RAISING THE STAKES LITERATURE REVIEW

INTRODUCTION

This literature review focuses on primary research, service evaluations and learning papers that have been written about the topic of housing with care. It aims to:

- Identify a number of assumptions that are made about extra care
- Test whether there is sufficient evidence to support such claims
- Identify gaps in that evidence
- Identify what seem to be the critical success factors in delivery of Extra Care Housing (ECH).

The gap analysis will also be used to inform our primary research and question formulation in this research project. However, we recognise as a research team that the gap analysis is likely to reveal areas for future research that are outside the scope of our project.

The aim of this literature review is not to repeat existing work. Existing studies (namely Housing with Care in later life, by Croucher et al[1], and the Housing Learning and Improvement Network ECH Toolkit[2]); which themselves extensively reviewed the literature; have been used, and their conclusions included. Where this is the case their work has been cited.

This literature review is only one contribution to an increasing body of research about extra care and what it can deliver. Over the course of this project a number of additional works have been published. It has not been possible fully to revise this document in the light of all of these, but a brief review has been made of a number. Their findings appear mainly to add to those in this report, rather suggest any of our conclusions do not stand.

AREAS COVERED IN THE REVIEW

There are a number of claims made for what extra care may deliver now or in the future. Some have already been evidenced, whilst others are mere possibilities. However, developing an evidence base for extra care may be an important component of likely future investment, ie, demonstrating that it can deliver the health, social care, housing and quality of life aspirations of its advocates.

Broadly the areas of inquiry for the literature review were as follows.

First, does ECH deliver the following?

For occupiers

- A balanced and mixed community (sometimes called a mix of ages and dependencies)

[1] Croucher, K. et al. (2006). *Housing with Care in Later Life*, Joseph Rowntree Foundation
[2] CSIP. (2006). *Extra Care Housing Toolkit*, Housing Learning and Improvement Network (LIN), CSIP, DH

- A home for life for all, including for people with specialist needs such as dementia, mental illness and learning disability
- Improvements in health or the capacity to sustain health – both mental health and physical health
- Opportunities to mix with others and join in the local community if people want these things
- Opportunities to sustain a quality of life and friendships/connections
- Improved quality of life overall
- Continued involvement of family carers
- Genuine alternatives to residential or nursing care
- An environment that supports diversity, including older people from black and minority ethnic communities

For commissioners

- Reduced or maintained levels of need for formal care and support packages
- Reduced likelihood of admission to care homes and nursing homes
- Reduced hospital admission and re-admission
- An environment that can support other older people (non occupants) in the community through outreach/inreach
- An environment and model in which one can commission a quality service to promote quality of life, health and well-being, and sustain older people in a housing setting

For providers

- Properties are marketable and sustainable whether for rent or sale – housing providers
- Improved staff recruitment and retention in comparison to equivalent jobs in other care sectors – support and care providers.
- More effective use of staff resources – support and care providers
- An environment and model in which one can deliver a quality service to promote quality of life, health and well-being, and sustain older people in a housing setting – all providers

For funders

- Sustainable return on investment

Secondly, where extra care is delivering successfully, what are the critical factors that seem to underpin that success?

- Philosophy and outcome aims
- Type of scheme – tenure mix, user group mix (e.g. dementia, learning disability), dependency mix, assessment and lettings system
- Design
- Service delivery model – including assistive technology
- Community role
- Partnership approach – strategic and operational
- Funding (capital and revenue) and value for money

These question areas have been summarised in the main body of the document below, there is inevitably some overlap between the sections, eg, quality of life and improved well-being.

TESTING THE CLAIMS

Extra Care Housing is able to provide a 'home for life' to its occupants

The meaning of 'home for life' is that rather than people being moved from care setting to care setting as their health and care needs increase, care services are increased in situ according to individual needs. In 2005, Stephen Ladyman stated that "in the future people will choose extra care in preference to sheltered accommodation because they will know that when their needs change they can be catered for without having to move again"[3].

There appear to be no studies that categorically show that occupants can remain within the scheme in which they live under any circumstances. As Croucher (2006) states, in her recent report, 'Housing with Care for Later Life', this does not mean that they do not exist, however if they do, they remain unreported in current literature[4].

Phillips and Williams (2001) in their study of four Very Sheltered Housing (VSH) Schemes (approximately 130 units), showed that over the length of the 18 month study 26 tenancies were ended. The majority (66%) of tenancies ended as a result of the death of the tenant, with the majority of the remaining 34% moving on to nursing or specialist EMI care. As a result they concluded that VSH can be seen to offer a home for life for most tenants. Croucher disputes this claim, stating "how can a scheme be said to be offering a home for life if one in three tenancies that end are due to people moving into more intensive care setting's"[5]. Whilst it is true that a number of occupants are moving onto other forms of accommodation, what the evaluation does show is that in comparison to sheltered housing, not only is the length of tenancies longer, but also the number of tenancies ending as a result of death is much higher in VSH[6].

The model of housing and care at Hartrigg Oaks whilst not offering one home for life does have the option of occupants moving to the on site registered care home if their care needs exceed a certain number of hours. Whist a physical move is required occupants, through remaining on site, maintain access to the community and its facilities.

All schemes built to modern standards are or should be able to provide a lifetime home – "that is not a home that older people stay in for life, but a home that anyone can move to without having to worry about whether it will meet their requirements"[7]. Most commentators feel that the ability of Extra Care to provide a home for life is dependent not on the physical aspects of the building as the majority are built to standards, but the package of care that is set around the scheme. Wanless further illustrates this point by stating that, "the majority of schemes are able to support occupants in their own home irrespective of levels of frailty"[8]. What is clear is that

[3] Department of Health, 2005b
[4] Croucher, K., et al. (2006). *Housing with Care in Later Life*, Joseph Rowntree Foundation
[5] Croucher, K., et al. (2006). *Housing with Care in Later Life*, Joseph Rowntree Foundation
[6] Phillips, M. and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people,* Housing 21
[7] Joseph Rowntree Foundation. (1989). *Lifetime Homes*
[8] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People (Background Paper),* Kings Fund

many homes aspire to offer a home for life but that this cannot be guaranteed as social services, and health services may not be able to support a person with high care needs indefinitely.

There is much debate regarding the capacity of Extra Care to support people with dementia as their condition worsens. Evaluations of schemes show dementia-type illnesses as a cause for seeking alternative care settings, and a key reason why the ability for mainstream Extra Care to provide a home for life is 'ambivalent'[9]. This is in the main due to the capacity to support people with severe dementia or cognitive impairment, and also the difficulties seen in having to balance their needs against those of other occupants. The needs of people with dementia-type illnesses, particularly those with challenging or wandering behaviours, could not easily be accommodated within the schemes evaluated by Croucher et al in their 2007 study[10].

A longitudinal study by Housing 21, has provided the most comprehensive study to date of the contribution of extra care housing to the care and support of older people with dementia, and with it some clarity as to the capacity for it to provide a 'home for life' for such occupants. The findings resulted from a study which tracked people with dementia in Housing 21's extra care housing schemes from July 2003 to October 2005. It concluded that "extra care is providing a home for life for half of its occupants with dementia although some people do move on"[11], and that scheme managers will endeavour to provide a home for life and support people as much as possible, unless their care needs and need for nursing or specialist care becomes extreme[12].

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

Broadly current research and evaluations seem to agree that "Extra Care Housing can often provide a home for life, and an alternative to residential care"[13]. However, for a proportion of people a final move into specialist elderly mental health care home, or a care home with nursing, may be inevitable as "ECH cannot provide the same level of support as a care home model which is designed specifically for people who have unpredictable and continuous need"[14]. The jury is therefore still out on 'home for life' in all circumstances. In the light of this it might be more appropriate to adopt the term 'prolonged residence'.

