The Future of Extra Care

Ann Netten

SPARC-CCC Workshop
26 January 2006

PSSRU
at the University of Kent at Canterbury,
the London School of Economics
and the University of Manchester
PSSRU Research Programme
Housing & Care of Older People

Robin Darton, Laura Dawson, Ann Netten, Ann-Marie Towers, Jacquetta Williams

To investigate the implications and potential of current developments in housing and care for the welfare of older people and the efficient use of resources
Programme Activities

- Surveys of care homes and residents
- Literature search & stakeholder consultation
- Tracking Extra Care housing provision & developments
- Control and sense of home in care homes and Extra Care
- Evaluation of DH Extra care housing initiative
- Housing and Care research network
The Future of Extra Care

- Context and characteristics
- Early results of ongoing research
  - Current developments
  - Residents’ perspectives
- The Future
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats
Demographics and demand for care

- Rising numbers of older people
- Levels of impairment
- Informal care supply
- Projected increase for care home places based on demographic changes
  - 1995-2031 64%
  - 2000-2020 23%

Other factors affecting demand

- Central government policies
  - Overall policy direction
  - Funding boundaries

- Local government policies
  - Commissioning policy and practice

- Performance of NHS and prevention services
- Housing stock
- Changing expectations
Social care policies

- Independence
- Maintain in own home wherever possible
- Value for money
- Choice
- User led services
- Protection
- Raising standards
- Use of NHS resources
ADL problems among residential home admissions
Trends in social care of older people

![Graph showing trends in social care of older people over the years 2000/01 to 2004/05, with data for care homes and home care indicated by red and blue lines respectively.](image-url)
Independence, Well-being and Choice

- Improved health
- Improved quality of life
- Positive contribution
- Choice and control
- Freedom from discrimination
- Economic well being
- Personal dignity
Housing and older people

- Shortages in social housing
- Use of housing stock by older people
- Unsuitable housing stock
- Lifetime Homes
- Difficult to let sheltered housing
Extra Care and Government Policy

- Widely cited in policy documents
  - NSF for Older People (2001)
  - Quality & Choice in Older People’s Housing (2001)

- Target (2002)
  - 50% increase in places 1997-2006

- DH funding
  - £87m for 1,500 places 2004-06
  - £60m for 2006-08

- Housing Corporation funding
  - 2003 £93m for 45 schemes
Distinctive/ Desirable features of Extra Care (1)

- Own front door to self contained unit
- Tenant/leaseholder
- Accessible buildings with AT/SMART
- Communal facilities
- Local amenities
- Domestic support
- Meals/ catering services

Lancashire Extra Care Toolkit
Distinctive/Desirable features of Extra Care (2)

- Home for life
- Keeping couples together
- 24 hour care
- Flexible individual levels of care
- Promotion of independent living
- Culturally sensitive provision
- Mixed/balanced communities

Lancashire Extra Care Toolkit
Characteristics

- Multiple objectives
- Multiple agencies
- Multiple streams of funding
- Dispersed social costs
- High expectations
Models of Extra Care

- **Design**
  - Small housing development
  - Small village
  - Block of flats
  - Group of bungalows with resource centre

- **Facilities**
  - Lounges, meeting rooms, hobby rooms, gyms
  - Restaurant facilities
  - Assisted bathing, laundries

- **Care**
  - Joint or separate provision of housing and care
  - Dedicated team or variety of providers
  - On site or off site night cover
### Sheltered and Very Sheltered Housing, England, 2000

<table>
<thead>
<tr>
<th></th>
<th>Local authority</th>
<th>RSLs</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered</td>
<td>246,300</td>
<td>181,600</td>
<td>-</td>
<td>427,900</td>
</tr>
<tr>
<td>Very sheltered</td>
<td>7,600</td>
<td>12,600</td>
<td>-</td>
<td>20,200</td>
</tr>
<tr>
<td>Total</td>
<td>253,900</td>
<td>194,200</td>
<td>51,400</td>
<td>499,400</td>
</tr>
</tbody>
</table>

Source: Housing Investment Programme returns, 2000
Extra Care Housing

- 2003
  - 596 schemes
  - 21,000 dwellings

- 2005
  - 711 schemes
  - 26,300 dwellings

- 19% increase in schemes
- 25% increase in dwellings

Source: DH/EAC, Extra Care Housing Directory
Benchmarking Extra Care

- Levels of provision, plans, barriers and opportunities

- Telephone interviews with SS and Housing

- 16 LAs contacted

- 13 LAs spread geographically and by type
  - 4 London, 4 Shire, 3 Met, 2 Unitary
Definition of Extra Care

- Self-contained accommodation
- Care and support available 24 hours a day
- Security of tenure
- Includes communal facilities
  - lounges, dining room, assisted bathrooms etc
Definition

