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Creating the asset base – a review of literature and policy on housing with care

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Introduction

The role of housing with care in ageing societies

There is a pressing need to consider the interplay of housing, health and care and the consequent impact of these factors on our ageing population. Recent government policy has emphasised the importance of integrated service delivery and provision (DH 2013). This is particularly relevant when considering the growing numbers of older adults who can be at risk from isolation, health problems and often in need of care and support (DCLG, 2008; WHO, 2007). The ageing of our populations means that the provision of sufficient and appropriate housing for older people has become a policy priority. With older people wanting to 'live well at home by remaining independent and in control of how and where they live their lives' (Counsel & Care, 2001 p.7), housing with care has become an increasingly popular option in the UK during the past 30 years. In addition, governments are encouraging older people to 'downsize' to retirement housing in order to increase the supply of larger homes for families.

However, the development of housing with care for older persons in the form of extra care housing and retirement villages has been slow in the UK compared with other countries such as Australia and the USA. It is estimated that there is a gap of around 25% between the demand for specialist housing or registered care places and the supply (HousingLIN/EAC 2013). This represents approximately 240,000 specialist housing units or care home places in England alone, a gap that is likely to grow given the rate of population ageing.

A poll for Shelter conducted in February 2012 noted that 'more than a third of older people are interested in the idea of retirement housing' but further noted that 'if levels of demand for retirement housing remain constant, supply will have to increase by more than 70% in the next 20 years'(Hughes, 2012, p6.).

This paper reports on a review of the UK and international literature that was carried out as part of a project exploring the commissioning and delivery of social care housing with care for older persons. Key themes include the diverse range of models of housing with care, the benefits for residents, how the care is provided and the importance of the built environment. The paper also considers housing with care in the context of UK policy and practice. It concludes by considering the implications of the review for the future of housing with care in the UK and identifying gaps in the research literature.

About ASSET

The ASSET project (Adult Social Services Environments and Settings) is a collaborative project funded by the National Institute of Health Research (NIHR) School for Social Care Research. The project, aims to explore how Adult Social Care is commissioned and delivered in housing with care for older persons in England. Following the literature review report here, the project has carried out a survey of commissioners and in-depth case study work at a number of housing with care schemes.

Methods

The peer literature review process used a range of academic databases as well as government and third sector websites and hand searching through relevant social care and housing journals for all material published from 1990 to 2012. The review focused on UK literature but also included international literature written in English where it was thought to add useful perspectives to the topic being addressed. Search terms including 'social care',' extra care housing' and 'retirement villages' made the process relatively straightforward for UK literature but differences in the terminologies used to describe housing with care in relation to international studies presented new challenges. For example, terms such as 'assisted living'; 'retirement villages'; 'independent living'; 'elderly housing'; and 'service housing' are often used interchangeably and with no clear definitions.

In addition, a search of UK policy and practice literature was conducted across a range of sources including Central & Local Government, the National Health Service, housing providers, the Housing Learning and Improvement Network, consumer campaigning organisations, policy & research organisations and professional bodies. Seventy five policy and practice documents relevant to the study were identified.

Findings

Despite being a relatively new form of provision, housing with care for older persons comes in many forms and goes by many names, across various countries. Howe et al (2013) identified over 90 terms that have been used in the literature from the UK, the United States of America, Canada, Australia and New Zealand to describe 'forms of accommodation built specifically for older people and in which the housing provider took responsibility for delivery of one or more types of support and care services' (page 548). Our review also found a diverse and confusing terminology in use across Europe. The more common labels nomenclature included 'service housing',' senior housing ', 'special

housing' and 'assisted living'. For the purposes of this literature review, our focus was on retirement villages and extra care housing. Much has already been written about the nature of housing with care in the UK. For example, Riseborough and Fletcher (Housing LIN, 2003) suggested 3 key features: being primarily housing and not an institution; supporting ageing in place and promoting independent living; sometimes incorporating services for intermediate care and rehabilitation. King (2003) identified a range of defining characteristics including self-contained flats or bungalows; the incorporation of design features and assistive technology to facilitate independence; the provision of flexible packages of care in each resident's own accommodation; and the availability of 24 hour care and support.   In the wider European context, the term Group Orientated Housing is used in Germany to refer to a form of housing chosen by people who do not wish to go into nursing carer but can no longer be cared for in their own home. This type of housing provides many of the features we associate with extra care including single, private accommodation with communal areas and staff on hand, night and day to assist with care giving and everyday tasks (www.isa-platform.eu).

