Extra Care Housing for Older People: Emerging Findings from the PSSRU Evaluation and the Sheffield/PSSRU Study of Design

PSSRU

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

Symposium: Extra Care Housing for Older People;
British Society of Gerontology Annual Conference,
Bristol, 4-6 September 2008

PSSRU Evaluation of the Extra Care Housing Initiative: Project Team

- Professor Ann Netten
- Robin Darton
- Theresia Bäumker
- Lisa Callaghan
- Jacquetta Holder
- Ann-Marie Towers
- Jane Dennett
- Lesley Cox
- 19 local researchers

Aims

- Evaluation of new-build schemes funded under DH Extra Care Housing Funding Initiative
- Main evaluation:
  - Short- and long-term outcomes for residents and schemes
  - Comparative costs
  - Factors associated with costs and effectiveness
  - Role in overall balance of care
- Associated studies
  - Costs before and after moving in to one scheme (JRF)
  - Social well-being (JRF)
  - Impact of scheme design on quality of life (EPSRC)

Progress to Date

- 19 schemes in total
- Data collected on opening, at six months, a year and 18 months later
- Data from 15 schemes to date
- Dependency policies:
  - 2 villages
  - 3 schemes: 1/3,1/3,1/3
  - 5 schemes: c.40% high
  - 2 schemes: c.65% high
  - 3 schemes: other

Symposium

- Residents on admission and six months later (RD)

- Residents' expectations & reasons for moving (TB)

- Social life & well-being of residents (LC)

- Criteria for design of extra care housing (JT)

Contacts

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

The Characteristics of the Residents who have Moved into Extra Care

Robin Darton

Symposium: Extra Care Housing for Older People;
British Society of Gerontology Annual Conference,
Bristol, 4-6 September 2008

PSSRU Evaluation:
Response (June 2008)

	Number	No. units	Perm/ care units	No. residents	Residents assessed (6 months)	Response (%)
Smaller schemes	13	559	521	585	356	68
Villages	2	528	180	585	92	51
Total	15	1087	701	1170	448	64

Entrants to Extra Care: Data Collection

- Baseline assessment data:
  - 479 residents in 15 schemes (June 2008)
  - 448 residents moved in during 1st 6 months
- Six month follow-up:
  - 281 residents in 13 schemes (August 2008)
- Comparison with 494 (personal) care home residents admitted in 16 authorities in 2005

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

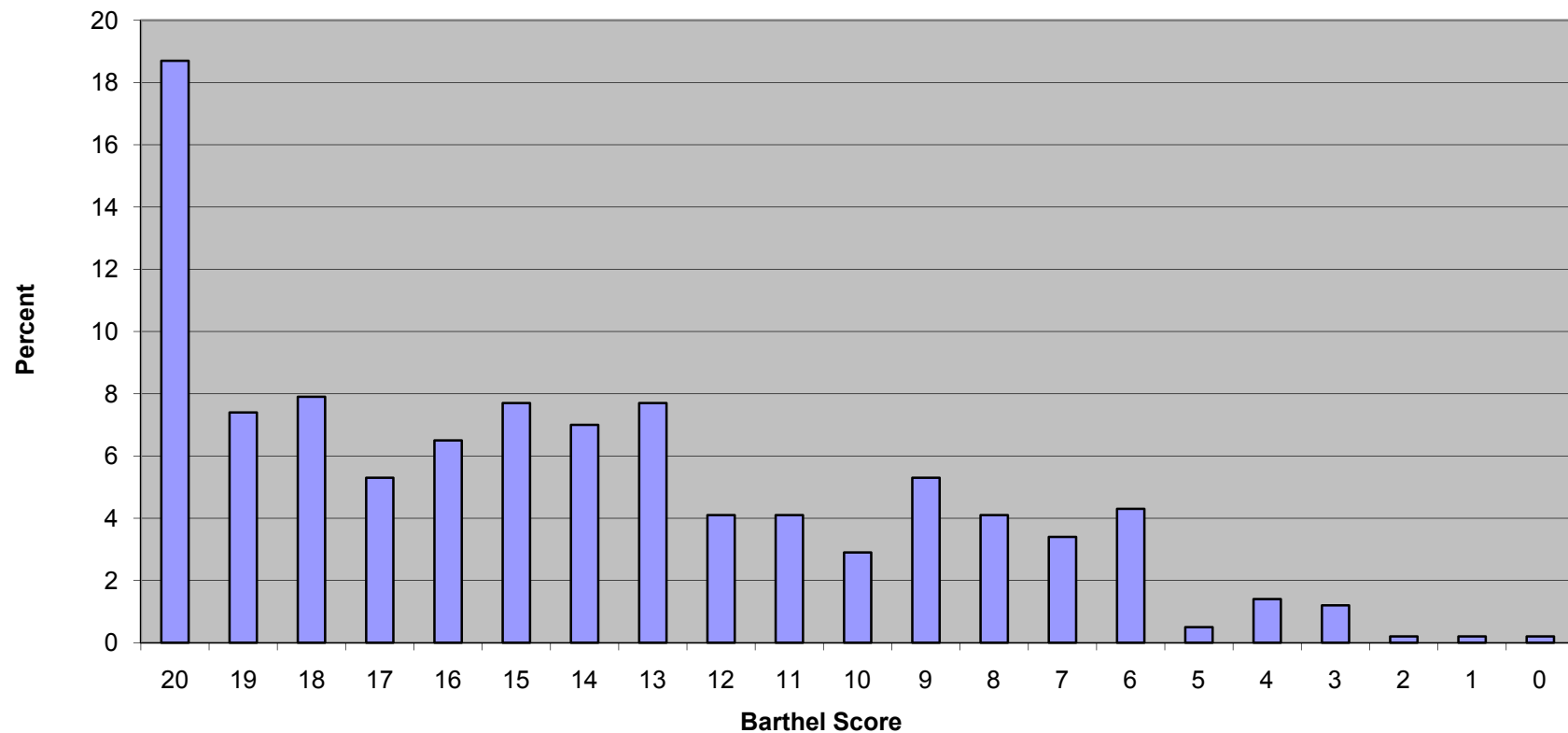|	Extra Care (%)	Care Homes (%)
Domestic household	63	27
Sheltered housing	21	10
Care home	11	12
Hospital	3	38
Intermediate care	1	7
Other previous accommodation	2	6
Rent	69	73