Extra Care provides a realistic alternative to care home admission

To some extent, evidence to support this claim is also addressed in the previous section. Croucher et al identify that schemes are intended to be an alternative to institutional models of care, placing the emphasis on housing and its associated

[9] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund
[10] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007). *Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation
[11] Vallelly, S., Evans, S., Fear, T. and Robin, M. (2006). *Opening doors to independence*, Housing 21, Housing Corporation
[12] Phillips, M. and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people,* Housing 21
[13] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund
[14] Croucher, K., et al. (2006). *Housing with Care in Later Life*, Joseph Rowntree Foundation

autonomy. The recent Wanless review further reinforced this by concluding that a housing based model for dementia care could replace residential care for some people with moderate to severe dementia, and that it offers a positive alternative for homes in which a spouse is left to care for a person with dementia, and admission is the result of the burden becoming too great[15].

Although the evidence is limited, there are suggestions that extra care housing can avoid unnecessary admission into a care home. A recent survey by the Institute of Public Care of a group of older people recently admitted to residential care looked at whether extra care would have offered an alternative. In 28 of the 36 cases, the decision to enter a care home followed a critical event such as a fall and/or hospital admission. In the absence of community based 24 hour care, residential care was seen by relatives and professional teams as the option of least risk, with the older person agreeing to the decision to avoid being a burden. It was estimated that two-thirds of those surveyed could instead have entered extra care either currently or at the time of an earlier move[16]. In an evaluation of Dray Court (Commissioned by Guilford Borough Council)[17], a scheme which is specifically aimed at avoiding admittance to residential care, showed that 29% had actually been successfully admitted from a residential care home. The recent longitudinal study by Housing 21 concluded that in most cases Extra Care is working for people with dementia as an alternative to Residential Care[18].

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

Evidence seems to support this claim. Extra Care does not present a total alternative to care homes, but increases choice for older people themselves and for care providers. There will currently always be a number of people for whom a move to long term care is unavoidable or actually a preferred preference. Its inability to offer an alternative in most cases does appear in part to be due to the lack of schemes nationally, a lack of capacity in all forms of care staff, and the requirement to ensure that the balance of needs within the scheme is kept stable[19]. However, where schemes are available, current evidence does seem to indicate that, on point of entry either from home or hospital, in many circumstances extra care is able to offer people an alternative to residential care[20].

Extra Care improves the health and well being of occupants or the capacity to sustain health

In the context of housing with care, it might be expected, as Croucher states, that "a purpose built environment, along with increased opportunities for social interaction with a peer group as well as the care and support on offer, will generate a greater

[15] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund
[16] Stilwell, P. and Kerslake, A. (December 2004). *What makes older people choose residential care and are there alternatives?* Vol. 7, Issue 4, Housing Care and Support
[17] Grimwood, D. and Andrews, N. (2004). *Dray Court Enhanced Extra Care Scheme Evaluation Report*, Guildford Borough Council
[18] Housing 21. (2006). *Stepping Stones to Independence*
[19] Croucher, K., et al. (2006). *Housing with Care in Later Life*, Joseph Rowntree Foundation
[20] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund

sense of well-being and improved health status or maintenance of health status"[21]. There seems little evidence of the impact of Extra Care on the specific health improvement of occupants (but also see next section). The difficulties in measuring such an impact are in large part due to the number of people who will have had care needs prior to entry and because health status is likely to be related to factors beyond the accommodation in which they live[22]. However, evidence does suggest that a move to extra care is likely to enhance people's own sense of improved health and well being, even if it does not necessarily always lead to better outcomes than good quality traditional care homes[23]. Conversely, messages from PSSRU research state that even though residents of Extra Care Housing schemes may have more control over their daily lives, they may not necessarily *feel* that they have more control, or that they report higher levels of well-being than residents of good quality care homes[24].

The Extra Care Charitable Trust cites independent research from 1997 showing that extra care occupants demonstrated significant improvements in their condition after admission: on average their superficial physical assessment score jumped by more than 50%; there was a mobility improvement of more than 35%; a 20% improvement in daily living functions; a 10% increase in sensory ability.

Most studies (Kingston et al, 2001[25]; Bernard et al, 2004[26]) attempting to measure the health status of occupants adopt self reported health status measures. In small retirement communities (Biggs et al, 2000[27]; Kingston et al 2001) found that although many people had moved to the community due to poor health, after a period of settling in they rated their own health as significantly better than that of a community sample of people drawn from the locality where many of the retirement community's occupants had formally lived.

In a study undertaken by Greenwood and Smith[28] the positive contribution that ECH can make to the health and well being of occupants was also measured. The study did not undertake detailed health impact assessments but again focused on gaining staff and occupants experiences of Extra Care. When questioned, care staff and estate managers were convinced of a positive impact on the health and wellbeing of occupants. This positive impact was attributed to being in a safer, warmer more accessible environment in comparison to where people had live before, a reduction in social isolation due to increased social contact and companionship, and often the recognition by staff of previously unrecognised health and care needs. This assessment is further supported by the results of an evaluation of a five year well-being programme (health screening and advice service) run by the Extra Care Charitable Trust to all their housing with care schemes and retirement villages which showed a 10.1% improvement in occupants overall health and wellbeing. As one occupant has stated, *"The wellbeing programme in our village has resulted in us feeling happier, more mobile and independent, and dare I say it, younger and happier*

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[21] Croucher, K. et al. (2006). *Housing with Care in later life*, Joseph Rowntree Foundation
[22] Croucher, K. et al. (2006). *Housing with Care in later life*, Joseph Rowntree Foundation
[23] Towers, A-M. and Netten, A. (2006). *Control, Well-Being and the Meaning of Home in Care Homes and Extra Care Housing*, PSSRU
[24] Ibid
[25] Kingston, D. et al. (2001). *'Assessing the health impact of age-specific housing'*, Vol.9, No.4, pp.228-34, Health and Social Care in the Community
[26] Bernard, M. et al. (2004) *New lifestyles in old age: Health, Identity and Well-being in Berryhill Retirement Village*, ECCT
[27] Biggs, et al.(2000). *'Lifestyles of Belief: Narrative and culture in a retirement community;* Vol 20, No 6, pp649-72, Ageing and Society,
[28] Greenwood, C. and Smith, J. (1999). *Sharing in Extra Care*, Hanover Housing Group

individuals'[29]. This encouraging impact on occupants psychological wellbeing was also shown in the work of Sherwood et al (1997) which indicated that following a move to a retirement community, attitudes to ageing improved significantly, suggesting that retirement villages provide an environment conducive to a positive picture of ones own ageing.

The contribution that purpose built extra care schemes make to the overall preventative agenda is also recognised by many. For example, the Hartrigg Oaks study claims that purpose built accommodation removes many of the difficulties and dangers of living in inappropriate accommodation, in particular the risk of falls, and also enables the effective targeting of occupant groups for health promotion initiatives such as immunisation, exercise programmes, and health checks. Studies have also highlighted the success of Extra Care in reducing stress levels as a result of the removal of the worry of managing the family home and the attainment of peace of mind that comes when a move into the scheme is made. The evaluation by ECCT further outlines that older people questioned as part of the study asserted how much happier they felt as their worries have diminished since entering ECH, especially in regards to maintaining their property and paying bills[30]. Respondents to a study commissioned by Housing 21 stated that following a period of adjustment, they eventually felt more relaxed due to increased feelings of security and, despite moving from homes in the community, more independent[31].

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

The evidence for improved or maintained feelings of well being appears reasonable.

However this review suggests that the current evidence base would benefit from further research being undertaken around specific measures of health, eg, comparison of the number of common accidents and conditions in old age such as falls, depression, experience by occupants of ECH and older people living in other forms of accommodation.

Extra Care reduces or maintains levels of need for formal support and health services, reduces hospital admission and speeds up early discharge

The impact that extra care has on the demand for health and social care services locally has been a topic that has caused much debate between the health sector and local authorities especially in early discussion around the cost effectiveness of the development of a new scheme[32].