In this article, we report on the peer reviewed literature for two main forms of housing with care for older persons: extra care housing and retirement villages. Our findings are presented within 3 main themes that emerged from our analysis: how care and support is provided; the role of the built environment; and the benefits for resident wellbeing. We then consider these themes in the context of recent UK government policy.

Care and support

Our review found a paucity of literature focusing specifically on care and support in housing with care for older persons , particularly in terms of how social care is delivered. To this extent, it provided reassurance of the potential of the ASSET project to produce new and useful evidence. However, several articles did present some useful and interesting conclusions about the nature and effectiveness of care provision in broader terms. For example, Wright et al. (2010) reported that on average the care needs of residents were reduced after moving into extra care housing. They also highlighted a lack of information about care provision and differences in types of services available, making it difficult for professionals, older adults and their families to assess the value of extra care housing as an option. This study also explored a range of differences between schemes in terms of the care provided. For example, the exact nature of 24 hour care provision varies considerably and for some schemes this means a sleep-in carer at night. This would be problematic for someone who regularly requires attention at night, who might find a care home more suitable. Similarly, not all

extra care schemes have communal dining areas and an older person who has become lonely at home might not find the levels of social interaction that they desire in a scheme that lacks this facility.

Reporting on a study carried out in continuing care facilities in Canada, Keating et al (2001) identified three main factors thought to improve the practice of client-centred care: having choices about models of care; appropriate staffing levels and training; and recognition of family contributions. An Australian study considered the support received by older adults in a retirement village compared to that received by older adults in the community, finding that those in retirement villages were more likely to pay for support and experienced less direct contact with family members than those living in the community (Buys et al, 2006). However, it is important to bear in mind the possible influence of different geographies and cultures. Studies in the UK report that some older people move to retirement villages to be nearer to their grown up children (Croucher et al. 2006; Evans 2009).

The ability of housing with care for older persons to accommodate residents from across a spectrum of care needs, sometimes referred to as' from fit to frail', is also a recurrent theme in the literature. For example, several authors report concerns among 'fit' residents about the proportion of other residents who they perceive to be 'frail' (O'Malley and Croucher, 2005; Callaghan et al, 2008). The challenges of achieving physical design that meets the needs of residents with a range of abilities has also been highlighted (Orrell et al 2013). Such debates are particularly relevant to extra care schemes, where local authorities often have some nomination rights and the aim is to cater for a balance of care needs. This is increasingly a factor in the context of financial pressures and the fact that many local authorities can only fund people with substantial care and support needs. At the same time, there are questions about how far extra care can provide an alternative to residential care (Darton et al, 2012).

One area of increasing interest in the literature is the ability of housing with care to support people with dementia, particularly at different stages in the disease. For example, Means and colleagues (Means et al, 2006) concluded that extra care housing can promote a good quality of life for people with dementia, while also identifying three issues that require particular consideration: access to health care, training of staff and providing a sufficiently stimulating environment. Quality of life amongst older adults with middle to late stage dementia was found to be the same or better in assisted living environments compared to long term care centres (Reimer et al, 2004).

Specific programmes to support people with dementia in extra care housing have been developed and evaluated (Brooker et al, 2011), producing evidence of the Enriched Opportunities Programme (EOP) to maximise dignity and independence for people with dementia. This initiative adopted an inclusive approach to supporting people with dementia that included specialist staff, leadership, staff training, individualised care-work, community liaison and the provision of appropriate activities. The authors reported that those receiving the service were less likely than residents in other sites to move to a care home or to be admitted to a hospital inpatient bed. They were also more likely to be seen by a range of community health professionals. They concluded that the EOP had a positive impact on the quality of life of people with dementia in well-staffed extra care housing schemes.