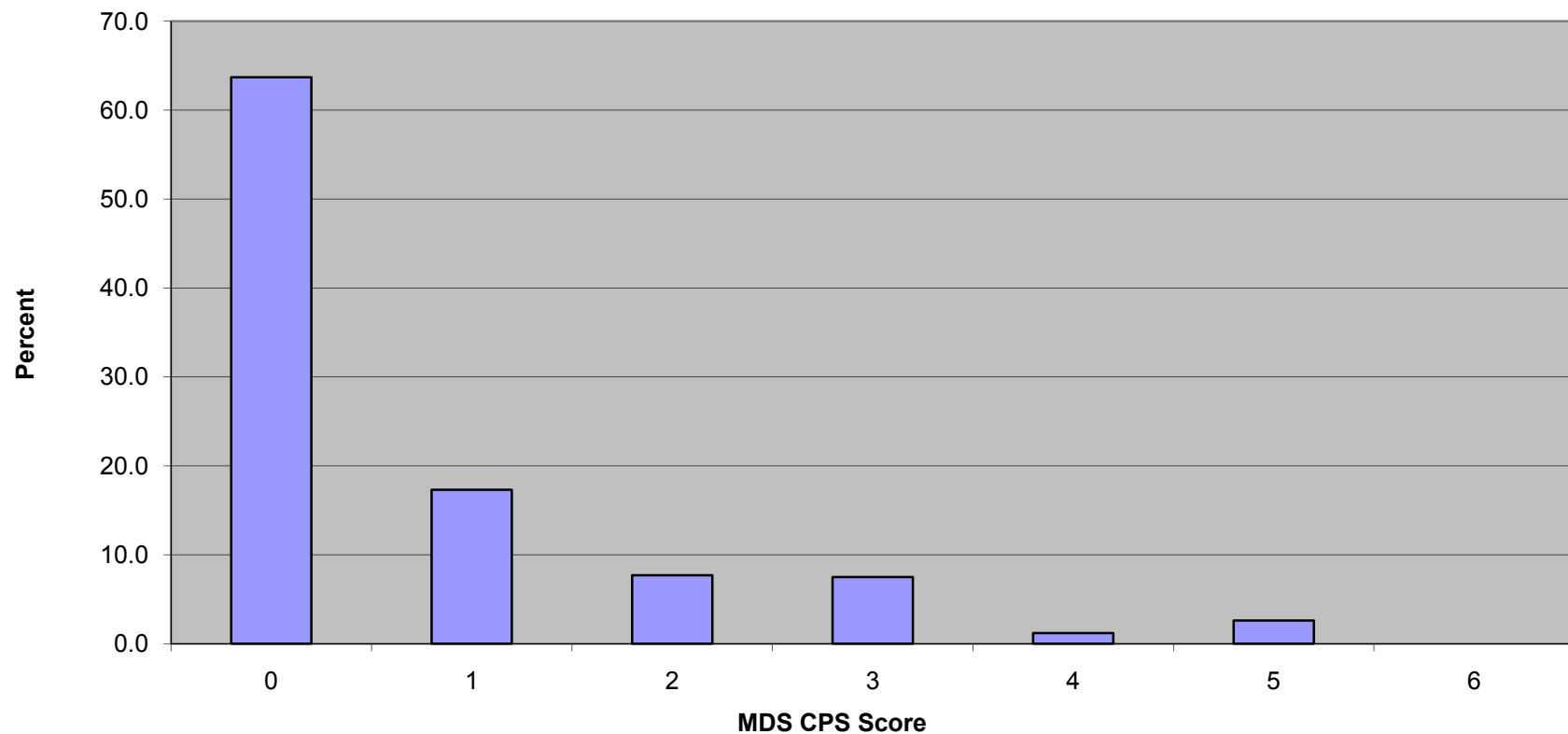Entrants to Extra Care (2006/7): Require Help with IADLs
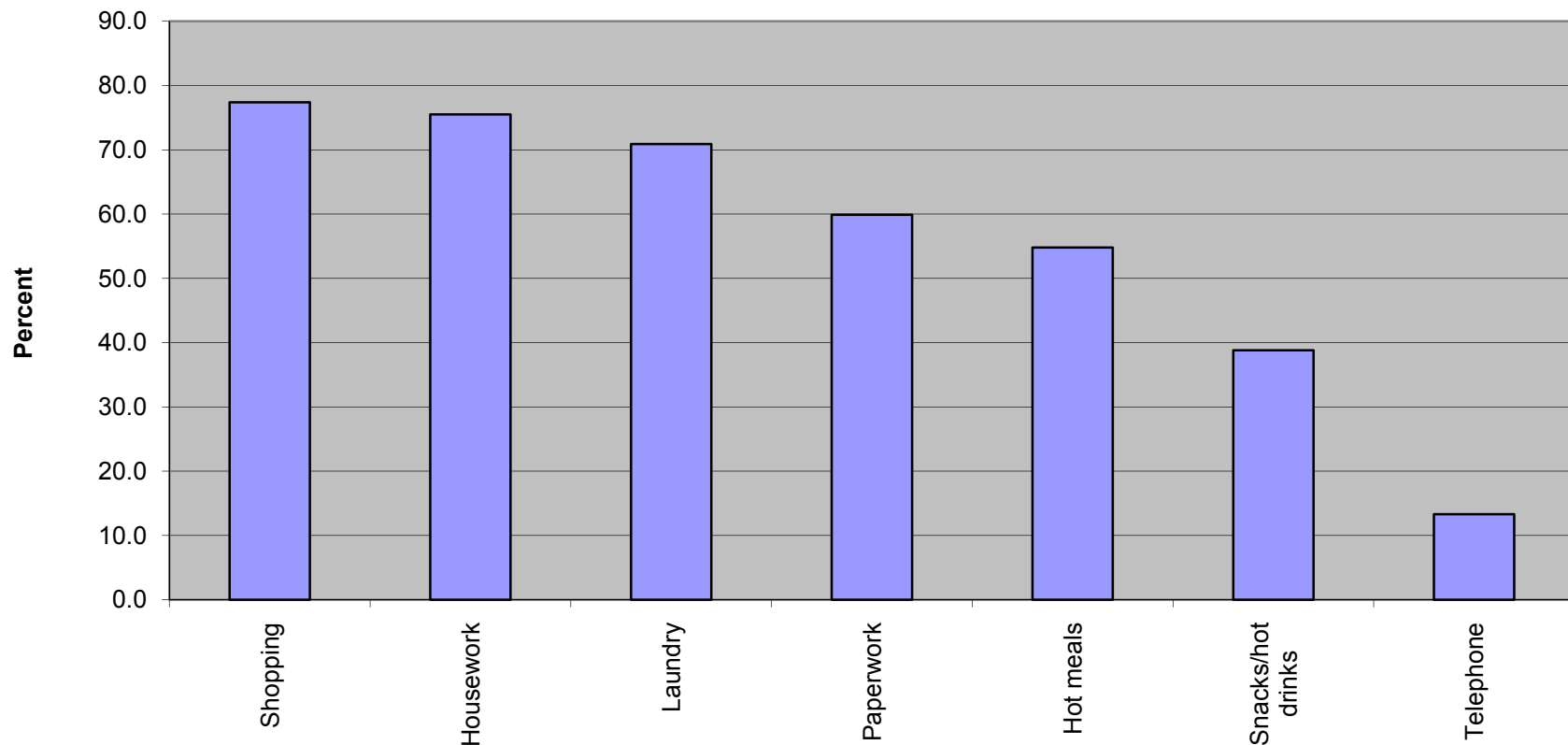
Entrants to Extra Care (2006/7): Require Help with ADLs

