Raising the stakes : *Promoting extra care housing*

A project to support the development of a range of successful housing with care solutions for older people

Funded by the Housing Corporation
in partnership with the Care Service Improvement Partnership (CSIP) and Elderly Accommodation Counsel (EAC)

HOUSING CORPORATION

Care Services Improvement Partnership CSIP

Housing Corporation IGP Database Ref No: G01-20166

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IGP Database Ref No: G01-20166 - Raising the Stakes: promoting extra care sheltered housing
FINAL PROJECT REPORT - December 2007

<table>
<tr><th>Planned outputs
As agreed in Project Overview (December 2006)</th><th>Project's outputs to date</th></tr>
<tr><td>1. A comprehensive, practical and accessible online evidence resource for commissioners and providers, providing detailed information on demonstrated achievements of ECH. This will include a typology of existing models and characteristics of housing with care, and a set of criteria to describe extra care housing characteristics using standard descriptive language. The criteria will be developed with the input of ECH providers in all sectors, from reworking the Quality of Life approach and concepts refined in earlier work on definitions & descriptors for supported housing</td><td>
1.a Consultation with Commissioners and providers from all sector at the April 2007 Raising the Stakes 2-day workshop (see Workshop report). The workshop developed themes discussed at the ECH Industry Forum of December 2006 (presentations available at www.extracarehousing.org.uk. The Literature review ppt presentation and other ppt presentations by Peter Fletcher, Moyra Riseborough and John Galvin at the workshop are available at www.extracarehousing.org.uk .

1.b Development and launch (early February 2007) of new ECH professional website www.extracarehousing.org.uk .

1.c ECH survey with new EAC's 5-page questionnaire ECH2 (see Questionnaire ECH2). EAC survey of ECH managers:
<table>
<tr><th>Managing organisation type</th><th>Schemes identified</th><th>Schemes surveyed</th><th>%</th></tr>
<tr><td>Almshouse Charity</td><td>22</td><td>5</td><td>23%</td></tr>
<tr><td>Charity / non-profit Organisation</td><td>18</td><td>6</td><td>33%</td></tr>
<tr><td>Co-operative / Self Managing Group</td><td>4</td><td>1</td><td>25%</td></tr>
<tr><td>Private Company</td><td>174</td><td>47</td><td>27%</td></tr>
<tr><td>Housing Association (RSL)</td><td>692</td><td>274</td><td>40%</td></tr>
<tr><td>Local Housing Authority & ALMOs</td><td>173</td><td>42</td><td>24%</td></tr>
<tr><td></td><td>1078</td><td>375</td><td>35%</td></tr>
</table>
All new recorded data is now integrated within EAC's National Database of Housing for Older People.

The extended ECH data will be available on EAC's general public website www.housingcare.org and professional website www.extracarehousing.org.uk in early November 2007

1.2 Survey of statements by 40 ECH providers (see Providers Statements) recording ethos, aims, care provision and users. Superseded by ECH3 questionnaire to be launched end November 2007.
</td></tr>
</table>

2. A **steps to success guide** for providers/commissioners and public, illustrating the outcomes extra care has proved itself capable of achieving, and the models of provision that have delivered these.	**2.a** Consultation with Commissioners and providers from all sector at the April 2007 Raising the Stakes 2-day workshop (see Workshop report) **2.b** *Steps to Success Report* (see Steps to Success Report) Upload to www.extracarehousing.org.uk to coincide with launch of Quality of Information Mark at end November 2007.
3. An ECH appraisal tool to assess outcomes against objectives in current and future schemes.	**3.a** Consultation with Commissioners and providers from all sector at the April 2007 Raising the Stakes 2-day workshop (see Workshop report). **3.b** Development and testing of appraisal tool at workshop (see Appraisal Tool). **3.c** Development of new ECH3 questionnaire (see ECH3 Questionnaire) with 36 new questions on statement of purpose and outcome measures. **3.d** See section 5.2 of *Steps to Success Report* (see Steps to Success Report): identification of need for new IT outcome measures tool to help managers capture, analyse and share data.
4. An industry-owned, independently-managed, **kitemarking system** to tie providers into agreed minimum standards and ongoing use of the appraisal tool and pooling of results.	**4.a** Consultation with Commissioners and providers from all sector at the April 2007 Raising the Stakes 2-day workshop (see Workshop report). **4.b** Development of first stage of kitemarking in the form of *Quality of Information Mark*. (See Kitemark Outline). From early November 2007 the Mark is given to ECH schemes who have returned a completed ECH2 questionnaire. **4.c** On 1st December 2007 out of 1,084 Housing with Care schemes, **405** have received the *Quality of Information Mark*. This figure is included in the **1,354** out of 25,700 sheltered and retirement housing schemes which have received the *Quality of Information Mark* to date. 'Kitemarked' schemes are now identifiable on websites www.extracarehousing.org.uk and www.housingcare.org. **4.e** A 4 page newsletter dedicated to the launch of the Q of I mark will be posted to 2,000 providers, commissioners, managers and other professionals during the 1st week of December 2007 (copy attached)

