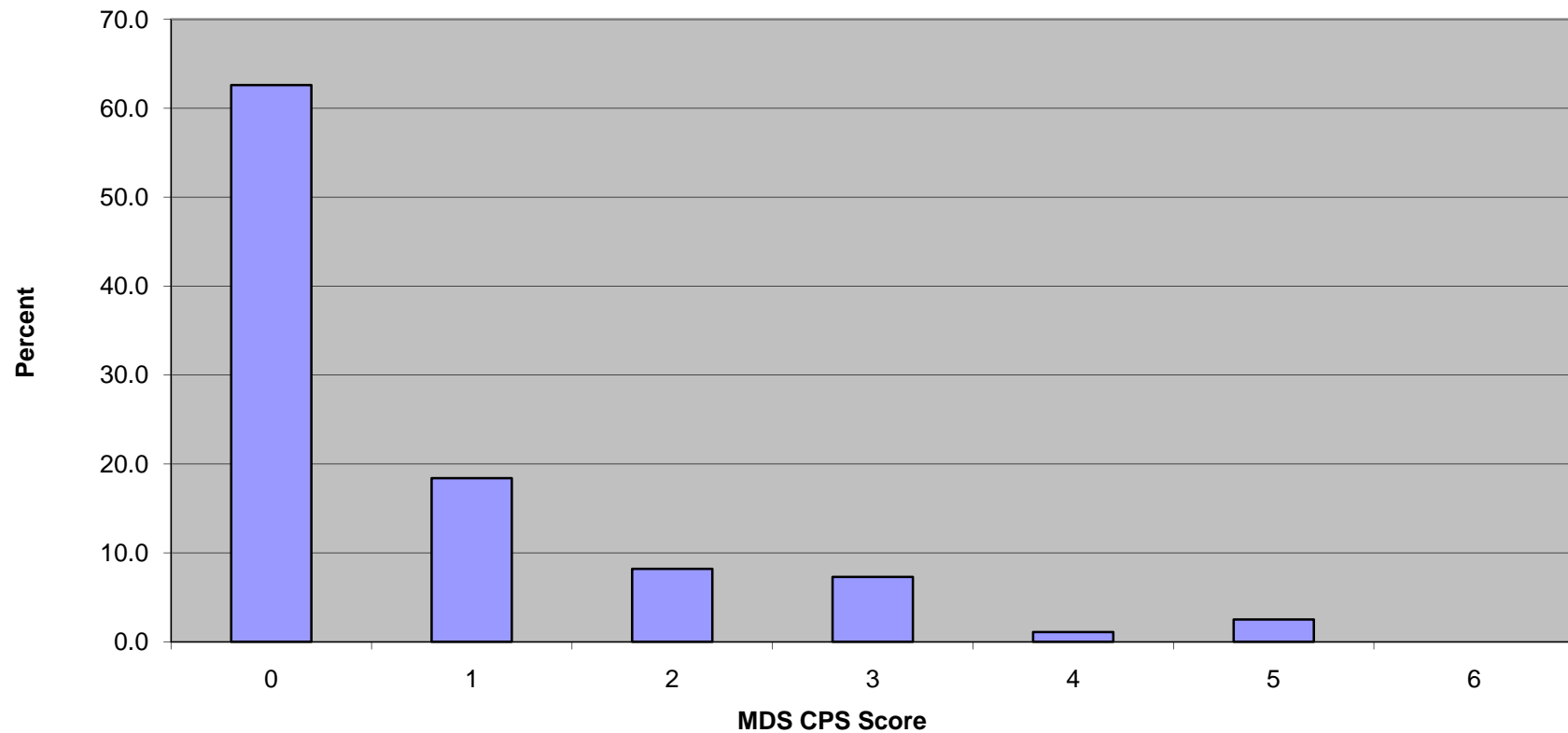
# Entrants to Extra Care (2006/7): Require Help with ADLs



# Entrants to Extra Care (2006/7): Barthel Index of ADL



# Entrants to Extra Care (2006/7): MDS Cognitive Performance Scale



## Entrants to Extra Care (2006/7) & Care Homes (2005): Dependency

	Extra Care	Care Homes
Mean Barthel score [0-20]	14.3	10.4
Barthel score 0-12 (%)	32	66
MDS CPS score 0 (%)	63	15
MDS CPS score 1-3 (%)	34	46
MDS CPS score 4-6 (%)	4	39
Total cases	463	494

## Entrants to Extra Care (2006/7): Receipt of Home Care, 0-6 Months

	Before entry (%)	6 months (%)
Not received	52	34
>0-5 hours pw	13	21
>5-10 hours pw	14	26
>10-15 hours pw	6	10
>15-20 hours pw	3	4
>20 hours pw	3	3
Frequency not known	6	0
Not known	4	2