[29] Extra Care Charitable Trust. (June 2006). *'Healthy residents send retirement housing charity to National Awards'*, Press release, ECCT
[30] Bernard, M. et al. (2004). *New lifestyles in old age: Health, Identity and Well-being in Berryhill Retirement Village*, ECCT
[31] Phillips, M. and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people*, Housing 21 publication
[32] Croucher, K. et al. (2006). *Housing with care for later life*, Joseph Rowntree Foundation

The Extra Care Charitable Trust study referred to in the previous section reported a 25% reduction in medication use. There is some positive evidence of the impact extra care has in allowing for early discharge, reducing the need for hospital admission and therefore resulting in savings for local NHS acute services.

In studies by both Kingston and Croucher, staff and services appeared to be providing substitutes for NHS care, thus demands were being redirected rather than reduced. Schemes that had on site homes were also able to offer convalescence and respite to occupants[33].

The Wanless review also recognised that extra care can, dependent on facilities at a scheme, provide respite care or intermediate care after an elderly person's discharge from hospital'[34]. As the ECH toolkit recognises through the identification of good practice, "ECH provides a good and realistic intermediate care environment… Not only does it more closely replicate someone's home, but it is also within an environment that provides a strong rehabilitative and mobility emphasis to its care and support"[35]. This claim is further supported by evidence from individual evaluations of schemes. Evidence from Hartrigg Oaks suggests that "flexible on-site services can assist occupants as their care needs change and may promote early hospital discharge and reduce the need for hospital readmission"[36], and a study by Housing 21 showed that, though extra care occupants are frequently admitted to hospital, their inpatient stays are shorter than for the general population of older people[37].

On the social care side, Vallelly (2000) presents care data for 15 occupants in an extra care scheme, showing the number of hours of care received in previous settings and care received with ECH six months after move. Data demonstrates an overall reduction of 44 hrs per week in the total number of hours of care delivered to occupants following their move to the housing with care scheme, an average reduction of 3.16 per occupant[38]. Again, it is difficult to cite these results as representative of the situation across the country due to the author acknowledging that most occupants had moved from poor accommodation where occupants had needed care due to the disabling nature of the building. A study by Housing 21, looking at success of extra care housing for people with dementia, showed that the average number of hours of care for occupants in the scheme in some cases declined over the study period. An evaluation of Hanover's Runneymede Court in Plymouth suggests that in some instances care hours may increase, due in part to prior poor assessments of need in the community. Results showed an increase in care hours of occupants in the first three months following the scheme opening (often

[33] Kingston, D. et al. (2001). *'Assessing the health impact of age-specific housing'*, Vol.9, No.4, pp.228-34, Health and Social Care in the Community and Croucher, K. Pleace, N. and Bevan, M. (2003). *Hartrigg Oaks: Views of the UK's First Continuing Care Retirement Community*, Joseph Rowntree Foundation

[34] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund

[35] CSIP. (2006). *Extra Care Housing Toolkit*, Housing Learning and Improvement Network (LIN), CSIP, DH

[36] Croucher, K. (2005). *Making the case for retirement villages*, Joseph Rowntree Foundation

[37] Phillips, M. and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people*, Housing 21 publication

[38] Vallelly, S. (2002). *Extra Care Housing: A review of the effectiveness of Extra Care Housing for older people*, Vol. 5, No. 1, Housing Care and Support

as people admitted at point of crisis), however, there was then a decrease in care hours over the remainder of the first year[39].

The potential for ECH to increase service demands by attracting older people into an area has sometimes been raised as a concern. However, as one author states, "schemes with community resources can in fact offer many advantages to service providers. Time and resources are saved if general practitioners and other community based health and social care professionals can visit more that one patient in one place"[40]. ECH can play a key role in maintaining and promoting health and provide opportunities for more efficient delivery of care services and intermediate/ interim care services[41]. Those schemes where care and support services were provided in-house appeared to be able to respond more flexibly to changes in need[42].

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

This literature review provides a general indication that health services do benefit from the provision of extra care and suggests that in some instances it may also allow for the reduction in need for social care services, but the jury is still out.
It is clear that any analysis of cost savings and efficiencies from ECH would need to take a whole systems approach, as such efficiencies may accrue to other agencies than those supporting the scheme.

This review suggests that the evidence would benefit from further research being undertaken around longitudinal variations in input of care and support to ECH occupants.

Extra Care reduces social isolation of older people and encourages active engagement and involvement

Croucher et al reflect that housing with care schemes are intended to reduce social isolation by allowing for greater opportunities for social contact, neighbourliness and mutual support. However her evaluation of literature concludes that the evidence to prove that housing with care reduces social isolation is 'ambivalent'[43]. The importance of engagement is emphasised within a Housing LIN fact sheet which states that "the extent to which the occupant of an extra care scheme has true independence and control within his or her life will be shaped by the extent to which choice, consultation, involvement, inclusion are a reality"[44]. Some studies show that older people see retirement villages as a positive choice and are attracted by the combination of independence and security as well as the opportunities for social engagement and an active life[45]. A further comparative study of models of housing

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[39] Baker, T. (Oct 2002). *An Evaluation of an Extra Care Scheme, Runnymede Court, Estover, Plymouth*, Hanover Housing Association
[40] Croucher, K. (2006). *Making the case for retirement villages*, Joseph Rowntree Foundation
[41] Croucher, K. et al. (2006). *Housing with Care for later life*, Joseph Rowntree Foundation
[42] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007). *Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation
[43] Croucher, K. et al. (2006). *Housing with Care for later life*, Joseph Rowntree Foundation
[44] Latto, S. and King, N. (2005). *Fact sheet no 3, User involvement in Extra Care Housing* CSIP, Housing Learning and Improvement Network (LIN)
[45] Croucher, K. (2006). *Making the case for retirement villages*, Joseph Rowntree Foundation

with care for later life by Croucher et al reiterates that, from residents' perspectives, age-segregated living is seen to offer a number of advantages to living 'in the community', notably a sense of security[46]. However, there is still evidence to suggest some "residents may find themselves isolated or excluded, or struggle with adjustments to communal living and retaining privacy"[47]. There were mixed attitudes towards disability in the different settings looked at in Croucher's comparative study – the very frail, housebound or cognitively impaired appear more likely to be on the edge of social groups and networks.

The 2007 report by Evans and Vallelly[48] which explored the social lives of people living in extra care housing, identified a range of factors that impact on social wellbeing. Most tenants of ECH interviewed for the study expressed a high level of satisfaction with their quality of life; having their own home and independence were cited as important factors. They also highlight how the layout and design of a scheme can impact on social wellbeing of tenants, with a welcoming environment and a place to entertain friends and relatives seen as significant.

The social marginalisation of those who are cognitively impaired or suffer with other mental health problems is also evident in some schemes, as are the tensions between 'fit' and 'frail' occupants. As Croucher (2006) et al identified, overall studies indicate that "the very frail and those with sensory and cognitive impairments are often on the margins of social groups and networks"[49]. As Oldman (2000) states, "there can sometimes be a contradiction between what people want for themselves and what they think should happen to other residents who are becoming increasing frail or cognitively impaired"[50]. The potential exclusion of BME groups has also been identified in an evaluation by SAMAC,[51] which outlines the difficulties in integrating individuals into predominantly white British schemes. Their research describes the communications barriers between black and minority ethnic people and Registered Social Landlords, and the inability for mainstream schemes to always provide services from which they can benefit.