5. An **extra-care housing website**, including a series of communication tools to introduce older people & their families, social care professionals and future care staff to ECH, the kitemarking and the ongoing learning process planned.	**5.a** Development and launch (early February 2007) of new ECH professional website www.extracarehousing.org.uk . Interest in this website should rise considerably at the launch of the *Quality of Information Mark*. **5.b** 5 new pages of details for kitemarked ECH schemes available on websites www.extracarehousing.org.uk and www.housingcare.org . Launch at end November 2007. **5.c** Specification and Protocol for the *Quality of Information Mark* to be available on www.extracarehousing.org.uk early November 2007 (See Kitemark Outline).Launch at end November 2007. **5.d** Potential share of information and/or merge of webpages between the Housing LIN website www.icn.csip.org.uk/housing and www.extracarehousing.org.uk would enhance the latter's profile. **Note:** meanwhile EAC's main public website www.housingcare.org (including new ECH data) has raised it popularity to a remarkable 4,000 visits per day.
6. A short, punchy **printed publication** to introduce all stakeholders to ECH generally, and the outputs from this project specifically *("Making housing with care work – a challenge and an opportunity for all of us"*.).	**6.** EAC will be writing the text of a special supplement to The Guardian dedicated to housing and care solutions for older people. The supplement, with a focus on Housing with Care and Extra Care Housing, will come out in early January 2008.
7. Further promotion & dissemination – to be devised with stakeholders during the course of the project.	**7.a** End November 2007, launch of the *Quality of Information Mark* via press release and mass emailing to providers. **7.b** Further development of www.extracarehousing.org.uk , in closer partnership with the Housing LIN website www.icn.csip.org.uk/housing . **7.c** Opportunity to assist the ARHM (Association of Retirement Housing Managers) in the development of a kitemark for extra care housing and associated code of practice.

Elderly Accommodation Counsel

'Steps to Success' report

Final Draft

1 INTRODUCTION

This report is part of a wider 'Raising the Stakes' project, funded by the Housing Corporation and the Department of Health, to look at a number of aspects of Extra Care Housing (ECH) with the aims of improving public information and profile, improving knowledge of what works and moving toward the setting of industry standards . The project partners were the Elderly Accommodation Counsel, Peter Fletcher, Moyra Riseborough and the Institute of Public Care (IPC).

IPC's roles within the project were to

- Review the current literature on Extra Care Housing (ECH) to identify how far some of the achievements claimed for it are evidenced in practice.
- Begin to consider what are the 'Steps to Success'; if extra care is delivering good outcomes, how is this achieved? Which aspects of ECH seem to be key?
- Begin to identify the measures currently used by providers to identify whether success is being achieved.

This document reports results from a survey of Extra Care scheme managers to further contribute to evidence of the success of ECH (the literature review is a separate document), to identify their views on what contributes to this success, and to review how far schemes operate systematic information recording and measurement to evidence whether they are meeting their aims.

This survey represents one contribution to the raft of associated research currently being undertaken. For example, as this report was being finalised the Joseph Rowntree[1] study of different housing with care models was published.

2 METHODOLOGY

The original intention was to undertake structured interviews by telephone with scheme managers. As it proved difficult for scheme managers to release the time for these conversations, a number of postal questionnaires were completed instead. Altogether 12 telephone interviews were undertaken, and 23 questionnaires completed, giving a total of 35 responses. The findings reported are based on the views of the scheme managers.