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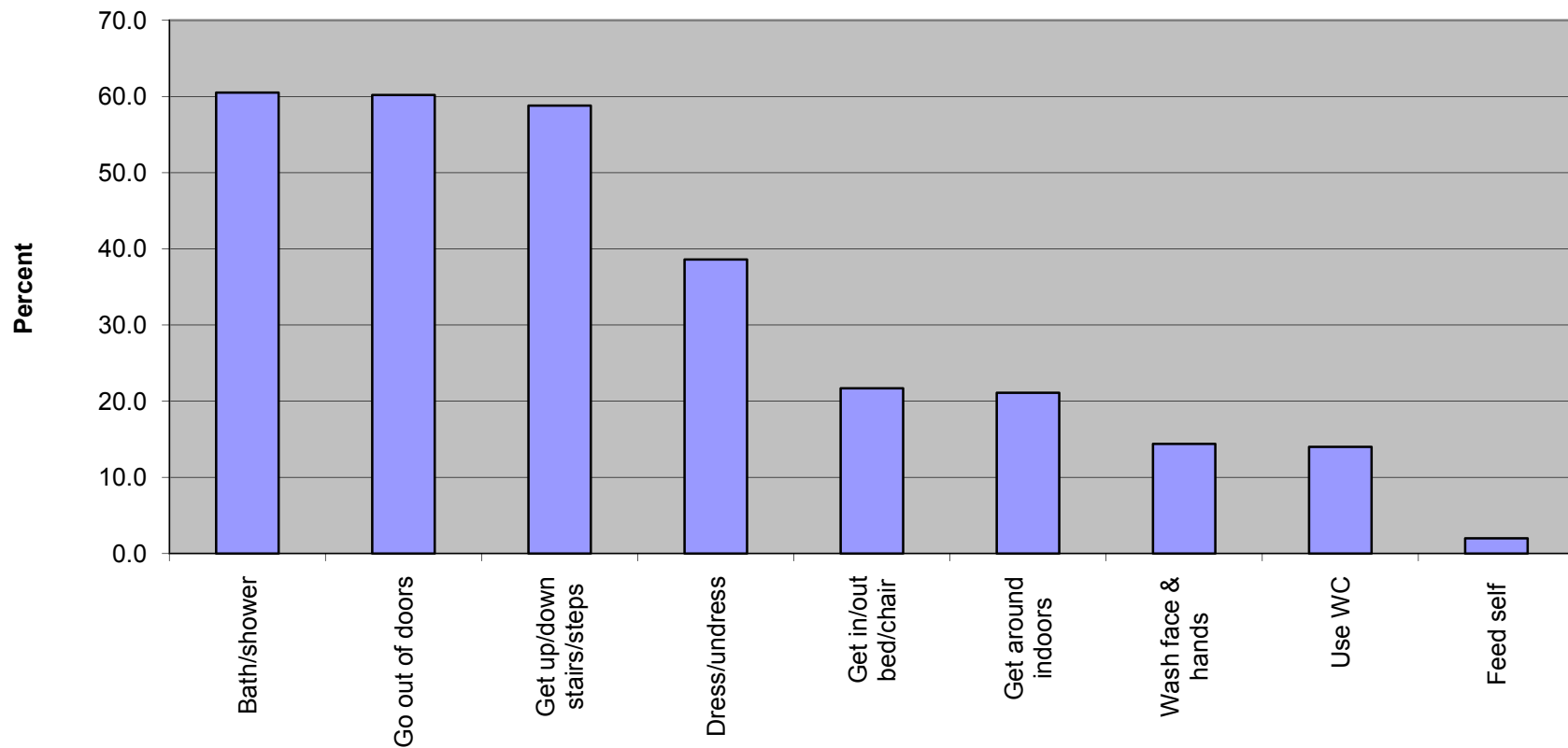
Entrants to Extra Care (2006/7): Barthel Index of ADL