## Entrants to Extra Care (2006/7): Formal Care Services, 0-6 Months

	Before entry (%)	6 months (%)
Home care	44	65
Day centre (external)	17	13
Meals	22	76
Nurse	20	57
Health clinic	-	7
NHS therapist	8	19
Social worker	-	46

## Entrants to Extra Care (2006/7): Financial Circumstances, 0-6 Months

	Before entry (%)	6 months (%)
State Retirement Pension	91	92
Private pension	41	42
Pension Credit	56	59
Housing Benefit	65	69
Council Tax Benefit	70	70
Attendance Allowance	52	54
Disability Living Allowance	36	32
Other income	19	30

## Entrants to Extra Care (2006/7): Change in Barthel Index, 0-6 Months

Before entry	Deteriorated ( $>3$ )	No change ( $<3$ )	Improved ( $>3$ )
Very low (17-20)	11%	89%	-
Low (13-16)	10%	82%	7%
Moderate+ (0-12)	4%	62%	33%

**Entrants to Extra Care (2006/7)  
& Care Homes (1995):  
Change in Barthel Index, 0-6 Months**

	Deteriorated ( $>3$ )	No change ( $<3$ )	Improved ( $>3$ )
Extra care	9%	79%	13%
Care homes	22%	55%	23%

## Entrants to Extra Care (2006/7): Change in MDS CPS, 0-6 Months

Before entry	Deteriorated ( $>1$ )	No change ( $<1$ )	Improved ( $>1$ )
MDS CPS score 0	8%	92%	-
MDS CPS score 1-3	9%	74%	18%
MDS CPS score 4-6	0%	50%	50%

# Entrants to Extra Care (2006/7) & Care Homes (1995): Change in MDS CPS, 0-6 Months

	Deteriorated ( $>1$ )	No change ( $<1$ )	Improved ( $>1$ )
Extra care	8%	85%	6%
Care homes	14%	63%	23%

## Conclusions

- 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

# Approaches to Activity Provision in Extra Care Housing

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# Project Aims

- To identify:
  - Approaches to social activities and community involvement
  - Residents' experiences
  - Effectiveness for friendships and participation
  - Perceived social climate and well-being 12 months after opening

# The Project

- 3 stages:
  1. Literature review, design of materials, consultation with residents
  2. 6 months:
    - Interviews with 2 staff members per scheme
    - Interviews with 4-6 residents per scheme
  3. 12 months:
    - Survey of all residents
    - Interviews with up to 190 residents

## Progress to Date

- Stage 2: 15 schemes
- Stage 3: 9 schemes
- This presentation:
  - Findings from stage 2
  - Focus on approach taken to activity provision
  - Information from 12 small schemes, 2 villages

# Approach to Activity Provision

- Bids to DH: variety of approaches proposed
- In practice, user-led approach universal
- Classification of schemes according to levels of staff and resident involvement
  - 3 main approaches
- Hope to explore links between different approaches and resident experiences and outcomes

# (1) No Active Resident Involvement

- One scheme
  
- Manager currently leads activities
  - Activities committee
  
- Lack of active resident involvement
  - Invited to give suggestions
  - Invited to activities committee

## **(2) Staff Facilitate, Residents Lead**

- Majority of schemes: User led with staff facilitation
- 3 different styles of facilitation

## Small Schemes with Activities Staff

- Full-time staff member dedicated to activity provision
  
- Three schemes:
  - Staff organise
  - Resident input via consultation, suggestions
  - Hope to encourage residents to lead activities in future (see following quote)

'We've got a lot of people here who are very able and have got their own skills and talents, so I also encourage people to take the lead ...

So it's very much about coordinating their skills as well, its not just about me doing things *for* people, but as much as possible getting them to do things.'

(Activities coordinator)

# Large Schemes with Activities Staff

- Two villages:
  - Staff oversee activities
  - Residents organise and run activities

'A resident will come to me, and say "we want to do this" – well, probably a few months ago I would have gone away, sourced everything, and done it. Now, I say, "how are *you* going to do that?" and that means they then get ownership of it.' (Activities facilitator)

- Set up 'Friends group' prior to opening to facilitate development of social life

# Staff Time for Activities

- Four schemes
- Care/Support staff have time allocated to support of social activities
- Resident involvement
  - Consultation
  - Organise and run some activities
- Illustration of facilitation (see following quote)

'If someone needed a little support in moving from a to b, say from their apartments to the creative room, staff would support them.

Like coffee mornings – they would support them to get all the tables how they like them, bring all the facilities together so that they can access them, and then they take a step back.'