Extra care schemes run by the following organisations participated in the survey and IPC gratefully acknowledge their interest and time:

Anchor Trust
Bedfordshire Pilgrims Housing Association

[1] *Comparative evaluation of models of housing with care for later life* by Karen Croucher, Leslie Hicks, Mark Bevan and Diana Sanderson, Joseph Rowntree Foundation, 2007

English Churches Housing Group
First Wessex Housing Group
Guinness Care & Support
Hanover Housing
Hounslow Homes
Housing 21
Joseph Rowntree Foundation
Kennet Housing Society
Leeds Jewish Housing Association
Methodist Housing Association Care Group
New Link Housing Trust
Octavia housing and care
Orbit housing association
St Monica Trust
Sanctuary Care
Thomas Pocklington Trust
Tuntum Housing Assoc

3 HOW STRONG IS THE EVIDENCE FOR SUCCESSES OF EXTRA CARE HOUSING?

3.1 The findings from the literature review

The following table summarises the findings from the earlier literature review as to how far common claims for the achievements of ECH have been substantiated by previous research. More detail can be found in the full review.

Table 1: Strength of evidence within literature review

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

Through the scheme survey we wished to:

- Further test these findings where the literature review had found 'claim supported'.
- Find further evidence where the literature review had found 'jury's out'.
- Identify more contributions where the literature review had found 'insufficient sources' on which to form a judgement.

3.2 Survey results on the achievements judged as 'Claim supported' in the literature review

In those areas where the literature review had found the claim supported, the survey results reflected the same position[2]. 'Home for Life'[3] was the only claim to move position from 'Jury's out' to 'Claim supported'.

3.2.1 ECH is able to provide a 'home for life' for its occupants

The length of occupancy quoted by managers ranged from 1 month to 192 months and averaged 36 months. This is the CSCI estimate of average length of stay in a residential care home,[4] although IPCs findings from a recent piece of consultancy was that over 60% of residents stayed less than 2.5 years.

However, the main test of home for life is the identification of whether occupants had to move on into more intensive forms of care. The vast majority of schemes had only had 10 or fewer people moving on in the previous 12 months, and almost half of these had lost less than 5. The most common reasons and places are shown in the tables below.

Table 2 : The most common reason for moving[5]

Reason	Death	Dislike of scheme	Hospitalisation	Care hours too high
Number of schemes	24	1	4	5

Table 3 : The most common place residents moved on to

Place	Number of schemes
Residential care	2
Nursing care	7
Relatives	1
Death	24

The data suggests that ECH does provide a 'home for life' in the majority of cases. However, in line with Phillips & Williams' 2001 just under one third of people moved to more intensive settings, suggesting that there are some circumstances under which ECH is unable to meet resident needs.

[2] We have not separately addressed 'improves the quality of life of its residents' in this report as, in effect, that is the sum of the parts of the other elements considered. The survey suggested it remained in claim supported column.
[3] 'home for life' is used in the literature review and retained for ease of reference in this survey report. However, other terms may be more appropriate, such as prolonged residence.
[4] Care Homes for older people in the UK" May 2005 OFT
[5] Where numbers do not add up to 35 questions were left unanswered

Table 4: Needs schemes are NOT able to support[6]

Type of need	Number of schemes
Low care and support needs	0
Moderate care and support needs	0
High level care and support needs	5
Nursing care needs	27
Moderate levels of dementia	4
High levels of dementia	27
Blindness	4
Deafness	4

The more intensive types of care needed are nursing input, and/or high levels of dementia support, particularly when associated with challenging behaviour.
That four schemes felt unable to support people with sensory impairment may indicate the wide range of schemes currently describing themselves as extra care.

3.2.2 Extra Care provides a realistic alternative to care home admission

All 35 managers stated that they saw EC as a positive alternative to residential care. Scheme managers were asked what, if any, factors prevented ECH from being an alternative to residential care in all instances.

Table 5: The factors that prevent ECH from being the alternative in all instances to residential care

Factors	Number of schemes
Lack of available EC places in the area	22
Local EC schemes unable to support people with a high level of needs	8
Local EC schemes are too expensive	2
EC should not be seen as an alternative, but one of many housing options for older people	22
Other	7

This supports the literature review, and the previous section of this report, which highlighted that there will always be a number of people for whom a move to long term care is unavoidable but that the inability of ECH to be an alternative to residential care in all instances, is in large part simply due to a lack of schemes nationally.

3.2.3 ECH improves the health and well being of occupants or the capacity to sustain health.

The majority of scheme managers stated that either for all, or for some, occupants there were improvements in the areas identified in the table below.