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 (%)	64	15
MDS CPS score 1-3 (%)	33	46
MDS CPS score 4-6 (%)	4	39
Total cases	448	494

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

Entry	Deteriorated (>3)	No change (<3)	Improved (>3)
Very low (17-20)	10	77	-
Low (13-16)	8	57	5
Moderate+ (0-12)	3	39	22
All (0-20)	10%	78%	12%
Care homes (1995)	22%	55%	23%

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

Entry	Deteriorated (>1)	No change (<1)	Improved (>1)
MDS CPS score 0	15	146	-
MDS CPS score 1-3	6	50	12
MDS CPS score 4-6	0	3	3
MDS CPS scores 0-6	9%	85%	6%
Care homes (1995)	14%	63%	23%

Discussion

- 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
- Refusals partly associated with dependency
- Dependency appears lower than balance
- Less change in dependency in 1st 6 months

Residents' Views: Reasons for Moving to and Expectations of Extra Care

Theresia Bäumker

PSSRU

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

Resident Questionnaire

- Soon after moving in
- Self-completion, assisted by local fieldworker
- Contents:
  - Decision to move
  - Experience of moving
  - Reasons for moving
  - Expectations

- Follow-up: study of social well-being (JRF)

Resident Response Rate

- 15 schemes including 2 extra care villages = 1087 units of accommodation
- 898 resident IDs allocated by fieldworkers
- 829 respondents answered resident questionnaire
- For 387 of 829 no assessment questionnaire completed
- Analysis of schemes (377) vs. villages (452) ~ care versus no care needs

Decision to Move

- Mostly own decision: only 12 % not at all involved in decision to move, one-third family decision

- Only for 9 and 15 % instigated by GP or other professional

- 77 per cent selected scheme by themselves: 15 % not at all involved

- 88 % visited the scheme beforehand, as did majority of family; minority evaluated alternatives