(Scheme manager)

# Manager Takes Active Role

- Three schemes
- Manager facilitates
- Resident involvement
  - Consultation
  - Active residents committee plan activities
  - Taking over from staff (see following quote)

'We set up this rota ... the coffee mornings are still standing strong, but the other aspects of it, people weren't interested or only one would turn up.

So I think that's where the tenants themselves have stepped in and said, "that's not really what we want, we prefer to do it like that".'

(Care team leader)

## (3) Entirely User-Led

- One scheme
- Managers take 'hands-off' approach

'Our philosophy is to leave it tenant led. In the old days, with wardens, part of their role was to do the social life, but with all the other demands and work now, you cannot do that. So, the management position: you manage the building, and let them get on with it, and just give them help and advice.' (Scheme manager)

- Residents organise and run all social activities at the scheme, led by committee

## Discussion

- If activities staff in place:
  - More activities
  - Time to spend with residents
  
- If residents lead activities:
  - Generally fitter, younger residents
  - Ownership of activities?

## Discussion (cont.)

- Potential influences on approach that develops:
  - Values of provider
  - Characteristics of resident population
    - Degree of dependency
    - Turnover
  - Scale of scheme
  - Facilities available

## Next Steps

- Analysis of 12 month survey and interviews
- Information from wider evaluation
- Final report Summer 2009

# Rowanberries Extra Care Scheme: Costs and Outcomes

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# The Research Study

- JRF-funded study: April 2007 for 1 year
- Research Team
  - Theresia Bäumker, Ann Netten, Robin Darton
  - Local fieldworker, PSSRU support
- Rowanberries:
  - Joint project between MHHA, part of MHA Care Group and Bradford Adult Services
  - Mixed tenure dev. of 46 self-contained apartments
  - Care services on-site provided by MHA

# The Research Aims

- Aims:
  - Assess comparative cost before-and-after move to a new extra care scheme in Bradford
  - Evaluate methodology for future studies
- Context:
  - Financial investment in extra care by DH since 2003
  - Limited evidence base about costs-effectiveness
  - DH-funded PSSRU large-scale evaluation of 19 schemes

# Methodology

- Before-and-after study
- Data collection: Residents
  - Baseline assessment data about new residents
  - Interview at moving in (by local fieldworker)
  - Follow-up interview at six months
  - Self-completion informal carer questionnaire
- Scheme-level
  - MHA: Capital costs, and operating costs at 6 months
  - Bradford Adult Services: Local costs and care contracts

# Rowanberries Sample

- Sample
  - At moving in: 40 out of 52 residents
  - At six months follow-up: 22 residents
  - Before-and-after comparison only possible for sub-sample
  - Representativeness of sub-sample?