Evans and Vallelly (University of the West of England and Housing 21) conclude in their 2007 report that, for most tenants, the friendships they develop within ECH provide the focus of their social lives, and play an important part to their quality of life. This is reiterated in the same authors' literature review on best practice in promoting social wellbeing in extra care housing, ie that social networks and social interaction are important factors to quality of life and psychological and social well-being, and that organised activities provide the main opportunity for social interaction, particularly for residents in poor health who may not be able to go out very easily[52]. However, a minority of participants in their study are less integrated socially and report feelings of isolation and loneliness. The literature review found that people who are physically frail and/or cognitively impaired have lower levels of social interaction than other residents. The study found that men tend to be at greater risk

[46] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007). *Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation
[47] Coucher, K. et al. (2006). *Housing with care for later life*, Joseph Rowntree Foundation
[48] Evans, S. and Vallelly, S. (2007). *Promoting social well-being in extra care housing*, Joseph Rowntree Foundation
[49] Coucher, K. et al. (2006). *Housing with care for later life*, Joseph Rowntree Foundation
[50] Oldman, C. (2000). *Blurring the Boundaries: A fresh look at housing and care provision for older people*, Joseph Rowntree Foundation
[51] SAMAC. (1999). *Steps to understanding*
[52] Evans, S. and Vallelly, S. (2007). *Best practice in promoting social well-being in extra care housing – a literature review*, Joseph Rowntree Foundation

of social isolation[53]. Similarly, Croucher found that men are almost inevitably in the minority, and that more thinking is required in terms of activities and spaces that accommodate the preferences of male residents[54].

The most comprehensive evaluation to date is of the Joseph Rowntree Foundation (JRF) scheme, Hartrigg Oaks, in York. JRF schemes place a great deal of emphasis on user involvement, however the resulting evaluation showed that some occupants "reported feeling inclined to disengage with the resident participation process and wondered whether finding recruits to take seats on the Residents Committee would be difficult, as it was seen by some to be an onerous and relatively thankless task". Also views were mixed as to the extent to which JRF was able to take residents views into account, most felt that they were consulted, but that it was only realistic and practical to expect that the management would ultimately take the major decisions about the running of Hartrigg Oaks[55]. Overall, due to the limited availability of evidence it is difficult to conclude whether occupants feel fully engaged and involved in the delivery of their schemes. It is clear is that even when extra care schemes do provide opportunities for engagement, occupants do not always feel motivated or encouraged to get involved.

There are two contrasting models for organising activities – staff-led and tenant-led. Tenant-led activities offer advantages, including providing a sense of purpose for organisers and engagement with more tenants, but obviously depends on tenants being willing and able to take on this role[56].

There seem fewer studies of the continued engagement of occupants with the local community outside the scheme within which they lived, but what information there is suggests that this is not a common feature. The recent study by the University of the West of England and Housing 21 certainly suggested that being part of these wider community activities made life more stimulating and engaging for scheme occupants[57].

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

This review would conclude that the jury is still out on this question.

Extra Care provides an environment that can support other older people in the surrounding community through outreach

The White Paper clearly outlines the opportunities of the preventative role of extra care not just in improving health of occupants but also in delivering services to the

[53] Evans, S. and Vallelly, S. (2007) *Promoting social well-being in extra care housing*, Joseph Rowntree Foundation
[54] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007). *Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation
[55] Croucher, K. Pleace, N. and Bevan, M. (2003). *Hartrigg Oaks: Views of the UK's First Continuing Care Retirement Community*, Joseph Rowntree Foundation
[56] Evans, S. and Vallelly, S. (2007). *Promoting social well-being in extra care housing*, Joseph Rowntree Foundation
[57] Ibid

wider community[58]. It is evident from the examples of schemes which incorporate services for use by the surrounding community that there are a range of services which commissioners, providers and occupiers agree it makes sense to co-locate[59]. What are lacking are evaluations with people from the surrounding community who use the facilities located at some schemes, or who receive services delivered from them, of the overall effectiveness in meeting their needs and an assessment of what impact the development of the scheme has had on their quality of life.

Studies which touch on the impact of the location of community services at a scheme have tended to focus on their effect on existing occupants. Studies reviewed by Croucher et al, showed mixed views from occupants as to the desirability of allowing access to outsiders. She concludes that some occupants like having links with the community, while others preferred the scheme to be closed to outsiders usually on the grounds of security, but sometimes because the presence of a day centre or other facilities promote a more institutionalised feel[60]. More recent work by Hanson et al[61] seems to confirm that occupants of schemes do not always welcome use of 'their' amenities by those from outside the scheme. Sharing facilities with the wider community is evidently a controversial issue; Croucher found that many residents, expressed concerns about security and inconvenience. Nevertheless, this view was not universal, and others welcomed the opportunities for social contact that greater links with the wider community brought[62].

Overall, it seems that community resources attached to a scheme are not seen as a negative addition as long as the separation between a day centre and the living area is clear, and that success is often dependent on design and how such integration is managed. As the Housing LIN ECH Toolkit concludes, in developing such services it is important that they are not just co-located out of expediency, but are seen as being of direct benefit to occupants.

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

The jury seems to be out on this claim, and there do not appear to be enough sources available currently. Further studies would be valuable, looking at ECH in situ and undertaking evaluations with local community residents as to their contacts with the schemes and the outcomes achieved for them.

Extra Care enables the continued involvement of family carers

The review of UK literature provides evidence to suggest that so far models of housing with care have a valuable role to play in supporting carers to continue with their caring role. Oldman even suggests that what distinguishes Extra Care from

[58] Department of Health, (2005). *Our Health, Our Care, Our Say*, DH
[59] CSIP. (2006). *Extra Care Housing Toolkit,* Housing Learning and Improvement Network (LIN), CSIP, DH
[60] Croucher, K. et al. (2006). *Housing with care for later life*, Joseph Rowntree Foundation
[61] Hanson, J., Wojgani, H., Mayagoitia-Hill, R., Tinker, A. and Wright, F. (2007). *The Essential Ingredients of Extra Care*
[62] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007). *Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation

residential care is the role of relatives[63]. Several of the studies reviewed by Croucher draw attention to the advantages that housing with care provides carers especially in enabling family members to continue to give considerable support for older relatives, but at the same time allowing the responsibility for caring to be shared with others[64].

Individual evaluations of schemes provide further evidence. At Berryhill[65] more than 70% of occupants reported their family to be the most important source of support received by the occupants, and at the time of the study at Hartrigg Oaks,[66] 12 % of occupants were receiving care and support from their children, 23% from their partner, and 11% from neighbours. In Housing 21's survey into four of their extra care schemes, 70% of occupants had regular contact with family members. Such evidence of support and involvement of carers is consistently higher that reports into involvement of carers with occupants within long term care. The Wanless Review concludes that not only does ECH help to limit the splitting up of elderly couples when an elderly carer can no longer cope alone[67], but it also allows occupants and relatives the opportunity to share the responsibility of caring with others[68].

Studies also show that extra care can especially benefit the families of people with dementia. One study reported that family relationships were said to improve when people with dementia moved into extra care housing. Not only does it provide reassurance to relatives as there is someone on site to 'keep an eye' on things, but it also provides a more welcoming environment to visit and therefore visiting rates in extra care are higher than in residential care[69]. As a result of such increased involvement, Housing 21 has adapted its standard user involvement process to include relatives and other advocates. Usual tenant associations have been replaced by Tenants and Friends groups.

The ability for extra care to achieve such involvement and offer such support to carers has been greatly enhanced by the development of Assistive Technology and is highlighted in the Department of Health (DH) document, 'Building Telecare in England' (2005)[70] and the Housing LIN fact sheet (number 5), 'Assistive Technology in Extra Care' (2004)[71].

<u>Is the claim supported, is the jury out, or were insufficient sources identified during the review?</u>

This review suggests that there is reasonable evidence to show that extra care allows for the continued involvement of carers. However there is less evidence of the

[63] Oldman, C. (2000) *Blurring the Boundaries: A fresh look at housing and care provision for older people*, Joseph Rowntree Foundation
[64] Croucher, K. et al. (2006). *Housing with Care for later life*, Joseph Rowntree Foundation
[65] Bernard, M. et al. (2004). *New lifestyles in old are: Health, Identity and Well-being in Berryhill Retirement Village*, ECCT
[66] Croucher, K. et al. (2003). *Living at Hartrigg Oaks: Residents views of the UK's first continuing care retirement community*, Joseph Rowntree Foundation
[67] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund
[68] Oldman, C. (2000). *Blurring the Boundaries: A fresh look at housing and care provision for older people*, Joseph Rowntree Foundation
[69] Vallelly, S., Evans, S., Fear, T. and Robin, M. (2006). *Opening doors to independence*, Housing 21, Housing Corporation
[70] DH. (July 2005). *Building Telecare in England*, Department of Health Older People and Disability Division
[71] CSIP. (2004). *Assistive Technology in Extra Care Housing*, Fact sheet No. 5, Housing Learning and Improvement Network (LIN), CSIP, DH

direct benefits to the carer themselves, and future studies might usefully focus on interviews with carers as to their experiences.