However, there remains a lack of good evidence for the relative merits of different models and designs of extra care, the provision of end of life care, and comparing segregated and integrated models of supporting people with dementia (Dutton, 2010).

The role of the built and natural environment

During the past ten years there has been increasing interest, both nationally and internationally, in the role of the environment in supporting older people to remain independent. This emphasis is reflected in the housing with care literature and has been succinctly summarised by Utton (2009), who stated that 'an impairment becomes a disability only when the built environment does not compensate for impairments' (p.380).

Torrington (2006) had previously highlighted the role of architecture in promoting quality of life in care homes and extra care housing settings, suggesting that a more creative approach to the management of buildings would enhance the well-being of residents. Quality of life was shown to be poorer in buildings that prioritise safety and health while buildings that support activity positively by providing effective assistive devices, giving people control of their environment and affording good links with the community have a positive association with well-being.

The role of architecture in relation to care giving practices has been considered in Sweden where it was noted that these can shape each other (Nord, 2011a) and furthermore that individualised care practices can improve privacy for residents (Nord, 2011b). A study of 23 extra care schemes found significant associations between several aspects of building design and quality of life, a relationship that was partly mediated by the dependency of participants and scheme size (Orrell et al, 2013). The same study also highlighted the importance of outdoor spaces to residents, including gardens, balconies and courtyards, because they provide additional space as well as opportunities to take

part in activities such as gardening (Barnes et al 2012). Findings from this study informed the development of EVOLVE, a useful tool for evaluating the design of older people's housing (Torrington et al, 2010). The importance of external design is also evidenced in the I'DGO project (Ward Thompson et al, 2012), which produced detailed guidance on age-friendly design of streets and parks including seating, bus stops and pedestrian crossings (www.idgo.ac.uk/about_idgo/index.htm).

The emphasis on the importance of design also features in the government-supported Housing Our Ageing Population: Panel for Innovation (HAPPI) programme (Homes and Communities Agency, 2009) and the follow up report, Housing our Ageing Population: Plan for Implementation (All Party Parliamentary Group on Housing and Care for Older People, 2012), which established how new build specialist housing can meet the needs and aspirations of older people and drew widely on innovative design examples from across Europe and a review of the take-up of HAPPI. Publications from the HAPPI's initiative emphasise the possibilities offered through innovative design of housing and neighbourhoods and the importance of space, light and accessibility. There is also an emerging literature focusing on the age-friendliness of housing with care settings, including the extent to which they support connections with the wider community (Bernard et al, 2012).

Resident wellbeing

A key issue in considering the impact of housing with care for older persons is of course how it affects the quality of life of residents. Several research studies have focused on the views and experiences of housing with care residents in order to explore this issue. Residents consistently express high levels of satisfaction with housing with care settings. For example, a study of Hartrigg Oaks retirement village found that 83% of residents were satisfied or very satisfied (King 2003). Various studies have identified a range of advantages of living in housing with care schemes as reported by residents including security, privacy, the availability of flexible care and support, independence and control, access to amenities and social activities, lack of responsibility for property maintenance and low levels of crime (e.g. Darton et al, 2011; Burholt & Windle, 2007: Shipley, 2003).Several studies have explored the potential of extra care housing to reduce loneliness and isolation for older people. A report by the International Longevity Centre (Kneale, 2013) highlighted the potential of extra care to enhance the social lives of residents and help them to develop new friendships. Evans and Vallelly (2007) identified six key factors that can maximise social wellbeing in extra care housing: opportunities for social interaction; connecting with the wider community; good design and location; the involvement of family carers; staff training and cultures of care; and the provision of appropriate facilities.