The Move to Extra Care
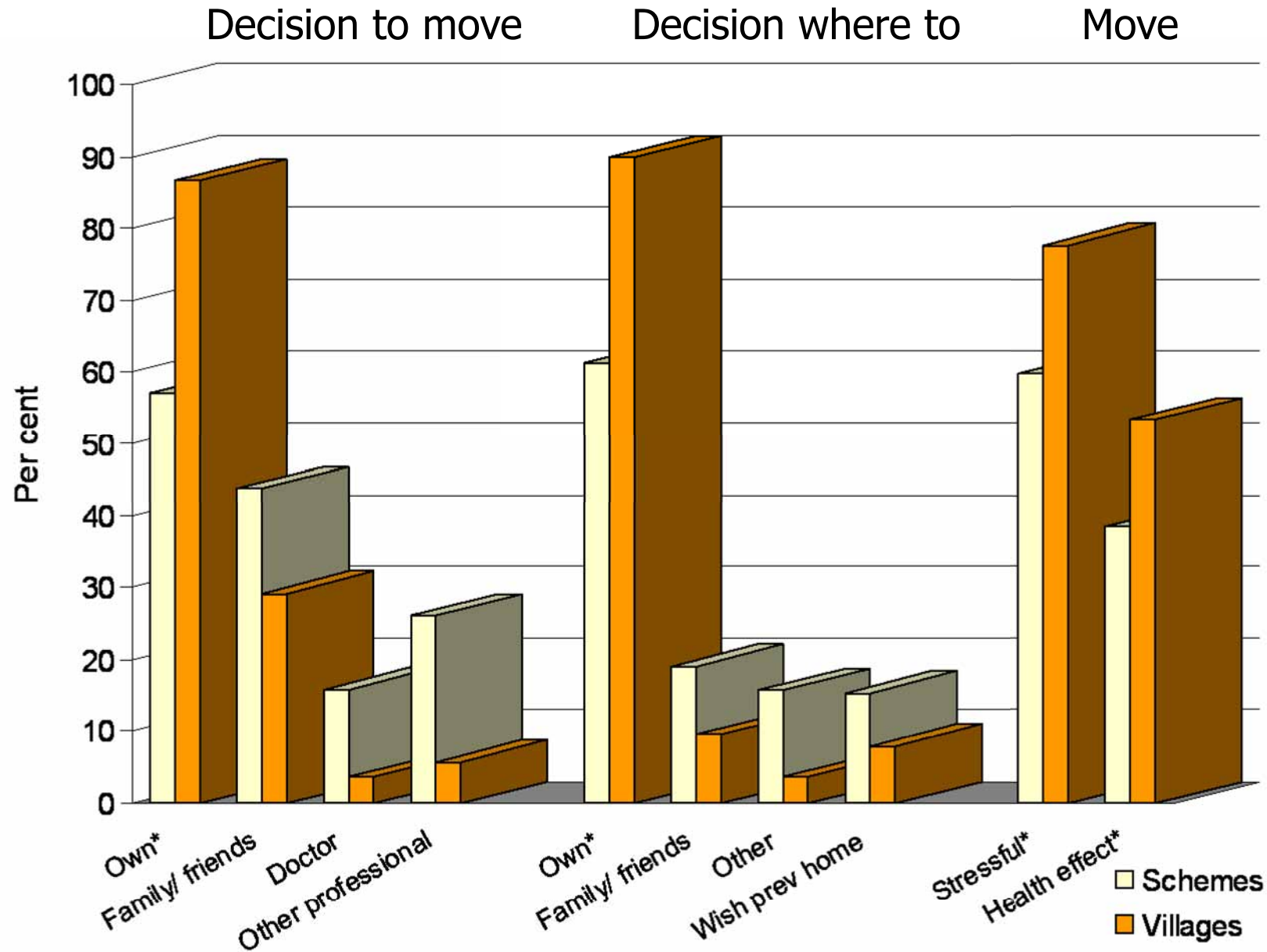
Experience of the Move

- Well-organised move with helpful staff; generally felt in control and not lonely

- More than two-thirds experienced quite /very stressful move

- Move to care villages: slightly more stressful, slightly higher effect on health (p < 0.001)
    - Moving-in process more intensive than for small schemes, staff-to-resident ratio
    - Stressfulness and adverse health effect (r = 0.55, p < 0.01)

Models of (old-age) Migration

- Push-Pull Model (Lee 1966)
  - Negative aspects of current, and attractions of new living environment

- Litwak and Longino (1987)
  - Stage I: healthy retirees plan ahead, facilities/ social network
  - Stage II: frailer less independent, increase proximity to family/ friends
  - Stage III: involuntary move, informal care insufficient

Push: Reasons to Move

- **Most important reasons for those in small schemes:**
  - For 57 % own physical health
  - Health-related (lack of services, coping daily tasks)
  - Inappropriate housing (mobility in, adaptations needed)

- **For those in care villages:**
  - Also physical health, but other health-related <u>un</u>important for more than half

