

Extra Care Housing for Older People: Small Schemes and Care Villages – Their Strengths and Weaknesses

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, 2-4 September 2009

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Symposium

- Changes in the Characteristics of Residents (RD)
- Social Well-Being in Extra Care Housing (LC)
- Hartfields: Telling the Story (MB)
- Evolve: The Architecture of Extra Care Housing (AL)

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Contacts

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

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Changes in the Characteristics of Residents who have Moved into Extra Care

Robin Darton

PSSRU

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the London School of Economics
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PSSRU Project Team

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

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PSSRU Evaluation: Aims

- Evaluation of new build schemes supported by the DH Extra Care Housing Fund (2004-2006)
- Main evaluation:
 - Short- & long-term outcomes for residents & schemes
 - Comparative costs
 - Factors associated with costs & effectiveness
 - Role in overall balance of care

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PSSRU Evaluation: Linked Studies

- Extension to additional schemes:
 - Wakefield
 - Birmingham & Plymouth (Thomas Pocklington Trust)
- JRF-funded study of social well-being
- JRF-funded study of Rowanberries
- EVOLVE: EPSRC-funded study of design evaluation (Sheffield/PSSRU)

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PSSRU Evaluation: Data Collection

- Resident data
 - Functioning, services, expectations & well-being
 - Moving in; 6, 12, 18, 30 & 42 months later
- Schemes
 - Contextual information on opening
 - Social activities at 6 months
 - Costs and context a year after opening

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PSSRU Evaluation: Response (July 2009)

	Number	No. units	Perm/ care units	No. residents	Residents assessed (6 months)	Response (%)
Smaller schemes	16	716	667	861	472	71
Villages	3	770	240	818	114	48
Total	19	1486	907	1679	586	65

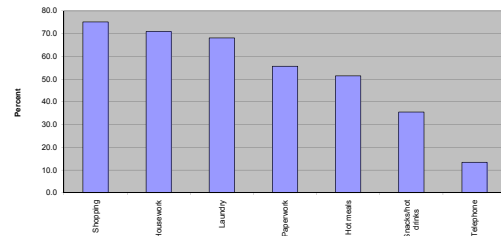
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Entrants to Extra Care: Data Collection

- Baseline assessment data:
 - 693 residents in 19 schemes (July 2009)
 - 586 residents moved in during 1st 6 months
- Six month follow-up:
 - 366 residents in 17 schemes (July 2009)

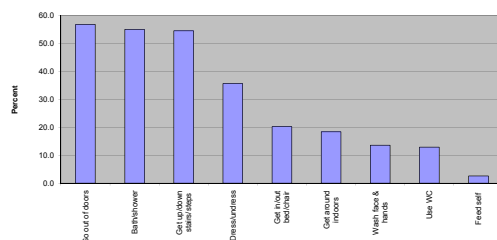
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Entrants to Extra Care: Require Help with IADLs



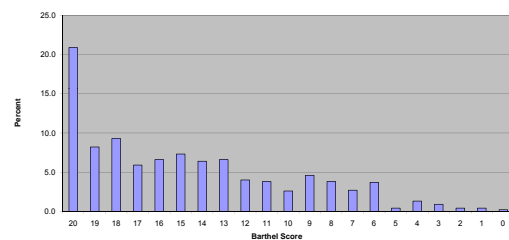
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Entrants to Extra Care: Require Help with ADLs



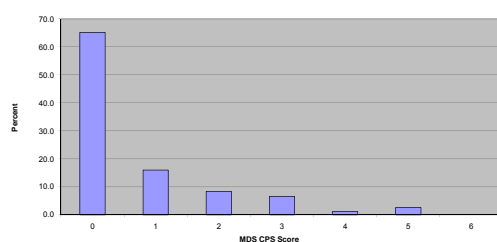
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Entrants to Extra Care: Barthel Index of ADL



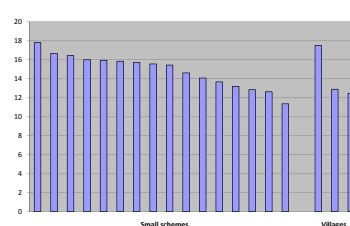
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Entrants to Extra Care: MDS Cognitive Performance Scale