[6] Where numbers add up to more than 35, managers were able to identify more than one aspect or reason

Table 6: Areas in which health or well being were enhanced or maintained

Area of Improvement	Number of schemes		
	In all cases	In some cases	In no cases
Greater interaction & involvement	15	14	
Improved self care	6	26	
Sense of improved health & wellbeing by the individual	14	21	
Improved mobility function	3	27	1
Increase in sensory ability	3	23	6
Improvement in being able to undertake daily living function	9	26	
Improved sense of independence	20	15	
Improved mental health	4	25	5
Increased feelings of happiness & enjoyment	16	19	

Actual practical enhancements seem less achievable than more generalised feelings. For example, most people are deemed to have an improved sense of independence, but far fewer to actually improve their self care. See also section 3.3.3 below.

3.2.4 Extra Care enables the continued involvement of family carers

The number of occupants who were living as a couple in the various schemes ranged from zero to 30 couples. The average was 3.

Most managers felt that ECH encouraged the continued involvement of family carers; and had the space and privacy for this; which supports the evidence in the literature review. The majority of residents received at least weekly visits, mostly from family or friends living outside the scheme.

Table 7: Who people receive regular visits from

Who from	Number of schemes
Children	26
Partner	12
Neighbour	27
External friends	31

The literature review noted that there was a lack of evidence of the direct benefits to family carers. When asked this question many scheme managers responded that EC allowed family members to be involved but without having the stress of the direct care responsibilities. Scheme managers clearly indicated that they saw supporting family involvement as a crucial part of their job.

3.3 Survey results on the achievements judged as 'Jury's out' in the literature review

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

The survey results appear to move this claim from 'insufficient sources of evidence', to 'Jury's out'. The majority of managers stated that they did not have any job vacancies in their schemes. The number of staff who had left in the previous 12 months ranged

from zero to 10 and averaged 1. The number of staff who had joined in the previous 12 months again ranged from zero to 10 but averaged 2.

17 managers had previously owned or managed a care home or home care service. There was a range of opinions as to whether retention and recruitment problems were the same as in residential care. Some managers felt that there was no difference at all whilst others felt that retention was higher because staff gained more job satisfaction as they felt that they were really working in a way that enabled and empowered the residents.

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

The other 2 'jury's out' findings from the literature review remain in that position following the survey.

The majority of managers stated that residents frequently engaged in activities within the scheme. However, less than 1 third stated that residents frequently engaged in activities outside of the scheme.

Table 8: Activities residents engaged in

Activities	Number of schemes		
	frequently	occasionally	never
Act within	27	6	1
Act outside	11	21	2
Visit family	25	6	
Visit internal friends	21	9	
Visit external friends	16	14	

19 managers felt that at least one resident had experienced difficulties integrating into the scheme.

Table 9: Reasons residents found it hard to integrate

Reason	Number of schemes
Resident was from a BME group	1
Resident was suffering from dementia prior to entry	8
Not enough male companionship within the scheme	4
Resident not motivated or encouraged by staff to get involved	6
Resident of a solitary nature	10

One manager commented that differences in social class had caused difficulties.

The survey also asked about the level of occupant involvement in the running of the scheme itself. While this is lower than engagement in more general activities, it does suggest that many occupants are actively exercising their stake in the scheme.

Table 10: Level of resident involvement in schemes

Level of resident involvement	Number of schemes
High	15
Medium	15
Low	4

Table 11: The nature of resident involvement

Nature of involvement	Number of schemes
Resident organisations	14
Running of shops & facilities	7
Organising of social & leisure activities	27

Another aspect of engagement is the scheme being experienced as part of the wider community within which it sits. 23 managers stated that their schemes were open to the community in some way, although very few actively offered outreach to other vulnerable people.

Table 12: Facilities open to the community

Facilities open to Community	Number of schemes
Outreach care & support	3
Café	15
Health services	11
Leisure	13
Assisted bathing	10
Hairdressers/shops	18

However, less than half of the schemes that were open to the community were actually used by the community on a daily basis which suggests an underused resource.

Table 13: Frequency of use by the community

Frequency of use	Number of schemes
Daily	10
Twice weekly	7
Weekly	3
Monthly	3

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

The literature review found that ECH can play a key role in maintaining and promoting health and provide opportunities for more efficient delivery of care services. The findings from the survey support this. The majority of scheme managers agreed that ECH resulted in more opportunities for efficient delivery of services and enabled easier targeting of health promotion and prevention activities. Only one manager felt that it put increased pressure on local resources.