  - Housing mostly unimportant (two-thirds) apart from garden maintenance

Reasons to Move
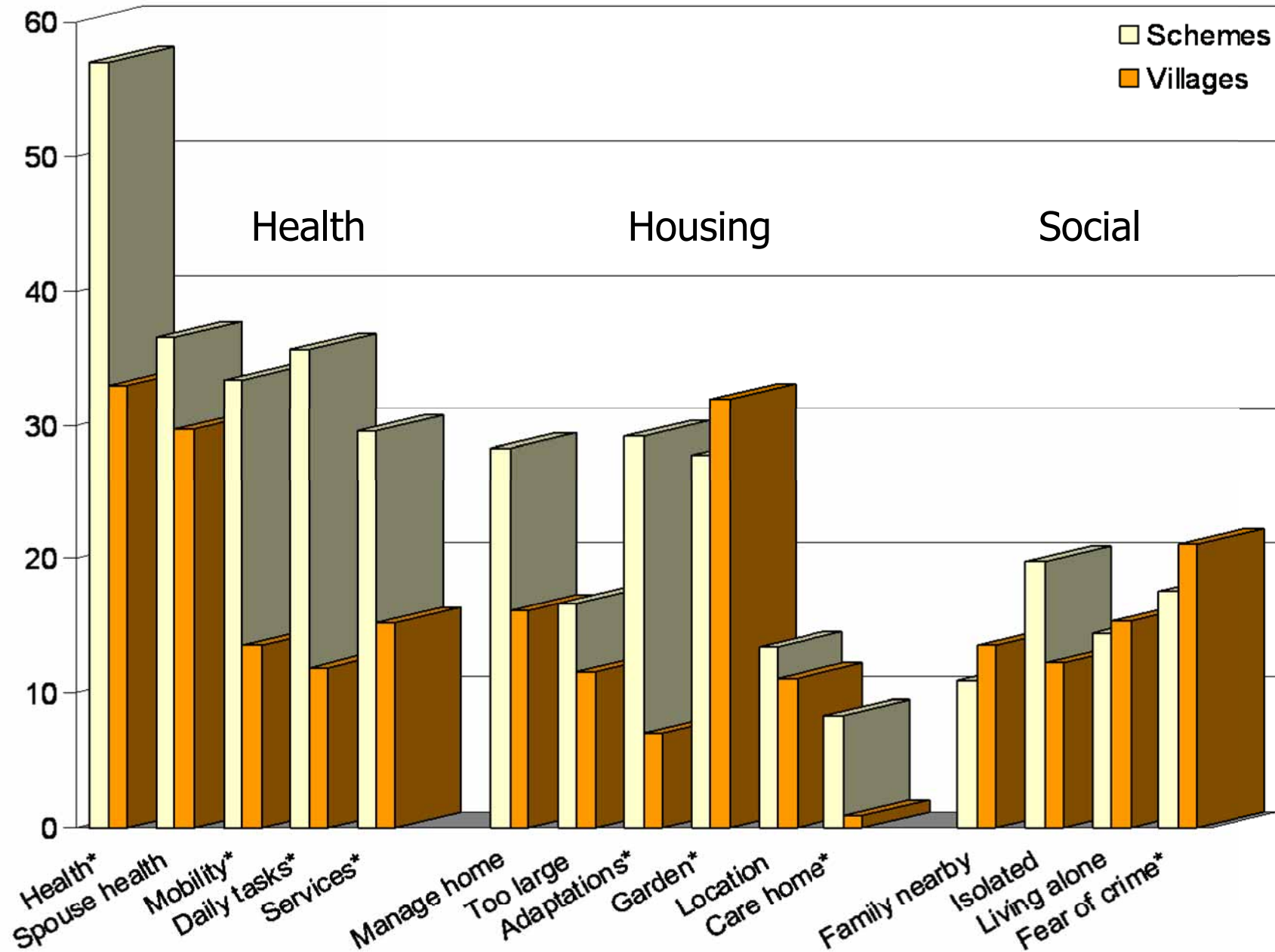
Pull: Attractions of Extra Care

- Overall, residents were attracted most by:
    - Tenancy rights and front door, accessible living arrangements, size of units, security offered
    - Identified <u>very</u> important by >70 %

- Differences between groups. For villages:
    - Type of tenure very/quite important for 90 %
    - Reputation more than twice as important
    - Social facilities

Pull: Attractions of Extra Care (2)

- Flexible care support onsite:
  - <u>Very</u> important to 77 and 64 % (scheme/ village)
  - Care home alternative: not at all reason for 70 %
  - Overall self-perception: relatively healthy

- Anticipatory move: for pull factors, anticipate push

- Residents attracted by combination of features that makes extra care distinctive: e.g.