- General agreement on overall definition

- Tightening definition of 24 hour care
  - On site or working towards
  - Care staff
  - Usually sleeping
Levels of provision

- In 12 LAs 98 schemes on EAC database
- 52% meet definition
- 61% allowing for additional schemes
- Estimated total provision in England
  - 435 schemes
  - 16,100 dwellings
- >370,000 care home places
- 17% planned increase in schemes
Specialist provision

- **Dementia**
  - 7 of 9 LAs had some provision
  - Integrated non-specialist accommodation

- **BME**
  - 8 of 9 had some provision
  - Only one specialist scheme

- **Intermediate care**
  - 6 of 9 LAs had some provision
Private sector

- Very little current provision
- Lack of information
- Developing interest
- Profit levels
  - Alternative development potential (especially London)
  - Wealthy end of the market
Aims in developing Extra Care

- **Strong agreement**
  - Increase overall social care provision
  - Reduce use of care homes
  - Response to high costs of care homes
  - Response to demographic pressures
  - Prevention of hospital admissions
  - Independence/choice/well-being outcomes

- **Others**
  - Affordable housing
  - Reduce dependency on extensive care packages
  - Promote use of assistive technology
Philosophies

- Home for life
- Maximise independent living
- Mixed communities
- Others:
  - Avoid residential care
  - Enable people to remain within community
  - Increased security for older people
  - Develop local networks to integrate in community
Partnerships and Expectations of Extra Care

- **Housing**
  - Redevelopment/replacement of sheltered housing
  - Housing agenda

- **Social care**
  - Alternative to residential care
  - Social care agenda

- **Health**
  - Use of hospital beds
Housing and SS partnerships

- Shared philosophies
- Good information
- Joint planning
- Joint assessment
- Little joint documentation
  - Only SS thought this a problem
Barriers

- Lack of appropriate sites
- Capital funding
- Revenue funding
Most helpful factors

- Good will and expertise of care agencies and RSLs
- SS vision and direction in promoting independence
- DH funding
- Partnerships between housing and SS
- Positive feedback from service users
Early issues in ECHFI

- Enthusiasm!
- Future proofing design
- Economics of meals provision
  - Subsidies
  - Scale
  - Workforce
- Management of resources when people improve
- Registration and regulation
Tenure

- Increased emphasis on mixed tenure
- Rising levels of home ownership
- Self-funded residents of care homes
  - Resentment of selling home
- Limited private schemes
- Mixed tenure
  - Practicalities of managing excess demand?
  - Building a community?
Control study

- Sense of control and home in care homes and extra care housing
- 80 residents in each setting
- Face to face interviews
- Fieldwork in final stages
“I wish all elderly people in residential homes could live somewhere like this, where help is on hand if needed but your independence and privacy is respected. My independence makes my life worth living”

“I am 100% happy with our decision to come here and with the quality of life and services provided for us”

“I feel very lucky to be living here in this lovely place”
But...

“Some carers can be impatient and brusque with me if I don’t fit in with their plans. They can be quite patronising. I definitely don’t want to get ready for bed at 7pm!”

“I enjoy my own company...which is just as well as my own company is all I get for most of the day”

“...don’t feel at home here...would rather die”
Key issues for residents

- Extra care does not suit everybody
  - Some miss communal living rooms in care homes
  - Some people want to be looked after
  - Cohort effect among men?

- Problems with meals
  - Not using kitchens
  - Lack of fresh food

- Misunderstandings?
  - Fears about having to move to a care home?
  - Health and personal care – who can do what
Key issues for residents

- **Design**
  - Kitchens not w/ chair accessible
  - Location of laundry rooms
  - Small rooms

- **Location**
  - Not close to amenities

- **Care**
  - Quality – flexibility, reliability and respect
  - Choice?
    - “You have to make the best of it”
Strengths

- Fulfils wide range of policy objectives
- Widespread enthusiasm and commitment
- Fits in with older people’s aspirations
- Partnerships working well
- Growing consensus on definitions
Weaknesses

- Low base of provision
- Equity implications of shift from targeted services
- Long-term commitment of resources
- *Not* a panacea for all groups
- Quality of care variability
- Meals
- Choice in practice
Opportunities

- Central government commitment
- Growing demand
  - Older population
  - Increased home ownership
- Private sector interest
- Flexible approaches to private/public provision and tenure
- Future proofing of designs
Threats

- Costs and affordability
  - Capital and revenue funding
  - Costs of remodelling
  - Total social costs
  - Lower contributions than from care home residents
  - Economic viability of schemes

- Implications of funding shortages
  - Quality of design
  - Quality of care

- Suitable sites – size and location

- Regulation

- Workforce
Conclusions

- Rapidly developing area of provision
- Tremendous potential for welfare
- Very small base
- Economics of provision likely to dominate what develops in practice
- Equity – who gets Extra Care?