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Entrants to Extra Care: Mean Barthel Score by Scheme



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Entrants to Extra Care: Dependency by Time of Entry

	0-6 Months	>6 Months
Mean Barthel score [0-20]	14.7	14.9
Mean MDS CPS score [0-6]	0.69	0.78
Total cases (8 time nk)	586	99

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Entrants to Extra Care: Change in Barthel Index, 0-6 Months

Entry	Deteriorated (>3)	No change (<3)	Improved (>3)
Very low (17-20)	13	109	-
Low (13-16)	10	63	7
Moderate+ (0-12)	4	57	26
All (0-20)	9%	79%	11%
Care homes (1995)	22%	55%	23%

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Entrants to Extra Care: Change in MDS CPS, 0-6 Months

Entry	Deteriorated (>1)	No change (<1)	Improved (>1)
MDS CPS score 0	18	194	-
MDS CPS score 1-3	8	68	13
MDS CPS score 4-6	0	3	3
MDS CPS scores 0-6	8%	86%	5%
Care homes (1995)	14%	63%	23%

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All Identified Individuals (1679 Cases): Reasons for Leaving Extra Care

	Number
Died	157
Nursing home	26
Care home	13
Hospital	12
Other facility	3
Returned home	4
With/near family/spouse	6
Moved to other locality	4
Left, destination not recorded	32

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Discussion

- For those receiving care, main need for help is with IADLs & mobility
- Very few with severe cognitive impairment
- Residents receiving care in smaller schemes and villages have similar dependency profiles
- Villages have large group of fitter residents
- No evidence of increasing dependency among recent entrants, but limited information
- Relatively little change in dependency in 1st 6 months
- Limited information on reasons for leaving at present

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Social Well-Being in Extra Care Housing: Small Schemes and Villages

Lisa Callaghan



Paper presented at British Society of Gerontology Annual Conference, Bristol, 2-4 September 2009

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The project

■ Aims:

- Explore development of social activities and community during first 6 months
- Identify differences in social climate and individual social well-being after 12 months

■ 15 schemes:

- 2 villages: 258 and 270 units
- 13 smaller schemes: 35-64 units

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Methods

■ 6 months after opening:

- Interviews with 2 staff members per scheme
- Interviews with 4-6 residents per scheme

■ 12 months after opening:

- Questionnaires from 599 residents
- Interviews with 166 residents
- 'Indicators' of individual social well-being
- Social climate at scheme level

■ Today, focus on findings on individual social well-being – overall findings and differences between villages and smaller schemes

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Quality of Life & Social Well-Being (1)

■ Residents valued independence, security and social interaction offered by ECH

'I think more people should know about [extra care]. We get together and talk about all sorts of things, there's entertainment. And you've got a bell to push if you need anybody. It couldn't be better.' (Female resident)

'I would have thought it's the best answer to everything – you've got privacy but you've got activities that are there.' (Female resident)

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Quality of Life & Social Well-Being (2)

- 2/3 rated QoL as 'good' or 'very good'
- 90% had made friends since moving
- 80% felt positively about social life
- 70% took part in an activity at least once a week
- 75% were fully occupied in activities of their choice

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Social Isolation

■ Some residents were socially isolated

- Less likely to be married
- More likely to be in receipt of care
- Rated health as worse
- Addressing social isolation

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Communal Facilities

- Communal facilities play important role in friendship development
 - Smaller schemes: restaurants and shops key; importance of lunchtime

'The shop has been a catalyst to getting people integrating well together.' (Staff member)
 - Villages: 'indoor street' design important for meeting others. Resident volunteers involved in running facilities

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Social Activities

- Social activities valued by residents, and important for friendship development
- Friendship cited as most important benefit of participation, in schemes and villages
- Exercise most popular activity in villages, coffee mornings in small schemes
- Resident involvement in organising and running social activities beneficial, but staff support crucial

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Local Community Links

- Residents valued maintaining or building up links with local community
- Local context important in determining extent of involvement

'What we do tend to find is used quite a lot is the restaurant and shop, because in the local vicinity there isn't anything. So you get school children at school time that come and use it, and you get people in and out during the day.' (Scheme manager)
- Mixed opinions from residents about others coming in to use scheme facilities, join activities etc.

