

# Extra care housing

An overview of previous evaluations identified  
in a rapid search

July 2018

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**Published July 2018**

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# Purpose

- This paper aims to contribute to the development of evaluation work relating to ‘extra care’ housing models for older people by providing a brief overview of some of the methods and key findings of some previous large-scale UK evaluations of extra care housing, published within the last decade.
- Extra care housing does not have a universal definition. The Scottish Government has used a definition of ‘housing designed for older people with higher levels of care needs, with varying levels of care and support available on site. Residents have their own self-contained homes, and there are usually communal facilities, such as a residents’ lounge, restaurant and laundry facilities. Sometimes known as very sheltered housing’<sup>1</sup>.

## Key points

- The Scottish Government has broadly identified some key aspirations which are relevant to the evaluation of older people’s extra care housing, which include the prevention of avoidable care home and emergency hospital admission, and the optimisation of older people’s physical and mental health, quality of life and wellbeing, and independence.
- Associated key guiding principles underlying the shift away from hospital and long-term care are increasing the personalisation, independence and control of services for older people. This guiding ambition is likely to extend to meaningful collaboration with users in the evaluation of extra care services.
- A rapid search of published literature and key websites did not identify any evaluations of extra care housing in Scotland. Three large-scale evaluations of multiple extra care schemes published within the last decade in England were found.
- Detailed methods of evaluation were not always possible to ascertain but the outcomes examined were mostly personal health outcomes, outcomes related to individuals’ quality of life, social wellbeing, and outcomes related to cost and service need and usage.
- Generally, evaluations of extra care reported health and care related findings that were positive for a particular cohort of older people; further research on how best to support people with greater support need was recommended.
- Extra care housing was reported to be cost-effective within the short term and within the longer term for some people, when compared with a matched sample. However, establishing an appropriate matched group and analysis of costs was described as methodologically challenging.
- A need for further research was identified by more than one author and the quality of methodological reporting was variable; findings should be considered accordingly.

# Context

A report<sup>2</sup> commissioned by the Scottish Executive and published by the Scottish Government in 2008 identified extra care housing as a growth area. The report authors recommended longitudinal evaluation of its effectiveness within services for older people in Scotland, including reference to the provision of free personal care and contextual issues relating to rural and urban locations. The Elderly Accommodation Counsel has been cited as reporting 1,148 extra care and 2,768 enhanced sheltered dwelling types in Scotland as at 2015<sup>3</sup>.

## Care for older people

*Reshaping Care for Older People 2011-2021*<sup>4</sup> sets out a vision for older people where ‘older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting’, and where services should aspire to be available locally within the community and meet individuals’ needs. The key principles which guide this vision are personalisation, independence and control, enabling a shift away from hospital and long-stay care towards preventative and community-based services. Preventing avoidable emergency admissions to hospital in older people has been identified as a key focus. Particular areas highlighted by the Scottish Government in terms of reshaping care for older people is the optimisation of quality of life (and quality of end of life), physical health and function, independence, and positive mental health and wellbeing<sup>4</sup>.

## Housing for older people

Similarly, specifically as part of *Age, Home and Community: a strategy for housing for Scotland’s Older People: 2012-2021*, the Scottish Government encourages: ‘... best use of our public investment in sheltered and very sheltered housing, so that it helps “shift the balance of care” away from care homes and supports objectives to reduce the need for emergency admission to hospital...our vision for 2021 is that preventative support service[s] will have contributed to a reduction in the need for care homes and emergency admission to hospital, as well as improving people’s quality of life...Policies and services that affect older people’s housing and support should be developed in consultation and partnership with older people themselves’<sup>5</sup>.

# Findings

The search results were considered and studies which related to older people in general were included. Studies were excluded where the methods reporting was not sufficient to determine multiple key aspects of the evaluation or research. Studies specifically relating to extra care housing for people with specific conditions and people who are homeless or at risk of homelessness were also excluded as beyond the scope of this request. However, key findings from a narrative review<sup>6</sup> focusing on extra care housing for people with dementia appeared relevant to the wider evidence base for extra care research and evaluation. Multiple gaps in evidence were described and a key conclusion was that much more research was needed to help guide commissioners and managers to commission and provide effective care and support. To enable comparison across studies it was suggested that there needed to be more involvement of residents in research, standardisation in variable measurement, and more rigorous reporting of personal characteristics, extra care housing characteristics and methodology to produce unbiased and generalisable findings.

Evaluation of scheme design principles are beyond the scope of this paper but literature was found in the search which examined extra care design from staff and resident perspectives<sup>7, 8</sup> and residents' needs<sup>9, 10</sup>. One of the key conclusions of a scoping review<sup>6</sup> in this area was that professionals considered the three most important features of extra care were 'flexible care', 'self-contained dwellings' and a 'homely feel to the building'.