Extra Care improves the quality of life of its occupants

In many ways the answer to this claim can be seen as a combination of the answers to the previous claims. Riseborough and Jones (2005), have developed a workbook for housing providers to assist them in assessing quality of life in specialist housing and residential care, but there have been no published evaluations to date which have used the methods proposed[72]. An evaluation of Hanover Housing's Fred Tibble Court (a dementia-specific scheme) also developed, and then used, some criteria of quality. This study concluded that occupants were experiencing a reasonable quality of life[73]. Reports that do exist mainly draw upon expressions of satisfaction and contentment to infer that housing with care offers a good quality of life. Those authors who do conclude that the schemes confer a better quality of life have based such judgements on occupant satisfaction, or whether occupants have felt their lives have improved since moving to the scheme[74].

Quality of life is a difficult concept to define as its meaning is both subjective and relative. For this literature review we accept Bowling's (1997)[75] statement that suggests that most definitions cover the following dimensions "functional ability including role functioning (eg, domestic, return to work), the degree and quality of social and community interaction, psychological well being, somatic sensation (eg, pain)and life satisfaction". The previous two sections of this literature review have focused on assessing the extent to which extra care can improve both wellbeing and social and community interaction and therefore this section will look purely at its ability to positively impact on life satisfaction.

Despite little robust quantitative evidence there are generally positive reports[76] of the quality of life experienced by individuals within extra care. Croucher's evaluation shows that there is a considerable body of evidence from across studies to indicate that one of the main advantages and most valued aspects of housing with care is independence and security that older people seem to particularly value[77]. The results of a study undertaken by Housing 21 showed that having independence was the most frequently cited "benefit of living in ECH. This can be seen as paradoxical as the majority moved there to have more support"[78]. The recent national 20:20 survey reported that 20% of those questioned said that the key benefit of extra care was independent living followed by 19% who welcomed the safety and security the schemes offered them[79]. Croucher concludes that overwhelmingly studies report that housing with care "offers a valued combination of independence and security and that 'there is also evidence that housing with care offers opportunities for

[72] Riseborough, M. and Jones, A. (2005). *Assessing Quality of Life in specialist housing and residential care*, Joseph Rowntree Foundation
[73] Institute of Public Care. (2005). *Evaluation of Fred Tibble Court*, Hanover Housing
[74] Fletcher, P. et al. (1999). *Citizenship and services in older age: The strategic role of Very Sheltered Housing*, Housing 21 Publication
[75] Bowlings, A. (1997*). Measuring Health*,Open University Press, 2nd Edition.
[76] CSIP. (2005-2007). *Housing Learning and Improvemement Network (LIN), Case Studies*
[77] Croucher, K. et al. (2006). *Housing with Care in later life*, Joseph Rowntree Foundation
[78] Phillips, M. and Williams, C. (2001) *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people*, Housing 21 publication
[79] Alladice, J. (2005). *20:20 A Vision for Housing and* Care, Hanover Housing

companionship and mutual support". Occupants themselves frequently extol the virtues of ECH in terms of its ability to provide a "combination of independence and security as well as opportunities for social engagement and an active life"[80]. As one occupant states, "the only difference to my own home is that we've got help whenever we need it"[81], and "I think probably you've got more freedom here… I mean once that door is closed, this is my own world really Extra Care values our privacy"[82]. This literature review found only one negative statement regarding the impact of extra care on an individual's independence within a study undertaken by the JRF, which drew attention to those who have moved into these schemes and have expressed reservations about perceived loss of freedom, and a small number who have indicated a wish to be looked after in a traditional care setting[83]. However as Oldman states, extra care has to be seen as one of a suite of options, and as such there will always be individuals who do not find themselves suited to the environment provided within extra care. As might be expected, Oldman reports that incidences of satisfaction were higher amongst those who had made the decision to move, rather than those individuals who made the move as a result of a crisis and felt that the decision not to remain in their own family home had been removed from them[84].

Does living in extra care provide occupants with dementia with good quality of life and the same feelings of independence and security? The recent longitudinal study undertaken by Housing 21 concluded that "extra care is working for the majority of people with dementia, extending their independence and providing a good quality of life, many of whom are old and additionally have complex health needs"[85]. However, it is important to note that there were some instances of tenants feeling isolated and lonely and experiencing difficulties in making friends. Overall the report concludes that dementia alone does not have a negative impact on a person's potential to live independently in extra care housing.

The report Citizenship and Services in Old Age, concluded that the model of extra care is consistent with a policy of enabling older people to continue living independently, or as independently as possible, in a non institutional setting[86]. The report sums up effectively, what appears to be almost total agreement on the perceived benefits of extra care in enabling its occupants to enjoy a good quality of life. "Extra Care enables the having of a flat that is one's home; having control over one's financial affairs; choice over lifestyle; the potential to live a life focusing on what one can do not on what one can't; the potential to learn new things and to have fun and maintaining old friendships and relationships with kin in the privacy of one's own home"[87].

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[80] Croucher, K. (2006). *Making the case for retirement villages*, Joseph Rowntree Foundation
[81] Phillips, M. and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people*, Housing 21 publication
[82] Phillips, M. and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people*, Housing 21 publication
[83] Joseph Rowntree Foundation. (October 2004). *From Welfare to wellbeing – planning for an ageing society*, Joseph Rowntree Foundation
[84] Oldman, C. (2000). *Blurring the Boundaries: A fresh look at housing and care provision for older people,* Joseph Rowntree Foundation
[85] Vallelly, S., Evans, S., Fear, T. and Robin, M. (2006). *Opening doors to independence,* Housing 21, Housing Corporation
[86] Fletcher, P. et al. (1999). *Citizenship and Services in Older Age: The strategic role of very sheltered housing*, Housing 21 Publication
[87] Latto, S. and King, N. (2004). *User involvement in Extra Care Housing,* Fact sheet no. 8, Housing Learning and Improvement Network (LIN), CSIP

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

This review suggests that there is currently reasonable evidence to support the claim that extra care housing supports a good quality of life.

Extra Care improves staff recruitment and retention in comparison to equivalent jobs in other care sectors

Providers of home care services, and of residential care, have suggested that they lose staff to Extra Care schemes as they are a more attractive environment in which to work. However, there is little evidence to support the claim that extra care improves staff recruitment and retention, although an evaluation of staff by Housing 21 does suggest that in general the carers seemed to appreciate the regular hours, the support of a wider team, getting to know the clients and remaining with them and the more enabling approach to care'[88].

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

Given the difficulties of recruiting sufficient care staff, this might well be an important element of provider decision-making around reconfiguring their services. However, there are insufficient sources of information, therefore the jury does seem to be out on this claim.

Extra Care offers a sustainable return on investment for commissioners, providers and occupiers

Studies show that there is a strong sense of institutional injustice amongst older people at having to sell their homes to pay for institutional care[89]. Extra care offers an alternative to this predicament, however detailed research on whether overall it is a cost effective option for occupants is lacking. Research is not conclusive but some reports do show that affordability may be an issue for those who are self-funding their own care – and have a lack of funding options available to them[90].