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Social Well-Being in Villages and Schemes

- Overall, better social well-being in villages
 - Residents more positive about social life, less likely to report being lonely/isolated, participate more often, have more contact with friends
 - Villages may offer some social advantages
 - However, not a clear conclusion...

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Provision of Facilities and Activities

- Villages:
 - Have a wider range of facilities e.g. gyms, craft/hobbies rooms, bars
 - Have larger variety of social activities
 - Have more resources (funding, staff) to sustain such facilities and activities

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The Residents (1)

	Schemes	Villages
Receiving personal care	57%	7%
Very low dependence	49%	93%
No cognitive impairment	66%	99%

- Village residents less dependent than those in schemes

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The Residents (2)

- Findings suggest villages suit more able, active older people very well
- Evidence not as clear for those with some level of disability
 - In villages, some links between lower social well-being and higher levels of dependency
- Attitudes to frailty

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'The village seems to me to be becoming a nursing home rather than a retirement village, which was not expected before moving here.'
(Male resident)

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Conclusions

- Limitations of the sample
- Extra care schemes and villages can provide an environment supportive of social well-being
- Smaller schemes and villages have different challenges to overcome

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Hartfields: Telling the Story

Karen Croucher and Mark Bevan
Centre for Housing Policy
University of York



The Centre for Housing Policy
<http://www.york.ac.uk/chp/>



Outline

- What and where is Hartfields
- Where did the idea for Hartfields come from
- What is provided at Hartfields
- Challenges and tensions
- Conclusions



The Centre for Housing Policy
<http://www.york.ac.uk/chp/>



Hartfields: what is it?

- Retirement village (Phase 1 opened 2008)
- Located in Hartlepool
- 242 units of mixed tenure accommodation (flats and some cottages)
- High density
- Communal facilities
- Owned and managed by JRHT
- Partnership with Hartlepool BC
- £10M from DH



The Centre for Housing Policy
<http://www.york.ac.uk/chp/>



Hartrigg Oaks



The Centre for Housing Policy
<http://www.york.ac.uk/chp/>



Hartfields (1)



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Hartfields (2)



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Hartfields (3)



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Hartfields: the challenge..

"The very first day I went there, the marketing day...at five past ten, the first person turned up in a brand new Mercedes, I thought it was the Queen Mother they were so well dressed, they toddled out the car, they thought it was fantastic. Fifteen minutes later a car turned up there, honestly it was a great big charabanc, a lady got out there and she'd gone up the stairs, and I thought she was a service user in dire need, but she was coming for her mother, and they came from the worst council area in the town by miles, and they wanted to move into social rented, and I think that sums up Hartfields and the challenge. It's such a diverse community, Hartlepool, and to meet everybody's needs is a bit of a challenge.."



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<http://www.york.ac.uk/chp/>



Challenges and tensions

- Mixed tenure
- Mixed resident group
- Concentration of disabled/frail in rented properties
- Initial HBC allocations to high level needs
- Who "polices" communal spaces, "anti-social" behaviour (alcohol, dogs, noise)
- Parking
- Community interface



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<http://www.york.ac.uk/chp/>



Conclusions

- Speed of development
- Selling "extra care" to residents and providers
- Different lifestyle choices
- Resentment around self funding/benefits
- Balance of care needs: "I didn't come here to live in an old people's home"
- Neighbourhood/housing management