# Findings: Characteristics

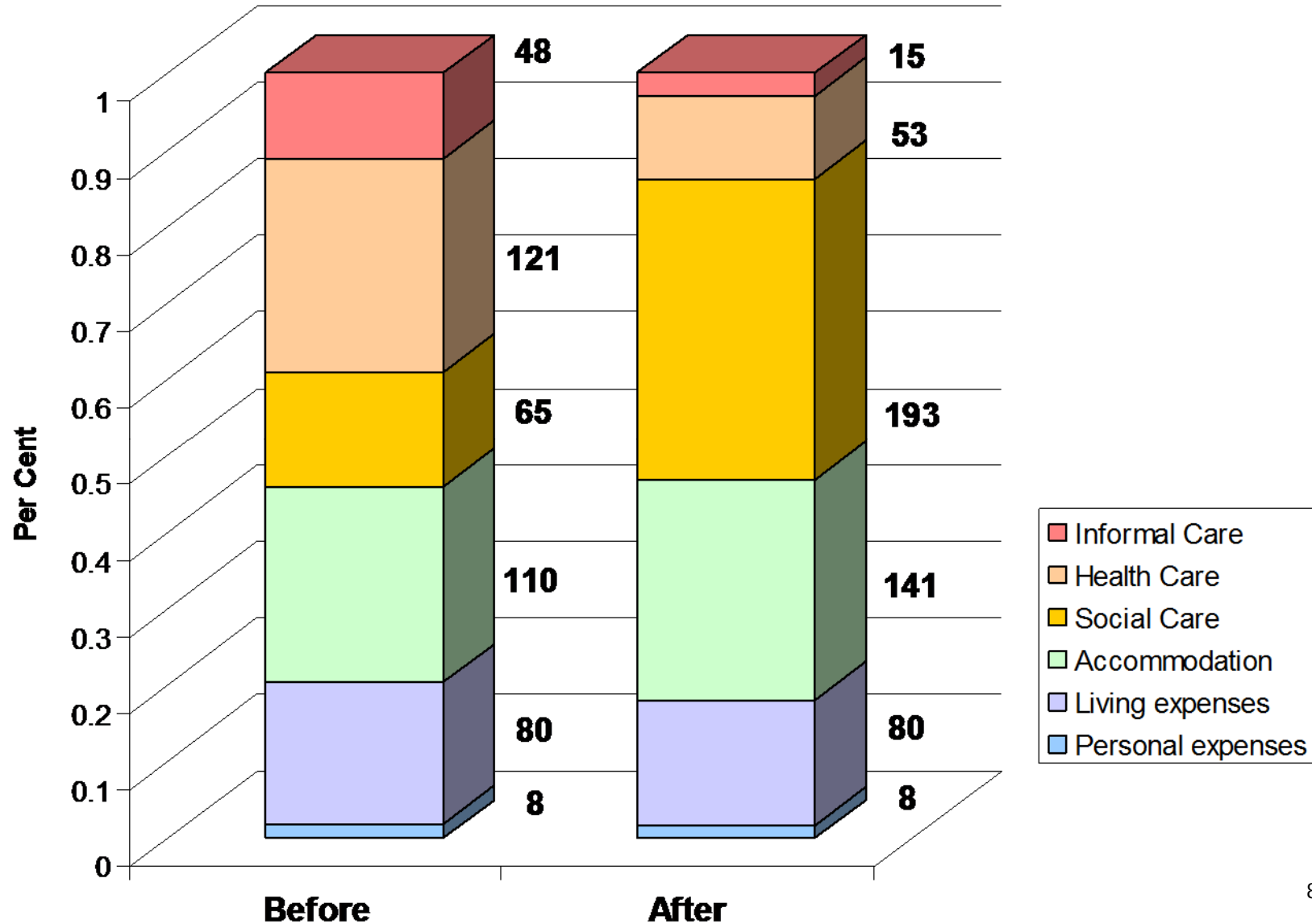
- Demographic characteristics
  - Mean age 78 and 76, slightly more residents under 70 for sub-sample
  - Similar proportions of
    - Males (30 %) to females (70 %)
    - Residents in each marital status category (45 % widows)
    - Residents living in their own homes ( > 80 %)
- Physical and cognitive functioning:
  - Mean score on Barthel Index of ADL, 16.1 vs. 17.1
  - Some evidence that more severely impaired did not participate in the follow-up; but not significant difference

# Costs (1)

- Costing principle:
  - Opportunity cost to society
  - Estimates for each of the broad cost components
- Costs per person per week increased from £382 to £473 as a result of moving to Rowanberries (excl. informal care)

<i>Cost components</i>	<i>Findings</i>
Accommodation	Increased
Social care	Increased
Health services	Decreased
Informal care	Decreased

# Costs (2)



## Costs (3)

- Health care services:
  - Decreased by £68 on average (nurse visit at home, inpatient stay)
  - Pattern of service use: access increased vs. frequency decreased
  
- Social care services:
  - Increased by £128 on average (incl. meals)
  - Two-fold increase in home care costs after move
  - 'Well-being charge' of approx. £52 per person per week

# Funding

- Approx. 76 % of formal care costs per resident per week falls to public sector
- This includes estimates for:
  - Subsidised capital cost
  - Rent/ service charge paid by Housing Benefit
  - Care package funding by Bradford Adult Services
  - Benefits/ allowances received by residents
- Like-for-like comparison problematic, but clearly increase in costs to public sector
- Level of receipt and costs of services increased in part due to meeting previously unmet needs

# Outcomes (1)

- Costs in context: incurred to achieve outcomes and quality of life
- Measures: Problems of recall

<i>Measures</i>	<i>Initial interview</i>	<i>Six months</i>
Well-being (CASP 19) Self-perceived health	Current situation at moving in	Resident current perception at six months
Quality of life Social Care Outcomes (ASCOT)	Situation before moving in	
Resident level of functioning	Situation before: third-party	

## Outcomes (2)

- Improvements in social care outcomes
  - Reflects decrease in unmet need across all seven ASCOT 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

# Conclusion: Costs & Outcomes

- Overall costs per person increased, but these increases were associated with improved outcomes
- Reductions in unmet need appear to reflect the impact of increased level of formal support
  - No real change in self-perceived health or levels of functioning
  - Reductions in informal care input, increase in home care costs
- Number of methodological challenges to be met

# Conclusions: Methodology

- Study limitations
  - Representativeness of sub-sample
  - One scheme not representative of extra care
  - Scheme costs level out after 2-3 years of operation
- Data collection
  - Problems of recall: ideal timing - point of assessment
  - Drop out in follow-up: design/ length of questionnaire
- Before-and-after study design
  - What would have happened otherwise?