Three large-scale evaluations published within the last 10 years relating to older people were identified in a structured search carried out in January 2018 and the key evaluation focuses are outlined in Table 1. Methodology was not always well reported and, for this paper, the literature has not been formally critically appraised and reported findings should be considered accordingly. An outcome reporting tool specifically developed for Scotland was also found and this has been included within Table 1 for reference.

Table 1: Summary of previous evaluation studies found in search (plus an outcomes tool)

Source	Evaluation focus	Method(s) reported	Authors' conclusion(s)
<p><i>Better Futures</i> – an online outcomes monitoring system developed by the Housing Support Enabling Unit (a Scottish Government funded partnership between the Coalition of Care and support Providers in Scotland [CCPS] and Scottish Federation of Housing Associations)</p>	<p><b>1 Level of individual support needs</b></p>	<p>1 An online tool which records individuals' support needs over a period of time, available from: <a href="http://www.ccpscotland.org/hseu/information/better-futures/">www.ccpscotland.org/hseu/information/better-futures/</a></p>	<p>The <i>Better Futures</i> tool is reported to provide a baseline measurement and also produce reports to assist organisations to measure the outcomes of their work.</p>
<p>The Adult Social Care Environments and Settings (<a href="#">ASSET</a>) research study (2012-2014) was commissioned by the National Institute for Health Research School for Social Care Research</p> <p>Limited methods information available from: <a href="https://assetproject.wordpress.com/methods/">https://assetproject.wordpress.com/methods/</a></p>	<p><b>1 Social care related quality of life</b></p> <p><b>2 Quality of care and support</b></p> <p><b>3 Cost-effectiveness</b></p>	<p>1 Adult Social Care Outcomes Toolkit (ASCOT) with 138 residents – See <a href="http://www.pssru.ac.uk/ascot">www.pssru.ac.uk/ascot</a></p> <p>2 In-depth case studies examining the experiences of residents and relatives of receiving services (interviews with 25 staff and 144 residents)</p> <p>3 Collection of cost data of different models of care (methodology not specified)</p>	<p>The authors found, for some older people, extra care housing offers better outcomes relating to quality of life and independence when compared with staying in mainstream housing, and the model can support people with very diverse levels of needs and abilities.</p> <p>The authors concluded extra care was cost-effective but no detailed methodology was reported.</p>

Source	Evaluation focus	Method(s) reported	Authors' conclusion(s)
The Personal Social Services Research Unit Evaluation (PSSRU) 2011 Department of Health funded evaluation of 19 extra care housing schemes across England <sup>11, 12, 13, 14</sup>	<p><b>1 Key characteristics of residents when moving in</b> (demographic, previous accommodation, ADLs, service use information):</p> <ul style="list-style-type: none"> <li>- physical functioning</li> <li>- cognitive functioning</li> </ul> <p><b>2 Residents' social wellbeing</b></p> <ul style="list-style-type: none"> <li>- quality of life</li> <li>- social climate (cohesion, conflict and independence subscales)</li> <li>- cohesion/attachment</li> <li>- networks</li> <li>- perceived social support</li> </ul>	<p>1a Staff questionnaire when moving in (or 2-4 months post arrival), including:</p> <p><i>Barthel Index of Activities of Daily Living (ADL) (Mahoney and Barthel, 1965) Minimum Data Set Cognitive Performance Scale (MDS CPS) (Morris et al., 1994)</i></p> <p>1b Follow-up interview with resident 6 months post completion of staff questionnaire (or 2-4 months after that 6-month point)</p> <p>1c Follow-up resident interview at 18, 30, 42 months</p> <p>2a Interview with resident by evaluator at 6 months post arrival using: <i>CASP-19 (Hyde et al, 2003); The Sheltered Care Environment Scale (SCES); Moos and Lemke (1996); A scale adapted from the questionnaire being used in Keele University's Longitudinal Study of Ageing in a Retirement Community (LARC); Practitioner Assessment of Network Type (PANT) (Wenger, 1994); Scale used in the Health Survey for England 2000 (Tait and Fuller, 2002)</i></p>	In general, personal outcomes were very positive, and most reported a good quality of life. Findings relating to cost included that new building was not inherently more costly than remodelling, 'when like is compared with like', and that higher costs were associated with increased physical and cognitive impairment and increased wellbeing. The authors concluded that extra care housing can support some older people at risk of moving into a residential care home in a cost-effective way. However, further research was warranted, particularly on how best to support people with higher levels of need.