The importance of social interaction in promoting a sense of identity and belonging, and therefore contributing towards a good quality of life, emerged from studies across different types of retirement housing in several countries including a mixed tenure retirement village in England (Evans, 2009), an aged care community in Australia (Horner and Boldy 2008) and retirement villages in New Zealand (Grant 2007). This has led several authors to consider the extent to which such settings deliver on their claims to be 'communities'. Focusing on their study of Berryhill retirement village, Bernard et al (2012) concluded that the concept of a cohesive retirement community based on consensus is an unrealistic ideal. In their article on the role of community in later life, Means and Evans (2012) draw on a range of evidence including a study of a retirement village in concluding that while communities of interest play a growing role in the lives of many older people, it is not helpful to view them as the present-day alternative to communities of place. Instead they suggest it is important to explore the complexities of how the two interact and overlap.

Despite this body of evidence in support of the benefits of housing with care for older persons, some studies have also highlighted its limitations. These include its ability to support people with more advanced dementia (Evans et al. 2007; King 2003), social isolation of the most frail residents (Petch, 2007) concerns that men are not so well supported as women (Peace, 2004), and tensions between those from different socio-economic backgrounds (Evans, 2009).

Discussion: the UK policy context

In this section we consider the findings from the literature review in the context of UK government policy under two themes; care and the built environment.

In broad terms, housing with care meets the long standing UK government policy aim of meeting individual's needs within the community, in people's existing homes or within specialist housing provision, rather than in institutional settings. Added urgency has been brought to this agenda due to both the financial crisis and the longer term ageing of our population.

There is good evidence from the literature that housing with care has synergies with the personalisation agenda that has been a longstanding theme of care policy, both in the UK and elsewhere. Consumer choice and control lies at the heart of the flexible care packages that are found in housing with care, based on the individual needs and preferences of residents, and increasingly through a range of providers.

The suitability of housing with care for people with dementia has also been the subject of considerable debate, partly in response to a range of policy drivers. Both the National Strategy *Living Well with Dementia* (Department of Health, 2009) and *The Prime Minister's Challenge on Dementia* (Department of Health, 2012) highlight the need for high quality, expert care to be delivered either in care homes or within a person's own home, for housing to be prioritized and for the creation of dementia-friendly communities and cities. A recent report from the Alzheimer's Society (2012) noted that much of existing housing is poorly suited to the needs of older people and people with dementia in particular. Amongst their recommendations they called for greater choice of housing options and tenures available, including mainstream and specialist housing. The literature reaches mixed conclusions about the suitability of housing with care for people with dementia, particularly in the more advanced stages, and calls for more research.

The broad aim of Government policy is of course to improve quality of life for its citizens. In terms of housing for older people this has often been addressed through a focus on its potential to support personalisation, independence and prevention. As more of their clients' needs and preferences are met by housing providers, the quality of life for individuals can improve and the necessity for intervention may be reduced. The move towards self-directed care has been a core component in focusing care on the 'individual and their wishes, rather than the service-based and prescriptive approach that has previously dominated provision' (Help the Aged, 2008, p2).

The use of personal budgets as part of this approach can empower individuals to take control of their lives, affording flexibility, choice and ownership of services rather than being passive recipients of the process (Alzheimer's Scotland, 2010). However, implementing a personalised approach in housing with care is not necessarily straightforward. For example, there is often limited choice for older people who want to move to both specialist and alternative mainstream housing, in terms of tenure, location, size, affordability and type of care or support (Pannell et al, 2012). Similarly, while the goals of personalisation should lead to better universal services, prevention, social capital, control and choice in reality the majority of an older adult's individual budget may well be spent on high care needs leaving little surplus for leisure activities and supporting wider social well-being (Glendinning et al 2008).

UK government policy has also emphasised the role of the built environment in promoting independence for older people. For example, Lifetime Homes, Lifetime Neighbourhoods (DCLG, 2008), which presented the first coherent housing strategy for older people, recognised the importance of designing housing with ageing in mind, including the need to build adaptable 'homes

for life'. Adequate space was also identified as essential to accommodate visiting family or a carer and to provide good storage.

