



What is the housing with care 'offer' and who is it for?

Published to coincide with the International Day of Older Persons, this viewpoint explores some of the findings from Adult Social Services Environments and Settings (ASSET), a research project that was funded by the NIHR School for Social Care Research from February 2012 to April 2014. The project explored how adult social care services are commissioned and delivered in extra care housing and retirement villages. It is a timely paper, coming hot off the heels of the recent Commission on Long Term Care, chaired by former Care Services Minister, Paul Burstow MP. This recommended greater clarification on what constitutes housing with care.

Written for the Housing Learning and Improvement Network (LIN) by **Dr Simon Evans**, Head of Research & Principal Research Fellow, Association for Dementia Studies, University of Worcester, and **Robin Darton**, Senior Research Fellow, Personal Social Services Research Unit, University of Kent, with additional contributions by **Jeremy Porteus**, Director, Housing LIN

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Background

This viewpoint explores some of the findings from Adult Social Services Environments and Settings (ASSET), a research project that was funded by the NIHR School for Social Care Research from February 2012 to April 2014. The project explored how adult social care services are commissioned and delivered in extra care housing and retirement villages. The distinction between extra care housing and retirement villages is not clear-cut, although retirement villages tend to be larger (Evans 2009). Retirement villages vary in the degree to which they provide the personal care, and sometimes nursing care, that is a key feature of integrated housing with care, or extra care (Laing & Buisson 2013).

Despite a growing body of research focusing on this area, little is known about how social care 'works' in these settings. ASSET aimed to fill this gap in the research by collecting data from a range of sources including: a review of the literature; a survey of 64 local authority commissioners; a survey of 99 housing with care schemes; in-depth case studies at 9 schemes based on interviews with 6 commissioners, 25 scheme staff and 144 residents; completion of the Adult Social Care Outcomes Tool (ASCOT) by 138 residents; and the collection of cost data from the case study schemes.

In this document we draw on this data to focus on three key themes that emerged from the research:

- Who is housing with care for?
- The housing with care 'offer'.
- The need to increase awareness, understanding and provision.

Who is housing with care for?

As outlined in Paul Burstow's Commission for Residential Care (Wood 2014), housing with care is complex, not least in terms of how it is funded and how the care and support are provided. This is particularly true where the care and the housing support and/or housing management are provided by different organisations. Approaches to commissioning adult social care in housing with care settings vary considerably. For example, while many local authorities see extra care housing as a replacement for residential care homes, for others it is more of a niche provision for less dependent older people with relatively few care needs, including older people who have been discharged from hospital.

Most adult social care commissioners recognise the value of housing with care as a way of supporting independence for older people while at the same time maximising cost-effectiveness. They also acknowledge high levels of demand and are committed to increasing supply, often as part of comprehensive local housing strategies. One of the main challenges for commissioners is responding to multiple and sometimes conflicting drivers, such as increasing demand for older people's housing, the personalisation agenda, spending cuts and welfare changes. For example, the availability of on-site care and support 24 hours of the day, which is one of the defining features of housing with care, is based on economies of scale that may be difficult to sustain alongside the drive to offer residents a choice of providers.

It is important to be clear about who can be best supported in housing with care. Do commissioners and other key decision makers see it as a preferred alternative to residential care, and is this opinion shared by older people? Is it an alternative option for older people

currently living in general needs housing? Our research suggests that housing with care residents are on average less dependent, both physically and cognitively, than those living in care homes, although a minority of residents have similar levels of dependency to residents in care homes. For example, while 90 per cent of residents who took part in our study reported that they suffered from a longstanding illness, a substantial proportion were receiving no planned care. This raises questions about the extent to which extra care housing can serve as a replacement for residential care.

At the same time, there were large differences in care and support needs across the sample of residents who took part, with a substantial proportion receiving no planned care. The mean cost of housing with care including accommodation (rent, service charge and additional charges) was £327 per week, with a range of £137 to £609 (based on data from eight extra care housing schemes and one retirement village).

In the past many extra care housing commissioners and providers have aimed at one third 'low' needs, one third 'medium' needs and one third 'high' needs. It could be argued that this balance is central to the ethos of housing with care, but it can be difficult to maintain in the context of spending cuts and tighter funding eligibility criteria. Analysis of scores from ASCOT indicate that many residents without a care package experience improved quality of life as a result of the overall environment, but at the same time local authority funding for the costs of 24/7 care might be easier to justify if there are more residents at the high end of the needs spectrum and therefore eligible under FACS.

Housing with care can support residents with diverse backgrounds, abilities, needs and ages. However, this diversity can also lead to tension and misunderstanding about the concept of 'housing with care' and who it is for. The provision of clear and transparent information about the resident mix and charging arrangements in advance of moving in can help clarify expectations and reduce tensions.

Although there are multiple models of housing with care, as a general rule smaller schemes might need to be more focused on a high care mix in order to justify the fixed costs of 24/7 care services, while larger schemes can more easily cater for a varied care mix with a high percentage of low/no care needs. Larger retirement villages usually offer more leasehold accommodation and are thus likely to appeal more to owner-occupiers seeking to downsize and make a 'lifestyle' change.