Source	Evaluation focus	Method(s) reported	Authors' conclusion(s)
	<p><b>3 Resident social life at scheme, relationships and wellbeing</b></p> <ul style="list-style-type: none"> <li>- global quality of life</li> <li>- perceived general health</li> <li>- contact with friends/family</li> <li>- quality of life</li> </ul> <p><b>4 Cost</b></p>	<p>3a Resident questionnaire at 12 months using: <i>Single question (Bowling, 1995); Single question (WHO-Europe, 1996; Robine et al., 2002); Four 'outcomes' questions which would go on to form part of work on the Adult Social Care Outcome Toolkit (ASCOT – see Netten et al., 2009); one question from Hartrigg Oaks study (Croucher et al., 2003)</i></p> <p><i>Two questions on contact with friends/family, adapted from ONS questions on social capital (Green and Fletcher, 2003) CASP-19 (Hyde et al., 2003)</i></p> <p>3b Interviews with a sample of residents at 12 months</p> <p>4 Used comparable data from studies of care homes and their residents to compare costs and outcomes with those for residents moving into care homes. The weekly prices paid for care home places were compared: these covered accommodation, living and social care costs, but not health care, so the weekly costs for the extra care housing sample also excluded this element. Cost outcomes were compared in terms of a change in physical functioning from time of arrival and 6 months later.</p>	<p>The authors note the difficulty in measuring outcomes where people's health may deteriorate and/or they may move. In an ideal situation, information would be available on the likely alternative had the individual not moved into extra care housing.</p> <p>Netten <i>et al.</i> (2011) reported the relationship between costs and physical functioning (measured using the Barthel Index of ADL) for the full matched sample suggested extra care housing is a cost-effective alternative to care homes overall when the full matched sample is considered and estimated that for around a third of people moving into care homes, extra care housing appears to be a cost-effective alternative. The authors also noted that the complexity of funding and charging arrangements for extra care housing make costing very challenging and urge caution in interpreting their findings.</p>

Source	Evaluation focus	Method(s) reported	Authors' conclusion(s)
<p>A study<sup>15</sup> by the International Longevity Centre (2011) examined outcomes for approaching 4,000 residents of extra care housing supplied by three extra care service providers related to health status, usage of health services and usage of institutional accommodation and explored factors associated with improved outcomes for residents</p>	<ol style="list-style-type: none"> <li><b>1 Personal and health characteristics of residents</b></li> <li><b>2 Length of stay in extra care</b></li> <li><b>3 Falls</b></li> <li><b>4 Inpatient stays</b></li> </ol>	<p>Used routinely collected data from three extra care service providers.</p> <p>Used a combination of pooled longitudinal data and cross-sectional data from three providers of extra care housing and data from the British Household Panel Survey and English Longitudinal Survey of Ageing to draw selected outcome comparisons via various regression analyses suitable to count and time data.</p>	<p>Extra care housing supported people with a wide range of support needs. These residents had fewer falls and were less likely to be admitted to hospital than a matched sample in the community (although those people staying in extra care housing who were admitted tended to have longer stays). Extra care housing could offer 'substantial cost savings, particularly in the short term', although the authors highlighted the difficulty in assessing the costs of different models of care and challenges in establishing an appropriate counterfactual to moving into extra care housing (that is, what would have happened had the person not moved in).</p>

# Summary

Extra care housing has been identified as a focus of future housing development in Scotland and this paper aims to summarise some previous large-scale evaluations of this initiative found in a structured search of research databases and key relevant websites.

No such Scottish evaluations were found, although an outcomes reporting tool relevant to Scotland has been created and is available online. The methodological reporting of the identified evaluations varied and findings should be considered accordingly. Three large-scale previous evaluations of extra care housing in England have been summarised. These described various models of extra care housing and generally reported positive findings relating to health-related outcomes for a particular cohort. Examined outcomes tended to relate to personal health and wellbeing, quality of life, cost and cost-effectiveness, and care and support need and usage. For some people, extra care housing was reported to be cost-effective when compared with a matched sample, although methodological challenges were reported particularly when estimating an appropriate comparison and analyses of cost. A need for further research and increased clarity in description relating to extra care terminology and models was identified.

In its wider strategic vision for older people, the Scottish Government has identified a number of key areas and guiding principles which could inform evaluation of extra care schemes for older people. These include personalisation, independence and control of own services for the older person. Outcomes relating to a shift away from hospital or long stay care, such as reducing avoidable emergency admissions, as well as outcomes related to optimisation of quality of life and wellbeing, physical and mental health and independence seem highly relevant.

The Scottish Government advocates that services for older people are developed in consultation and partnership with users. This collaborative ethos is likely to be appropriate with the development of any evaluation approach for those services and could include identification of outcomes which are important to older people living in extra care themselves.

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February 2018

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