Moving beyond the immediate home, the strategy called for older people's housing to provide access to green, private space, and a safe neighbourhood, as well as housing that is accessible to good local transport, facilities and amenities. The importance of the built environment is also reflected in the latest National Housing Strategy for England (DCLG, 2011). The potential of housing with care to deliver in this respect is evidenced in the literature as reviewed above and also considered in the HAPPI reports (HCA 2009; APPG 2012). This work provides a series of detailed recommendations for designing housing to meet the needs and preferences of older people including providing adequate storage, promoting internal circulation, maximizing natural light and connecting with the local community. However, such approaches contradict recent Government moves to encourage 'downsizing' by older people in order to increase the supply of family homes (DCLG, 2011). The picture is complicated further by a shortage of suitable housing for older people to move to, as recognized in the Government Housing Strategy (DCLG, 2011).

Integration, prevention and the shaping of local care services has been seen as part of a drive towards integration of housing, health and social care (Swan, 2012). This was underpinned with up to £300 million administered by the Homes and Communities Agency and Greater London Authority to be invested in specialist housing over the next five years giving greater choice in housing options for older people and disabled adults (Department of Health, 2012).

Conclusion

This paper has reported on an emerging body of peer reviewed and grey literature of relevance to housing with care for older persons. The scope and depth of this reflects a growing recognition of the importance of housing, care and support to increasing numbers of people who are living longer and aspire to enjoy an active retirement. Where we live is crucial to our independence, dignity, health and well-being. In the face of a rapidly ageing population and cuts in many services, society must look to housing as being the key to delivering quality of life for older adults.

We have also explored the extent to which housing with care contributes towards the aims of government policy in England. The main policy focus in this area is twofold: managing the increased financial burden of a growing population of older adults through more innovative housing initiatives that support the aspirations of older adults, restore the sense of community and provide more financially viable alternatives to traditional models of care; and maximising quality of life for older people by providing choice and control in terms of their housing and care options. The evidence

base suggests that housing with care is in a strong position to deliver on most if not all of these aspirations.

However, as a relative newcomer to the housing market, housing with care, under the auspices of extra care housing and retirement villages, has a multitude of models under one umbrella with seemingly no single mode of delivery. With such diverse interpretations of flexible care, how are commissioners and providers to know which is the most beneficial to the individual and the most cost effective? Our review identifies a range of criteria that could contribute towards a typology. These include:

- The housing and care provider relationship
- building type, layout, size and location;
- facilities and activities
- tenure and letting policy
- structure – the capacity of the facility to provide care
- process – how the facility delivers care
- resident case mix – the proportion of residents who are functionally dependent

Despite a growing literature both in the UK and internationally exploring the characteristics and benefits of housing with care for older people, substantial gaps remain in the research evidence. For example, many local authorities are replacing their own care homes with extra care housing schemes not only because of a perception that they can support a better quality of life, but also because of a belief that they can do so without any additional cost to the public purse. However, despite the importance of cost effectiveness to the role of housing with care as an alternative to more institutional forms of care and support, our review found very little peer reviewed literature focusing on the costs of housing with care options. One of the few relevant studies found that the overall cost per person increased after a move to extra care housing scheme, but suggested that this increase was associated with improved social care outcomes and improvements in quality of life (Bäumker et al 2010). Higher costs in extra care appear to be associated with a range of factors including the presence of a long standing illness, higher levels of physical and cognitive impairment, separate housing management and care services and higher staff turnover (Netten et al. 2011). One of the challenges in this area is how to measure the impact of the care and support provided to residents. It is hoped that work being done through the ASSET project in collaboration with the

PSSRU at Kent to adapt the Adult Social Care Outcomes Toolkit (ASCOT) for use in extra care housing will provide valuable additional evidence.

Finally, our review suggests an urgent need for evidence of the relative benefits of different models for supporting people with dementia in housing with care settings. The fact that many of these research gaps were identified nearly 10 years ago (O'Malley and Croucher 2005) highlights the continuing need for more investment in research into housing with care for older persons.

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