The housing with care 'offer'

Housing with care continues to grow in popularity as a form of housing for later life, based on some key shared characteristics that distinguish it from other settings such as residential care and sheltered housing. These include self-contained accommodation with its own front door, an ethos of supporting independence, flexible care packages, 24 hour care and support, access to activities and social events and various communal facilities that might include, for example, a shop, a restaurant and gardens.

The ASSET project found that some of these features are of particular importance to residents. The reassurance of having care and support available for 24 hours a day is also very important to many residents and their families. However, this reassurance can be undermined where there is no overnight or full day cover, or where only 'sleeping' cover is provided during the night time.

Care that is flexible and can be adapted to changing needs is also valued by residents, but how does this sit with contracting arrangements, where ‘block’ contracts can be crucial to allowing ‘core’ cover?¹ Another key attraction of housing with care to residents and their families is the combination of on-site services and facilities that are often provided, particularly in larger schemes. Amenities that are particularly valued include restaurants, shops, leisure activities and social events. The changed financial climate led the members of the APPG Inquiry (HAPPI 2) to recommend maintaining the quality of residents’ apartments at the expense of communal facilities (Best and Porteus 2012). However, reductions in catering provision are likely to have adverse effects on the social well-being of residents (Callaghan, Netten and Darton 2009), as well as disadvantage the substantial number of residents who require help to prepare hot meals (Darton *et al.* 2012).

Many schemes include facilities that are also open to the wider public. This can have several advantages, including added vibrancy, better integration with the local community and the generation of income to make facilities sustainable. It is evident that opening a scheme to the public can impact on the feel and culture of a scheme as well as the experiences of residents. However, some residents object to this approach for a range of reasons, including impinging on their privacy and the perceived risk to the security of their accommodation. Some of these issues can be partly addressed through a ‘progressive privacy’ approach, which separates public from private areas by means of a hierarchy of thresholds (Torrington 2004). This makes it crucial that potential residents are clear about public access arrangements when deciding whether to move in and are properly consulted when any changes are planned.

Improving the awareness and understanding (and provision?) of housing with care

There is ample and growing evidence for the benefits that housing with care can offer for older people. These include a good quality of life, improved physical and cognitive ability and enhanced social wellbeing (Kneale 2013; Netten *et al.* 2011; Callaghan, Netten & Darton 2009; Evans and Vallelly 2007). ASSET has added to the evidence base by demonstrating that for some older people a move to housing with care is associated with a better quality of life when compared with living in mainstream housing. This can be partly attributed to the role of the broad environment in reducing the need for services and contributing to delivering a better quality of life than people supported by home care services in mainstream housing.² The model is also very popular with residents for a range of reasons including the availability of flexible care and support, the attractions of a physical environment that has been designed and built with the specific needs of older people in mind, on-site facilities, perceptions around safety and security, and a desire to be part of a ‘community’ in later life (Darton *et al.* 2011; Cheek *et al.* 2007; Evans and Vallelly 2007; Shipley 2003).

Despite the evidence base, there remains a substantial shortage of this and other specialist housing for older people in the UK (Wood 2013; Best and Porteus 2012; Hughes 2012). This could be partly addressed by increasing awareness of the housing with care offer, along with greater innovation in the way housing for older people is designed and the scale at

¹ See Housing LIN Technical Brief on Funding Extra Care Housing for a detailed exploration of funding issues www.housinglin.org.uk/pageFinder.cfm?cid=8865

² The EVOLVE project developed a range of tools to evaluate the suitability of housing design for people with particular needs. www.housinglin.org.uk/Topics/browse/Design_building/Design/?parent=8580&child=8591

which it is being developed as part of a mainstream housing 'offer'. This calls for architects, developers and providers to better understand the demand factors that are influencing the housing market and the housing aspirations and lifestyle choices sought by people in later life. However, perhaps the biggest barrier to real expansion of extra care housing and retirement villages is the continuing lack of a broader, integrated system for developing retirement housing based on a clear national vision. In the apparent absence of the political will to develop a whole chain view of the housing market, it seems unlikely that innovative forms of provision such as housing with care will be an option, indeed an asset, for more than a small minority of older people.

Postscript

This viewpoint, published to coincide with the International Day of Older Persons, is particularly timely as it follows the conclusion of the Commission on Residential Care, chaired by former Care Services Minister, Paul Burstow MP. One of the Commission's conclusions is the need "to create a vision of housing with care, not bound by existing definitions but based on the outcomes that people want and value". This goes to the heart of what the ASSET project found. This provides the evidence and demonstrates the dividend housing with care offers to the quality of life and wellbeing of residents.

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Further Information

An article based on the ASSET literature review was published in Housing, Care and Support (Atkinson *et al.* 2014) and further journal articles are planned, including 2 in preparation that focus on the project scoping surveys and the cost effectiveness work. In addition, a selection of other viewpoints will be published by the Housing LIN drawing on the findings from the ASSET project, such as on 'community hubs'.

Further information about past and future dissemination activities and other aspects of the project can be found on the project website at <http://assetproject.wordpress.com>

Disclaimer

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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 to participate in our shared learning and service improvement networking opportunities, including 'look and learn' site visits and network meetings in your region, visit: www.housinglin.org.uk

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Housing Learning & Improvement Network
c/o EAC, 3rd Floor,
89 Albert Embankment
London SE1 7TP

Tel: 020 7820 8077

Email: info@housinglin.org.uk

Web: www.housinglin.org.uk

Twitter: @HousingLIN