- Self-contained, accessible environ. = independence

Attractions of Extra Care
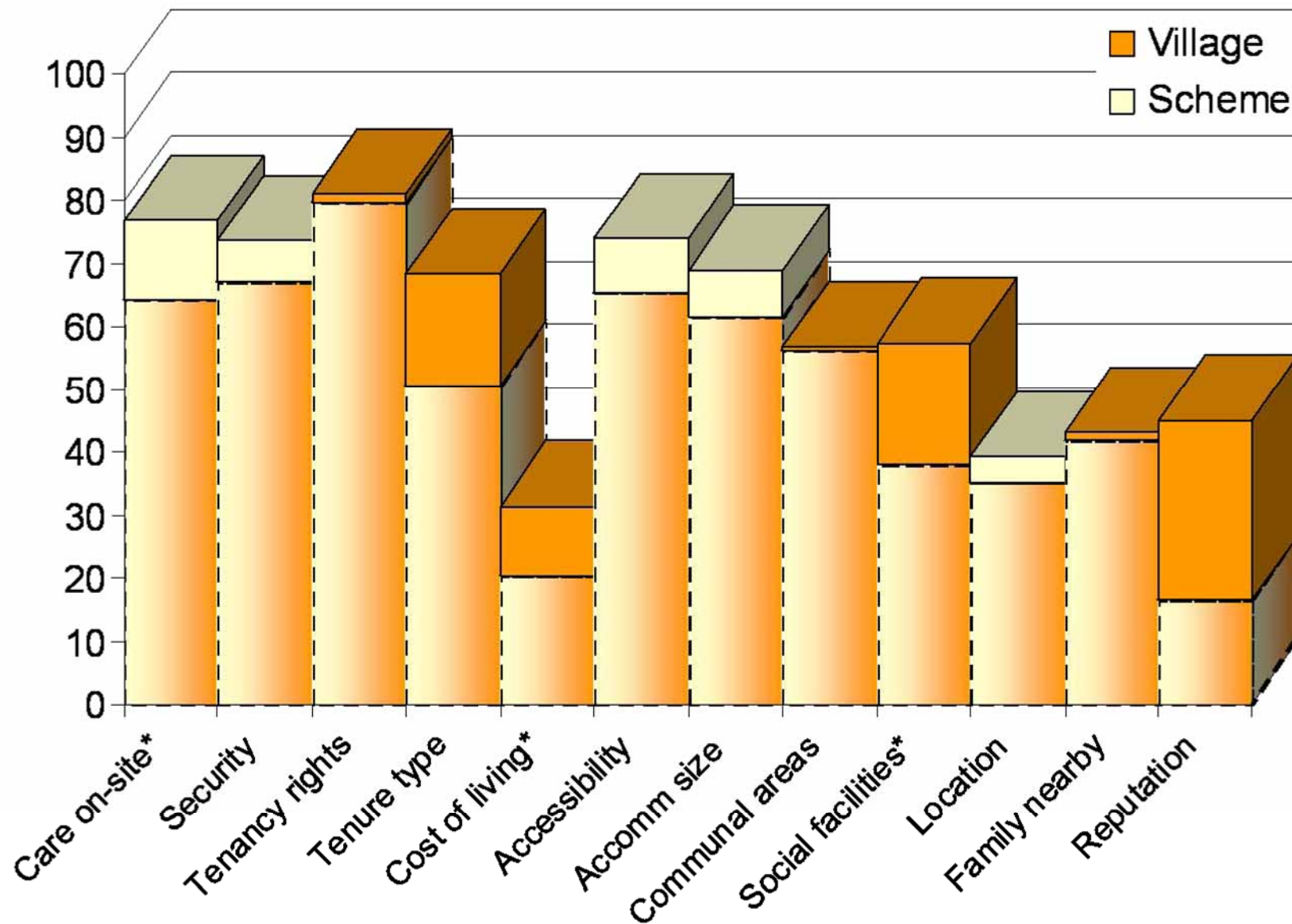
Expectations: Social Life

- 65 % expect <u>no</u> change in contact with family/ friends

- 60 and 69 % (village/ scheme) expect improved social life; whereas one-third expect <u>no</u> change
  - Social facilities as an attraction ranked after housing and care features
  - Isolation, living alone push factors <u>un</u>important for >60 %

Expectations: Length of Stay

- High expectations about length of stay: 91 % expect to stay long as they wish

- Likelihood of moving to care home:
  - Approx 50 and 30 % (schemes/ villages) indicated <u>no</u> intention to move on
  - 49 and 62 % thought it now less likely

- High expectations of extra care as 'home for life'

Differences between groups

- Characteristics (* = p < 0.001)
  - Mean age 77 and 76 (scheme/ village), however slight difference in age when grouped*
  - Similar 2:1 female to male ratio
  - Marital status*: 50 % married in villages
  - Self-perceived health*: fitter people move into villages

- Previous accommodation
  - More likely stayed shorter in prev accommodation* before move to a small scheme
  - 72 % compared with 48 % lived alone* before move to scheme and village

15

Conclusions

- Overall, residents positively <u>chose</u> to live in ECH, not an involuntary move:
  - Push factors created awareness of needs, but did not force a move (3rd stage of migration-model)
  - More so for those moving to villages

- Attractions of extra care much more important:
  - Emphasis on accommodation aspects and care support
  - Anticipatory move (1st or 2nd stage) = independence

Approaches to Activity Provision in Extra Care Housing

Lisa Callaghan

PSSRU

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

Paper presented at British Society of Gerontology Annual
Conference, Bristol, 4-6 September 2008

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: 14 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

- Hope to explore links between different approaches and resident experiences and outcomes

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

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

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

Manager Takes Active Role

- Three schemes

- Manager facilitates

- Resident involvement
  - Consultation
  - Active residents' committee plan activities
  - Taking over from staff

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 (1)

- **If activities' staff in place:**
  - More activities
  - Time to spend with residents

- **If residents lead activities:**
  - Generally fitter, younger residents
  - Ownership of activities?