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<http://www.york.ac.uk/chp/>



evolve
evaluation of older people's living environments

The Architecture of Extra Care Housing
Alan Lewis
University of Sheffield

UNIVERSITY OF SHEFFIELD
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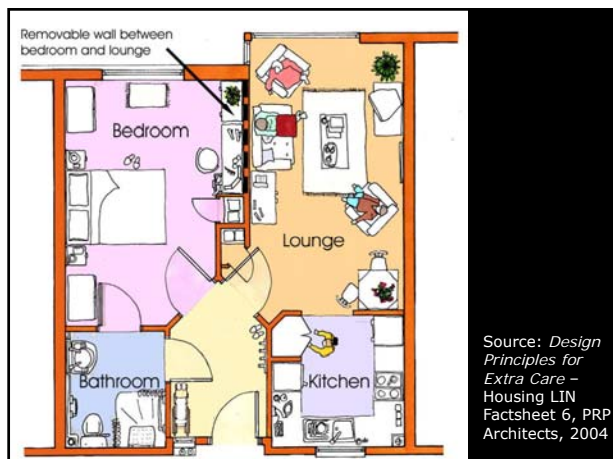
The University of Sheffield
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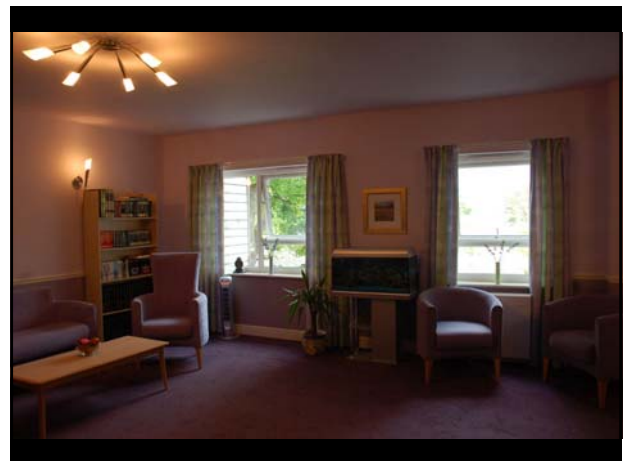
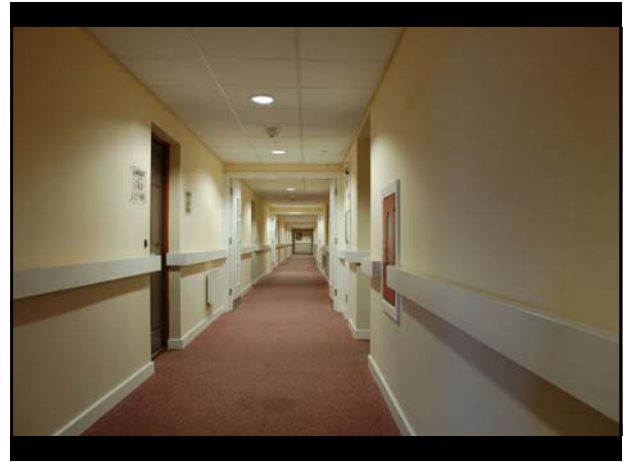
EPSRC Engineering and Physical Sciences Research Council
Housing Learning and Improvement Network

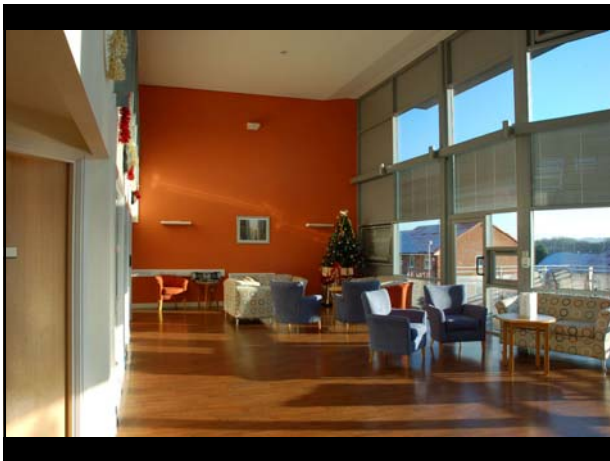
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Study of Building Typology – Methodology

- Plan drawings collected for fifty-seven schemes
- Eight schemes visited
- Similarities and differences between schemes identified







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