In terms of improving financial circumstances of older people, it appears that extra care meets the desire for older people to have control over their own lives, including the retention of financial control[91]. Financial security is further enhanced by the ability that ECH offers to shield equity. As Wanless states "a property-owner who moves into a care home may be expected to spend-down much of the value of the

[88] Phillips, M. and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people*, Housing 21 publication
[89] Askham, J., Nelson, H., Tinker, A., Hancock, R. (1999). *Older Owner Occupiers Perception of home ownership,* Joseph Rowntree Foundation
[90] Croucher, K. (2006). *Making the case for retirement villages*, Joseph Rowntree Foundation
[91] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund

former home whereas funds that are reinvested in an extra care unit will not be assessed in the current means tested regime"[92].

No research from private developers was identified during this review to determine their view of future investment opportunities. However, a clear indication of attractiveness and demand for such types of developments is the list of 2,000 people that signed up and indicated interest in recent Ryfields development. A similar development at Sheffield not yet on site already has a list of 4,000 people[93]. Demand for the future was also clearly illustrated in the recent 20:20 project which showed that over 85% of individuals questioned as part of the 20:20 project felt that in the future Extra Care will be viewed as an alternative to residential care[94].

In terms of the cost effectiveness for commissioners, in 2000 Oldman undertook an assessment of the different cost models. She highlights the difficulties in making generalisations especially when costs and services can vary from area to area, and some try to calculate cost transfers rather than economic costs. Despite the number of difficulties, her preferred model was the one put forward by Tinker in the 'Royal commission on the funding of long term care' (1999), which uses six vignettes as a model for cost analysis. Tinker concluded that for a given level of need, the costs of care in very sheltered housing are less than they are in ordinary housing, but that if housing costs are taken into account the apparent cost advantages appear to disappear. Tinker's model has been somewhat overtaken by the development of new funding streams such as Supporting People, and sources of capital funding such as the Department of Health or Housing Corporation.

Studies undertaken do suggest potential cost benefits from the Local Authorities' point of view. Evaluation of costs showed that when calculated on an hourly basis it is cost effective for social services to provide care at Runnymede Court rather than in the wider community[95]. The report concluded that overall the cost to the Exchequer of providing housing and care is lower in Runnymede Court than in the wider community at the self-funding end of the funding spectrum, but that the cost to the Exchequer is higher in Runnymede court than in the wider community for people at the public-funded end of the spectrum. Wanless agrees by stating that "when all income streams are taken into account, for those eligible for total support, it can prove more expensive for the state overall than a care home place". It is important to note that there are a large number of variables, not least the varying cost of home care and therefore it is impossible to generalise across the board. Lang and Buisson, in their annual review state that it is generally accepted that the cost of building and maintaining an extra care unit is higher than a single bedroom in a residential care home. However they urge caution in drawing any conclusions from this due to the fact that "there are early indications that very sheltered housing may reduce the incidence and duration of admissions to hospital; and that if this proves the case, it will generate significant savings for the NHS that should be considered when comparing costs for care"[96]. The report also agrees with the Runnymede Court evaluation, that from the viewpoint of self funders, extra care will probably be cheaper for less dependent people than a residential care home. The recent report into the Essential Ingredients of Extra Care also suggests more work is needed into

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[92] Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People* (Background Paper), Kings Fund
[93] Housing Learning and Improvement Network. (2005). *Housing LIN Newsletter*
[94] Alladice, J. (2005). *20:20 A Vision for Housing and Care,* Hanover Housing
[95] Baker, T. (October 2002). *An evaluation of an ExtraCare scheme, Runnymede Court, Estover, Plymouth*, Hanover Housing Association
[96]Laing and Buisson. (2005). *Annual Review*, Joseph Rowntree Foundation

the value for money that ECH represents compared to alternative models of housing and support[97].

Evans and Vallelly discuss the importance of providing facilities such as shops, restaurants, computer rooms, hair dressers, etc, in terms of maximising tenants' independence as well as offering places for social interaction. But, barriers to the provision of these include the difficulty of these businesses being able to remain economically viable, even though the study found that the "lack of an on-site restaurant can have a detrimental effect on the social well-being of tenants". Given the benefits to tenants' well-being and the long term sustainability of ECH, providers and commissioners should "consider innovative approaches to the provision of shops and restaurants, even if this means subsidising them". This could include developing incentives for local businesses to provide services within the schemes, consistent with one of the DH's eight steps to developing commissioning in its recent consultation, namely "bringing together local partners … to promote health, wellbeing and independence"[98].

Is the claim supported, is the jury out, or were insufficient sources identified during the review?

Croucher and colleagues' overall conclusions after surveying cost evaluations to date is that "as yet the evidence does not demonstrate that housing with care offers a cost effective alternative to residential care, or care in the home". It also confirmed the difficulties of arriving at an overview of cost effectiveness and the 'scant' amount' of evidence currently available. It further highlighted that one of the purposes of extra care is to provide a better quality of life, independence and autonomy and that, in order to fully understand and compare cost effectiveness, these issues need to be brought into the costing equation[99].

This literature review suggests that there is currently insufficient evidence on this claim and that the current evidence base would benefit from further research being undertaken around the following areas:

- The development of a new financial model which separates capital costs from other costs and takes into account the range of benefits and new funding streams that are now utilised in the development and delivery of ECH.

- An assessment of how affordable ECH is for different groups of individuals, and what are the most beneficial methods of payment.

[97] Hanson, J., Wojgani, H., Mayagoitia-Hill, R., Tinker, A. and Wright, F. (2007). *The Essential Ingredients of Extra Care,* The Health and Social Care Change Agent Team, Department of Health
[98] Department of Health. (2007). *Commissioning Framework for Health and Wellbing*, DH (Consultation document)
[99] Croucher, K. et al. (2006). *Housing with care for later years*, Joseph Rowntree Foundation

SUMMARY OF EVIDENCE FOR THE CLAIMS

Extra Care housing is able to:	Claim supported	Jury's out	Insufficient sources identified
Provide a home for life for its occupants		✓	
Improve the health and well being of occupants or the capacity to sustain health	✓		
Reduce social isolation of older people and encourage active engagement and involvement		✓	
Improve the quality of life of its occupants	✓		
Enable the continued involvement of family carers	✓		
Reduce or maintain levels of need for formal support and health services, reduce hospital admission and speed up early discharge.		✓	
Provide a realistic alternative to care home admission	✓		
Improve staff recruitment and retention and impact positively on the local market.			✓
Offer a sustainable return on investment for commissioners, providers and occupiers.			✓

WHAT MODELS OF SERVICE APPEAR TO BE MOST EFFECTIVE?

This section sets out findings from the literature review under the agreed headings. Conclusions are not always easy to draw, but where there is some consistency this has been summarised at the end of each section. As Karen Croucher et al found recently, "there appeared no single dominant model of housing with care that was most effective"[100].

Philosophy and outcome aims

Evaluation of Fred Tibble Court showed the creation of a culture or philosophy of the scheme to be a useful contribution to seeing the tenant as an individual first rather than a bundle of dementia symptoms[101].

The Extra Care Toolkit emphasises the importance of understanding who the scheme is for right at the early stages. For example, does it aim to offer a direct

[100] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007). *Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation
[101] Institute of Public Care. (2005). *Evaluation of Fred Tibble Court*, Hanover Housing Association

alternative to residential care, or create a balanced community suitable for older people with high level needs, or no needs at all?[102]

Type of scheme – tenure mix, user group mix (especially dementia), dependency mix, assessment and lettings system

Mixed tenure developments extend the accessibility of schemes to older people with a wide range of levels and types of income[103]. Studies indicate that the ability to ensure an integrated and balanced community is greatly contributed to by the mix of tenures available on a scheme and the scheme layout, "adopting more flexible approaches to tenure mix in order to achieve a balanced social mix"[104].

Tenure mix may assist in producing a demographic and social mix; it will not, on its own, ensure greater interaction between occupants. Policy makers and planners should consider the importance of the integration of tenures and also introduce a mix of property sizes and types, as elements in achieving greater social mix[105].

