The importance of having a variety of housing and care options for older people has been a feature of a number of policy documents, most notably recently Lifetime Homes, Lifetime Neighbourhoods, a National Strategy for Housing in an Ageing Society (CLG, DH, DWP, 2008). 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 research network which meets three times a year to discuss new developments and emerging findings.

The main focus of the programme is a longitudinal evaluation of 19 new-build extra care housing schemes funded during the first two years under the Department of Health’s Extra Care Housing Funding Initiative (ECHFI Evaluation). Additional projects are allowing a fuller evaluation than would otherwise be possible, notably the JRF funded study of Social Well-being in Extra Care Housing and an EPSRC study led by Judy Torrington of Sheffield University, which is developing a measure of quality of design of housing and care (Evaluation of Older People’s Living Environments (EVOLVE)). An area that has frequently been identified as particularly complex in the field of extra care housing is the estimation and attribution of costs. The Rowanberries study in Bradford (see opposite) has allowed us to investigate the cost implications of moving into extra care in some depth in one scheme.

Although much of the policy emphasis is on new models of housing in care, it is clearly important we do not neglect our understanding of care home residents’ experiences. The current study of Care Home Residents’ and Relatives’ Expectations and Experiences, funded by the Department of Health and the Registered Nursing Home Association, is examining the differences between the expectations and experiences of residents living in care homes for older people, or of the relatives involved in choosing a care home for residents judged to be unable to participate.
Costs and outcomes of an extra-care housing scheme in Bradford

There is a dearth of evidence about the costs and benefits of extra care housing. The principal aim of this small-scale study was to assess as accurately as possible the comparative cost before and after residents moved to a new extra care housing scheme. Rowanberries in Bradford opened in April 2007, and is a 46-unit project between Methodist Homes Housing Association and Bradford Adult Services.

In this before-and-after study, residents were interviewed soon after moving into Rowanberries about their previous circumstances, and again six months after the move. Where informal carers were identified, they were sent a self-completion questionnaire. Of the eligible 52 residents, 40 agreed to participate in the first interview, but only 22 in the follow-up stage. While there was no statistically significant difference, there were some indications that those who refused to participate in the follow-up stage were more impaired than those who remained in the study.

The main findings of the study were that overall costs per person increased as a result of moving into Rowanberries and that these increases were associated with improved social care outcomes.

Comprehensive costs were estimated for each of the broad cost components (accommodation, social care, health services, living expenses and informal care) per resident. Excluding informal care costs, total costs per week increased by approximately 24 per cent compared with when people received services in their previous homes. Higher costs were primarily associated with increased social care and accommodation costs. Higher social care costs were associated with increases in home care services and ‘well-being’ services which include the support of staff 24 hours a day and the provision of social activities. However, there was evidence of a reduction in health and informal care costs after the move.

The improvement in social care outcomes reflected a decrease in unmet need across all seven domains of the ASCOT (Adult Social Care Outcome Toolkit) measure when comparing what residents reported retrospectively about their situation prior to moving in, and six months later. On the same basis, residents also reported improved quality of life on a seven-point scale. Outcome measures based on people’s perceptions of their situation after the move and six months later did not show any change. Clearly there are problems in identifying outcomes when measures have to be based on recall and different time-periods. However, given the small sample size, the direction of effects and consistency of our findings were encouraging.

If we are to evaluate the cost-effectiveness of extra care housing there are a number of challenges to be met. In all evaluative research valid conclusions depend on like-with-like comparisons, from costing individual components to the overall study design. While before-and-after studies can provide a useful picture, to accurately reflect the impact of extra care we need a design that allows us to compare what happens to people in the same circumstances who do not have that option, who either remain in their own homes or move into a care home.