Discussion (2)

■ Potential influences on approach that develops:

■ Values of provider

■ Characteristics of resident population
   ■ Degree of dependency
   ■ Turnover

■ Scale of scheme

Next Steps

- Analysis of 12 month survey and interviews

- Incorporation of information from wider evaluation

- Final report: Summer 2009

The development of criteria for the optimum design of extra care housing

Judy Torrington

University of Sheffield School of Architecture

evolve

evaluation of older people's living environments

Judy Torrington, Kevin McKee, Sarah Barnes, Alison Orrell, Alan Lewis

Ann Netten, Robin Darton, Ketta Holder

The University Of Sheffield.

PSSRU

EAC

Care Services Improvement Partnership CSIP

Health and Social Care
Change Agent Team

EPSRC

Engineering and Physical Sciences
Research Council

evolve - *summary*

- Study of emerging forms of extra care housing
    - To evaluate and identify best practice
    - Use of DoH ECH schemes and PSSRU evaluation as vehicles
    - Extend frame to include private sector and remodelled schemes
- Produce a design guide and develop a building evaluation tool
    - The tool will be based on SCEAM, an evaluation tool for residential care buildings that emerged from the Design in Caring Environments project
    - The aim is to produce evaluation tools appropriate for use across the range of purpose built living environments for older people
- Carry out a quality of life study of people living in extra care housing
- Pilot and test the tool in 25 extra care schemes
- Produce a final version for wide dissemination

evolve - *aims*

To develop a building evaluation tool that:

- Reflects best current practice
- Reflects the views of residents
- Is supportive of quality of life
- Is future proof
- Is appropriate across the range of purpose-built housing for older people

extra care housing

- Specialist housing for older people with care services included
- Wide definition – includes extra care housing, assisted living, very sheltered housing, retirement communities, close/continuing care environments, care villages
- Public, private, voluntary sector providers in various combinations
- £80m funding from Department of Health for 2008-2010 on top of £147m between 2004-2008
- Private sector growth – McCarthy and Stone predict 62000 shortage of units by 2020
- A home for life – alternative to residential care?

evolve – *year 1*

- Reviews:
  - Literature
  - Policy
  - Design guidance
  - Building designs
- PSSRU ECH evaluation
- Consultations:
  - Focus groups of older people living in extra care schemes, and their relatives
  - Interviews with staff- care staff, managers, cleaners, maintenance
  - Interviews with experts – commissioners, policy makers, architects, designers, providers, specialists, health professionals
- Developing new tool
- Developing design guide
- Pilot tool

evolve - *structure*

	apartment	communal areas	management, staff, services	site, gardens	community
universal					
physical					
cognitive					

A factual checklist and aspirational design guide that compliment each other

evolve - *headline findings to date*

accessibility and mobility

- Good horizontal and vertical circulation routes are essential
- Lift provision frequently seen as inadequate
- The relationship between lift location, seating, walking distances and electric wheelchair storage is important
- Detail design solutions not always successful – e.g. accessible thresholds

overall layout of scheme

- Progressive privacy – lifts need to be in private zone
- Communal versus independent provision
  - laundry, overnight accommodation, eating arrangements
- 'Back stairs' routes are important – separation of public and private functions
- Segregation/integration of cognate groups
  - cultural or social diversity, dementia

communal areas

- Wide variety of provision
- 40% of footprint of scheme
- Sharing facilities with outside community
- Managing and facilitating activities
- Access to outside v. security

living units

- Floor plans are very similar
- 1-2 bedrooms?
- 1-2 w.c.s? Access to shower room
- Size of apartment increasing:
  - 35-55m^2 ⟶ 55-64m^2 ⟶ 71-100m^2+
- Single aspect apartments are common – has an impact on view, orientation, and ventilation
- Wet rooms are becoming standard provision
- Kitchens are most problematic spaces

kitchens

- Accessibility and mobility problems are frequently reported
- Reaching and bending
  - 600mm-1200mm above floor level is reachable
- Kitchen layout
  - worktop/sink/worktop/hob/worktop
- Ventilation can be a problem in single aspect apartments
- Recycling provision often seen as unsatisfactory
- Washing and drying clothes

extra care housing is liked by its occupants

- Social engagement
  - *'I've got no family so I just roll along but I really enjoy it here'*
- Quality of design
  - *'its like a five star hotel, its beautiful'*
- Quality of provision
  - Wellness suites replace assisted baths
  - Restaurants replace dining rooms
- Security

But there are common problems:

- Managing expectations
- Possible isolation of less mobile residents
- Uncertainly about future
  - *'yes that's the only dread I think. The future'*

evolve

evaluation of older people's living environments

University of Sheffield:

- Judith Torrington   0114 2220346; J.M.Torrington@sheffield.ac.uk
- Sarah Barnes   0114 2220272; S.Barnes@sheffield.ac.uk
- Kevin McKee   0114 2715915; K.J.McKee@sheffield.ac.uk
- Alan Lewis   0114 2220301; A.Lewis@sheffield.ac.uk
- Alison Orrell   0114 2220301; A.Orrell@sheffield.ac.uk

PSSRU, University of Kent:

- Ann Netten   01227 823644; A.P.Netten@kent.ac.uk
- Robin Darton   01227 827644; R.A.Darton@kent.ac.uk
- Ketta Holder   01227 827587; J.M.Holder@kent.ac.uk