Schemes should make a distinction between permitting people who already exhibit dementia symptoms to move into a scheme, and encouraging occupants who develop dementia to remain in a scheme[106]. "The ability of specialist schemes to accommodate people with dementia over the full course of illness is much greater than mainstream extra care schemes, which may lack the capacity, expertise and resources to do so sufficiently"[107].

The ability to support an individual with dementia is greatly increased by an early move into a scheme, whilst they still have the understanding and capacity to develop relationships and adapt to new surroundings, albeit with support[108].

If a person who is already living in extra care housing develops dementia then it is more often possible for them to remain living in the accommodation[109].

Results from the enriched opportunities programme[110] showed that the following elements were required in order to deliver improved quality of life to occupants with dementia in Extra Care:

- specialist expertise;
- individualised assessment and case work;

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[102] CSIP. (2006). *Extra Care Housing Toolkit,* Housing Learning and Improvement Network (LIN), CSIP, DH
[103] Croucher, K. et al. (2006). *Making the case for retirement villages*, Joseph Rowntree Foundation
[104] Rowlands, R., Murie, A. and Tice, A. (2005). *Developer and purchaser attitudes to new build mixed tenure housing*, Joseph Rowntree Foundation
[105] Rowlands, R., Murie, A. and Tice, A. (2005). *Developer and purchaser attitudes to new build mixed tenure housing*, Joseph Rowntree Foundation
[106] Department of Health. (2004) .*The challenges of providing extra care housing to people with dementia*, Housing Learning and Improvement Network (LIN)
[107] Poole, T. (2006). *Wanless Social Care Review: Dementia Care (Background Paper),* Kings Fund
[108] CSIP. (2006). *Extra Care Housing Toolkit*, Housing Learning and Improvement Network (LIN), CSIP, DH
[109]Poole, T. (2006). *Wanless Social Care Review: Dementia Care (Background Paper),* Kings Fund
[110] Office of the Deputy Prime Minister. (2004). *Enriched Opportunities Programme*

- activities and occupations;
- staff training; and
- management and leadership.

The evaluation of Fred Tibble Court produced a number of 'acceptable standards'. These included that the tenant community should contain a balance of needs and frailties and have a social, gender and ethnic origin mix[111]. If only frail people are admitted, extra care is likely to be regarded as institutional in the future[112].

A reported number of successful schemes for minority communities across the UK, including the Sonali Gardens scheme in Tower Hamlets aimed at Bangladeshi and Asian elders. Over 80% of staff can speak Urdu, Sylheti or Bangla, and during Ramadan working hours are adjusted to allow for the fasting period[113].

At present there is not enough provision to enable choice in terms of scheme, and therefore as a result of such older people may enter schemes that do reflect or cater for their individual lifestyle or aspirations[114].

Success factors:

- Mixed tenure schemes[115]
- Mixed abilities
- Entry to schemes at earlier stages of dementia
- Expertise on dementia
- Language and culture to be appropriate to occupants

Design

Design is key; choose enlightened architects, consider the external and internal features etc, involve today's and tomorrow's older people in the planning and design. A high standard of design makes a positive contribution to public realm as well as responding to the functional design requirements – in particular amenity space, overlooking, daylight and visual impact, ancillary features, car parking, density, and sustainable construction[116].

Out of a list of twenty-five features, the recent survey 'The Essential Ingredients of Extra Care' ranked 'self-contained dwellings' and 'a homely feel to the building' as the second and third most important to the extra care housing model. It was definitely important for residents to have their own front door over which they have control, and for it to feel like 'living at home, not in a home'[117].

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[111] Institute of Public Care. (2005). *Evaluation of Fred Tibble*, Hanover Housing Association
[112] Alladice, J. (2005). *20:20 A Vision for Housing and Care,* Hanover Housing
[113] CSIP. (2005). *Developing Care for BME elders*, Housing Learning and Improvement Network (LIN), DH
[114] CSIP. (2006). *Extra Care Housing Toolkit*, Housing Learning and Improvement Network (LIN), CSIP, DH
[115] See the 'Steps to Success' survey report produced as part of the wider Raising the Stakes project. Mixed tenure was viewed by many scheme managers as of low priority in achieving success in extra care.
[116] Alladice, J. (2005). *20:20 A Vision for Housing and Care,* Hanover Housing
[117] Hanson, J., Wojgani, H., Mayagoitia-Hill, R., Tinker, A. and Wright, F. (2007). *The Essential Ingredients of Extra Care,* The Health and Social Care Change Agent Team, Department of Health

Successful schemes depend on the design being closely aligned to address the needs of the scheme's population; for example, if the scheme is for men, then more male orientated décor and activities[118]. Evans and Vallelly highlight how the layout and design of a scheme can impact on social well-being of tenants, and features that welcome friends and relatives should be incorporated[119].

In a recent study by the Kings Fund, the importance of space in schemes was highlighted, to ensure that people can have possessions around them and receive visitors or have friends and relatives to stay[120]. Space standards within the home were a particular concern of residents in some schemes evaluated by Croucher et al. The main message was that more space was needed for 'living', not just for 'functioning'[121].

Recent consultation by South Gloucestershire Council shows that the next generation will be especially influenced by the size of accommodation – most, if not all, prefer two bedroom properties. Current occupants of schemes also showed that the type of accommodation that was preferred overall was accommodation on one level with its own front door, preferably bungalows.

There should not be the presumption that older people need less space - a view that has been strongly challenged by older people. "All too often people are resigned to the fact that a reduction in space is inevitable but it is not always desirable".[122] Julienne Hanson suggests that the minimum is perhaps a home with three rooms that can be used interchangeably in the way that occupants have expressed; eg, for relatives to stay over, to entertain, etc, to allow for flexibility and choice.

The ILC report, 'Building our Futures' (2006) emphasises the importance of space and the local environment in providing suitable accommodation for older people. They agree that there is a largely erroneous assumption that people automatically require less living space as they age. In the policy debate the expression 'under-occupancy' is applied almost exclusively to older individuals or couples living in 'family' homes[123].

With a growing green market, more people are looking for their accommodation to be eco friendly, with alternative heating sources such as solar energy[124].

Robson et al developed a design primer to be used with extra care schemes . The underpinning approach is the belief that design can have a profoundly positive effect on the way in which older people live out their lives, especially those with additional care and support needs[125].

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[118] Alladice, J. (2005). *20:20 A Vision for Housing and Care,* Hanover Housing

[119]Evans, S. and Vallelly, S. (2007). *Promoting social well-being in extra care housing*, Joseph Rowntree Foundation

[120] Levinson, R., Jeyasingham, M. and Joule, N. (June 2005). '*Looking forward to care in old age', Working paper, Care services inquiry,* Kings Fund

[121] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007).,*Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation

[122] Hanson, J. (2005). *From sheltered housing to lifetime home: an inclusive approach to housing*, University College London

[123] Edwards, M. and Harding, E. (February 2006). *Building our futures: Meeting the housing needs of an ageing population*, International Longevity Centres

[124] Alladice, J. (2005). *20:20 A Vision for Housing and Care,* Hanover Housing

[125] Robson, D., Nicholson, AM., Barker, N. (1997). *Homes for the third age: a design guide for extra care housing*, University of Brighton/Hanover Housing Association

Specialist design of schemes for people with specific needs such as dementia – a Housing 21 study showed that this enabled fewer people to have to move on and lessened problems of wandering. However specialist wings/clusters can be problematic when only one of a couple has dementia, and also in deciding when to move occupants on to such wings.

Evaluations show that occupants welcome the existence of a restaurant and the flexibility it gave. Schemes with restaurants are praised as providing good quality meals. However some commentators feel the provision of meals moves a scheme towards being an institution and stops people from preparing their own food, thus constraining their independence[126], and that communal eating areas can have a negative impact by making the environment feel more institutional[127].

