

# Scoping Extra Care Housing for Older People

PSSRU

RESEARCH  
SUMMARY

42

DECEMBER 2006

## INTRODUCTION

Extra care housing, sometimes referred to as very sheltered housing, is a type of supported housing for older people that aims to enable them to:

- live independently for as long as possible
- live in appropriate housing
- access flexible services that are responsive to their needs.

The government has provided investment via the Extra Care Housing Funding Initiative to stimulate developments and partnerships between social services departments, housing authorities, care providers and private sector and social housing developers (£87 million was made available between 2004–06 and a further £60 million for 2006–08). The Housing Corporation has also provided £93 million to housing associations in 2004–06 and £136 million in 2006–08.

Currently, there is no fixed definition of extra care housing (ECH). It is promoted as a concept, or method of service delivery, which emphasises housing-based models for care, and encompasses principles such as independence, choice, empowerment, and participation. These are central principles of the Government's vision for improving older people's quality of life, housing, health and social care.

Extra care housing includes a range of housing models, including groups of bungalows, flats, and care villages, each providing security of tenure. Various other features have been identified as desirable, including the creation of mixed communities of both active and frail older people, and housing with different types of tenancy.

Policy guidance supports the development of ECH that meets the needs of older people with dementia, and the needs and wishes of black and minority ethnic older people and learning disabled older people. Guidance also emphasises the importance of using ECH to provide intermediate care. Another possible role is the provision of a direct alternative to residential care.

## RESEARCH AIMS AND METHOD

The aims of the research were to:

- establish the amount of extra care housing
- understand the local context and aims
- identify factors that support or limit development.

A stratified sample of 15 authorities was selected as representative of councils in England with responsibilities for social services, in terms of authority type and location. Each was asked to verify basic details about the ECH schemes already

operating in their area. These were identified from a database compiled by the Elderly Accommodation Counsel (EAC). To date, the EAC has employed a broad definition of ECH, which includes all schemes that describe themselves as ECH. Local authority leads were also asked:

- whether identified schemes met a supplied definition of extra care housing
- to identify any other schemes
- to identify any planned schemes.

The definition used to establish the level of current provision was that schemes:

- are for older people
- are open/operating
- provide self-contained accommodation
- offer care and support that is available 24 hours (irrespective of whether it is based on site)
- offer security of tenure
- include communal facilities such as lounges, and/or assisted bathrooms.

We included new build and remodelled housing. Respondents were also asked via telephone interviews about local aims for ECH, characteristics of current schemes, local policies, processes and procedures, and supports and barriers.

## FINDINGS

Fifteen local authorities were asked to take part and of these 13 participated. The achieved sample included four London boroughs, four shire counties, three metropolitan authorities and two unitary authorities. Data were collected between August and December 2005. Extra care housing leads were interviewed in both social services departments and housing in ten of the participating authorities, and with social services leads only in three authorities.

### Definitions

There was general agreement that the provision of care and support on a 24-hour basis was an important element of any definition of ECH. Some differences, however, were found in the way in which this was achieved. In terms of night-time cover, for example, half of the social services respondents said that staff were usually based on the premises, but a couple said that they were based off site, and two others that their location varied by scheme.

### The amount of extra care housing

The EAC database indicated that there were 103 schemes in operation in the sample authorities. Applying our definition

reduced this to 68. These comprised about 2,500 dwellings for older people in the 13 participating councils. Three authorities had schemes in the planning stages only.

### Aims of the schemes

The majority of local authorities said that their ECH aimed to provide a home for life, to maximise independent living for as long as possible, and to create mixed communities of both active and frailer older people. Just under half of the authorities reported that their reasons for developing ECH included extension of the provision of day care, and a response to a reduction in care homes.

### Characteristics of extra care housing

All of the councils with ECH had schemes managed by Registered Social Landlords (that is, non-profit making organisations registered with the Housing Corporation and charged with providing decent, affordable housing) and five had schemes managed by the local housing department. Only one council had ECH schemes managed by private sector housing developers (that is, businesses independent of government control) although four councils reported private sector involvement in the planning of future schemes. Reasons offered for this negligible involvement by private providers included:

- the high price and lack of land
- lack of awareness of developments in the public sector
- greater interest in selling rather than managing new developments.

Shared ownership or mixed tenure was uncommon, and available in only two areas. Intermediate care places were offered in about a quarter of the identified schemes.

Despite the widespread aim to create mixed communities within schemes, none was known to have a policy in place on when people are moved on as their physical frailty or dementia level increases.

There were schemes that provided for people with dementia, and older people with learning disabilities, but no schemes that specialised in providing for these groups of people.

Just under half of the authorities reported that they had schemes with multiple care providers/different domiciliary care agencies.

### Local context

Most respondents reported that social services were taking the lead in ECH, although housing were said to be leading in four authorities. In one area, both housing and social services said that their departments were taking the lead.

The most common referral route within and across authorities, where known, was via social services. Policies about the level of personal care required by an older person to make them eligible for ECH were only in place in a few authorities. These specified that to be eligible an older person should need ten or more hours of personal care per week.

### Supports and barriers to development

The factors said to be most supportive to the development of ECH were good working partnerships between social services and local housing departments and funding from the Department of Health.

The most problematic factors were said to be the lack of sites for building new housing, the lack of appropriate housing stock for converting to ECH, and the shortage of capital and revenue funding. The high cost of land was highlighted as particularly problematic in London boroughs and shire counties.

### KEY MESSAGES

- There is still relatively little extra care housing
- There has been little public/private partnership
- Government funding has been key to developments to date
- Developments are including intermediate care

Most of the identified developments offered rented accommodation, so ECH is not necessarily succeeding in increasing the choice and diversity of housing options for older owner-occupiers considering downsizing.

### Acknowledgements

We should like to thank the Elderly Accommodation Counsel for their help and support and the extra care housing leads in the social services and housing departments for kindly reviewing information about provision and for taking part in the telephone interviews. Responsibility for the report and this summary is the authors' alone and the views expressed do not necessarily reflect those of the Department of Health.

### Further information

See Dawson, L., Williams, J. and Netten, A. (2006) Extra Care Housing: is it really an option for older people? *Housing, Care and Support*, 9, 2, 23–29.

### The research team

Ann Netten, Laura Dawson and Jacquetta Holder at the PSSRU, University of Kent. The project secretary is Lesley Cox (01227 823963; e-mail L.A.Cox@kent.ac.uk).

The **PERSONAL SOCIAL SERVICES RESEARCH UNIT** undertakes social and health care research, supported mainly by the Department of Health, and focusing particularly on policy research and analysis of equity and efficiency in community care, long-term care and related areas—including services for elderly people, people with mental health problems and children in care. Views expressed in PSSRU publications do not necessarily reflect those of funding organisations. The PSSRU was established at the University of Kent at Canterbury in 1974, and from 1996 it has operated from three branches:

Cornwallis Building, University of Kent, Canterbury, Kent, CT2 7NF  
London School of Economics and Political Science, Houghton Street, London, WC2A 2AE  
University of Manchester, Dover Street Building, Oxford Road, Manchester, M13 9PL

The PSSRU Bulletin and publication lists are available free from the unit librarian in Canterbury (01227 827773; e-mail pssru\_library@kent.ac.uk) and on the PSSRU website.