Housing and Care

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Recent policy documents, most notably the Green Paper *Shaping the Future of Care Together* (HM Government, 2009), continue to stress the importance of good quality housing and care options for older people. This programme aims to improve the evidence base in the field of housing and care by examining what works best for whom and at what cost. In addition to undertaking specific research projects as outlined below, the programme aims to facilitate the communication of research findings and sharing of methods through regular feedback days and maintenance of the Housing and Care for Older People Research Network, which meets two to three times a year to discuss new developments and emerging findings.

Much of the programme’s work is focused on extra care housing, which has been an important area of investment by local and central government and the third sector over the past few years. All 19 of the new-build extra care housing schemes (including three villages) which we are evaluating are now open and running. The schemes received funding from the Department of Health’s Extra Care Housing Fund in 2004/5 and 2005/6, and over 1800 residents have moved into these schemes. The main evaluation is collecting information about the views of all residents as they move in and the characteristics of people who have any care and support needs on moving in or who develop such needs while there. We are assessing how these needs change, the level of support needed, and residents’ quality of life six and 30 months after they moved in. This, together with information about the capital and running costs of the schemes, is providing a unique picture of this important development.

Further linked but separately funded work is enhancing the value of this, notably the *Social Well-Being in Extra Care Housing* project funded by JRF which reported this year (see opposite). The EPSRC-funded *Evaluation of Older People’s Living Environments (EVOlVE)* study, which is developing an approach to evaluating the design of housing for older people, has completed the main fieldwork stage, with plans in 2010 to validate and test the tool. Further work funded by Thomas Pocklington Trust will use similar methods in two other new schemes, both benefiting from the main evaluation data as a basis for comparison and providing particular insight into the role of extra care housing in supporting people with visual impairment.

Care homes continue to play an important role in housing and care of older people. The *Care Home Residents’ and Relatives’ Expectations and Experiences* study, jointly funded by the Department of Health and the Registered Nursing Home Association, has completed data collection and will be reporting during 2010. A study has also been commissioned by Kent County Council investigating what is currently affecting *Admission Risk to Care Homes (ARCH)*, with a view to identifying what types of intervention are likely to be most effective in helping people to remain in their own homes.

Together, these studies are providing us with important insights into the resource-intensive end of the spectrum of care and support for older people. The data from these studies will help feed into the evidence base for both evaluating current provision and developing future policies in this critical area.

Reference

Social well-being in extra care housing
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There is increasing interest in extra care housing as a way for older people to continue to live independently while receiving care and support, and having increased opportunities for social interaction. Communal and social facilities are often provided in the schemes, with the aim of addressing social isolation and building community.

This research investigated the social well-being of older people moving into 15 new-build extra care housing schemes, including two villages, focusing on the first year after opening. The schemes support residents with a range of levels of disability, as well as providing facilities and services for members of the local community.

Key findings and implications Most residents, in both smaller schemes and villages, experienced good social well-being, with almost all making new friends. We asked a number of questions about well-being and activities: 85% felt positively about their social life, and did not feel lonely; 75% were fully occupied in activities of their choice, and were not bored; and 70% took part in an activity at least once or twice a week.

Communal facilities, in particular restaurants and shops, were important for facilitating social well-being and friendship development, particularly in the early stages of the development of schemes. It is important these are in place as soon as schemes open.

Social activities were valued by residents and helped friendships to develop. Resident involvement in organising social activities gives them ownership over their own social lives, supports their independence and encourages others to join in. This should be encouraged from an early stage, but adequate staff time and resources for supporting social well-being is also crucial, both when schemes first open and over time as some residents become frailer.

Those residents who felt socially isolated and lonely were more likely to be in poorer health and receiving care. Their health and mobility problems made it harder for them to get involved socially, as did receiving care at particular times. However, when staff or volunteers were employed to help residents get around the scheme and participate socially, these barriers could be overcome. Schemes should ensure that such supports are put in place and that care delivery is as flexible as possible.

Conclusions The main limitation of the study was that it may have under-represented the views of the most frail people living in extra care. Nonetheless, the findings suggest that with well targeted use of resources extra care can provide an environment supportive of older people’s social well-being.