Retirement villages, due to size, are more able to provide barrier-free housing and with it associated autonomy. They are also able to offer a wider range of facilities and activities that are not care related which generate opportunities for informal and formal social activity and engagement[128 129].

Research seems to show that larger schemes require there to be a number of characteristics in place to make them work/viable on top of normal requirements, for example a level site near to transport, shops, other facilities, etc[130].

Larger schemes are thought to offer more opportunities to accommodate both fit and frail older people and thus allow the development of a ‘vibrant community’[131]. However, Croucher also states that larger schemes are often criticised as they can more readily be seen as ‘ghettos’, segregating older people from the wider community.

In rural areas, schemes which appear to be most effective are those which are small-scale and incorporate rooms for peripatetic health professionals[132].

Success Factors:

- Space in scheme and in each unit
- Specialist design for dementia

Service delivery model – including assistive technology

Separation of scheme management and care/support provision, or integration of scheme management and care/support provision - King finds that both models have

[126] Croucher, K. et al (2006). *Housing with Care in Later Life*, Joseph Rowntree Foundation
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[128] Croucher, K. (2006). *Making the case for retirement villages*, Joseph Rowntree Foundation
[129] Croucher, K., Hicks, L., Bevan, M. and Sanderson, D. (2007). *Comparative evaluation of models of housing with care for later life,* Joseph Rowntree Foundation
[130] Tetlow, R. (2004) *Planning for continuing care retirement communities: Issues and good practice*, Joseph Rowntree Foundation
[131] Croucher, K. et al (2006). *Housing with Care in Later Life*, Joseph Rowntree Foundation
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been shown to be successful and sustainable[133]. What is more important is that the way in which services are delivered is flexible.

People are looking for flexible and responsive support that people can opt into at different stages of their lives[134]. "The service element is integral to the extra care product and not an added extra"[135]. A recent survey on behalf of Colchester Borough Homes, indicated that the success of schemes is dependent on the ability for care and support to be adapted around the individual.

Studies show that care needs to be flexible. There may be periods when the increased care needs of a few individuals may require significant increases in carer input over relatively prolonged periods of time[136]. This was reiterated in the recent survey by Hanson et al (2007), 'The Essential Ingredients of Extra Care'; the feature ranked most highly by respondents to the survey was that of "flexible care, responsive to tenants' fluctuating needs"[137].

Service users have voiced that it is not so much just a matter of bricks and mortar, but the managerial culture and staff attitudes that can contribute to a development being non-institutional in style. Staff need to be enablers, enthusing occupants to lead as active a life as possible. They need to have skills and abilities such as being empathetic, a good communicator, patient and respectful[138]. Given the role they play within VSH, the attitude and approach of carers is vital to enabling independence and ensuring that tenants have control over their own lives[139]. Continuity of care is very important and therefore need to have solid staff base[140].

It is import to have training and guidelines that are specific to extra care; the Department of Health has been working with the Housing Corporation to develop a range of housing competencies in recognition of this[141]. Another point, noted by Evans and Vallelly, is that having a rigorous implementation policy of health and safety regulations may have a negative effect on the well-being and independence of tenants, for example the fear of injury can discourage staff from allowing free access to outdoor spaces[142].

A major contributor to the degree of flexibility of the onsite care service is the attitude of staff themselves. There was clear evidence in direct discussions with them and informal observations of them, that they do take a flexible approach to their work[143].

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[133] Shipley, P. and King, N. (2005). *An introduction to workforce issues in Extra Care Housing,* Fact Sheet No 9, Housing Learning and Improvement Network (LIN), CSIP

[134] Alladice, J. (2005) *20:20 A Vision for Housing and Care,* Hanover Housing

[135]Poole, T. (2006). *Wanless Social Care Review: Housing Options for Older People (Background Paper),* Kings Fund

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[140] CSIP, Housing LIN Technical Brief 1 , Care in Extra Care Housing, 2004

[141] Housing 21. (2006). *Stepping Stones to Independence*

[142] Evans, S. and Vallelly, S. (2007). *Best practice in promoting social well-being in extra care housing – a literature review*, Joseph Rowntree Foundation

[143] Ogilvey, H. (1999) *Evaluation of Fairfield Court*, Anchor

Assistive Technology adds to individuals' sense of security, ie, being able to contact someone in an emergency, and is recognised by older people as a preventative measure[144]. Assistive Technology has the potential not only to achieve cost savings, particularly in the management of acute conditions, but is a key component in the drive to allow people the choice of staying longer in their own homes[145].

Within extra care, telecare has the ability to provide a platform by which schemes can support not just the occupants of the scheme itself but also the people in need of care and support within the wider community through monitoring and /or a call out service[146].

Success Factors:

- Flexible care and support availability
- Continuity in care
- Positive attitude from carers
- Telecare can add security and length of stay[147]

Community role

Location is of considerable importance in the development of ECH and can mean the difference between a scheme and its occupants integrating and becoming part of the community, or remaining segregated and isolated[148].

Studies have shown that social activities are often slow to take off. Schemes that have hired a specific person with responsibility for organising activities an/or learning, etc, have found this of great benefit[149].

In his UK study of social interaction, Percival (2000)[150] highlighted the prominent role of gossip and the importance of creating informal areas for people to congregate to 'catch up'. The encouragement of mutual support, neighbourly activities and formal social activities, especially dining rooms, which have been described as the main social hub or social microcosms of different settings[151].

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[144] Alladice, J. (2005). *20:20 A Vision for Housing and Care,* Hanover Housing
[145] House of Commons. (2002). *Delayed discharges, third report*, The Select Committee on Health.
[146]CSIP. (2006). *Extra Care Housing Toolkit*, Housing Learning and Improvement Network (LIN), CSIP, DH
[147] See the 'Steps to Success' survey report produced as part of the wider Raising the Stakes project. AT was viewed by a number scheme managers as of relatively low priority in achieving success in extra care.
[148] CSIP. (2006). *Extra Care Housing Toolkit*, Housing Learning and Improvement Network (LIN), CSIP, DH
[149] Phillips, M and Williams, C. (2001). *Adding Life to Years: The quality of later life in sheltered and very sheltered housing: The voices of older people*, Housing 21
[150] Percival, J. (2000). *'Gossip in Sheltered Housing: its cultural importance and social implications'*, Vol 6, No 4, pp5-7, Ageing and Society
[151] Stacey-Konnert, C. and Pynoos, J. (1992). *'Friendship and social networks in a continuing care retirement community',* Vol. 11, No. 3, pp. 298-313, Journal of Applied Gerontology and Perkinson, M.A. and Rockermann, D.D. (1996).*'Older women living in a continuing care retirement community: marital status and friendship formation',* Vol. 8, No. 3/3, pp. 159-77, Journal of Women and Aging and Williams, A. and Guendouzi, J. (2000). *'Adjusting to "the home": dialectical dilemmas and personal relationships in a retirement community',* Vol. 50, No. 3, pp.65-82., Journal of Communication

Across studies reviewed by Croucher et al, a consistent view from occupants was the importance of not being forced to take part in activities and social events and when to withdraw. Evidence has shown the importance of involving occupants in the design of activities due to the differences in needs of occupants – eg, young and old, fit and frail.

There is a much wider range of different occupant-led interest groups in retirement villages compared to smaller schemes and occupants benefit from a wider pool of people from which to draw friends and companions. The same study showed that in larger schemes there is greater solidarity in ageing, with older people making organised responses to difficulties being experienced by individuals[152].

Success Factors:

- Space and attention given to activities

Funding and value for money

Croucher's review of retirement villages concludes that retirement villages can help address the current shortage of homes suitable for later life, by developing housing that is purposefully designed to meet current and future needs of older people as well as releasing significant numbers of under-occupied properties for use by the wider community[153].

[152] Croucher, K. et al. (2006) *Making the case for retirement villages*, Joseph Rowntree Foundation
[153] Croucher, K. et al. (2006) *Making the case for retirement villages*, Joseph Rowntree Foundation

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