It is clear that ECH does not reduce support in all cases, but most schemes identified that in at least some cases the levels of need for formal support reduced following entry of residents to the scheme. The area seen as least likely to improve is confidence in medication use.

Table 14: Areas where formal support was reduced

Areas of support	Number of schemes		
	In all cases	In some cases	In no cases
A reduction in personal care hours needed	1	32	2
A reduction in the level of practical daily living support required	1	29	3
Increased confidence in medication use	1	25	8
Increased levels of self care	3	31	

Most managers felt that ECH was able to reduce inappropriate admission to hospital and enable early discharge.

3.4 Survey results on the achievements judged as 'insufficient sources' in the literature review

There was little information forthcoming from this exercise on return on investment; although it seems reasonable to infer that if most people don't move on to care homes, and if there appears less call on formal services, this is repaying the investment for commissioners.

Nearly half the managers saw ECH as enabling more effective use of staff resources in comparison to other forms of care:

- Care is flexible
- People tend not to be employed full-time. Lots of split shifts.
- Staff can spend more quality time with residents on a one-to-one basis.
- Management is centralised, accessible and flexible.
- There is greater flexibility than in care homes and less travel than in home care.

However, others commented that: ECH:

- Enables more effective use than home care but less compared to nursing care.
- Uses staff less effectively than residential care because in residential care, when the care is completed, staff do cleaning and other domestic tasks.

One manager noted that placement in ECH can result in social services not allocating enough care hours. The result being that the burden falls on scheme managers who end up filling the gaps.

4 FINDINGS ON THE 'STEPS TO SUCCESS'

There were two elements to the survey's review of what achieves success. First, where managers identified that they were achieving the outcomes such as 'alternative to residential care', 'reduction in social isolation' etc, they were asked to identify which aspects of extra care they felt were having those beneficial effects. Secondly, managers were specifically asked to comment on the relative importance of different aspects of ECH using the 'common language' developed by Peter Fletcher and Moyra

Riseborough[7] and revised further for other aspects of the Raising the Stakes project, notably the 'Quality of Information' mark.

4.1 How the successes are achieved

Table 15: How schemes can support people with dementia

Factors	Number of schemes
Specialist training of staff	19
Purpose built	5
Assistive Technology	9
Enabling design	14
Early entry of residents with dementia	18
Balance of needs within the scheme	21

Table 16: Factors that prevent schemes supporting people with dementia

Factors	Number of schemes
Scheme aims to provide for only one client group	7
Lack of facilities at scheme	1
Accessibility of flats	2
Accessibility of communal areas	1
External access into the scheme	1
Environment not appropriate for people with dementia	11
No specialist support available for people with dementia	17
Difficulty recruiting/retaining levels of staff required	4
Too expensive for self funders	2
LA not willing to fund	7
Other	5 (behaviour)

Table 17: How ECH is a realistic alternative to residential care

Potential Benefits	Number of schemes
Promotes independence & autonomy of the individual	35
Supports the principles of choice & control	34
Services are built around individuals outcomes	34
Enables couples to stay together	34
Care & support is flexible & available 24 hours a day	30
It works with, not doing for the residents	32
Purpose built provision, with up to date facilities, equipment and technology	30

Table 18: How ECH maintains or improves health & well being

Reasons	Number of Schemes
Philosophy of schemes	29
Accessible design of scheme	28
Secure / safety features of scheme	32
Flexible access to care & support	31

[7] From 1999 onwards, eg Ingredients for Extra Care

Reasons	Number of Schemes
Services organised around individuals outcomes	29
Access to leisure facilities	19
Access to social activities	31
Encourages/facilitates people to retain social networks / interests	31
Promotes self care	31
Focus on re-ablement and rehabilitation	24
Access to assistive technology	16
Availability of onsite advice and information	28

Table 19: How ECH can benefit staff recruitment and retention

Benefits	Number of schemes		
	Great benefit	Some benefit	Little benefit
Regular hours	21	10	1
Support of a wider team	27	5	1
Getting to know clients & their families	25	8	
Ability to provide enabling form of care	22	11	
Use of facilities on site	13	9	7

Table 20: How ECH is able to reduce hospital admission

Reason	Number of schemes
Early identification of condition	25
Environment which prevents accidents	20
Flexible provision of care & support which can be increased if required	26
Promotes self care amongst those residents with long term conditions	16

Table 21: How ECH enables early discharge from hospital

Reasons	Number of schemes
Accessible environment	25
24 hour care and support	31
Assistive Technology	12
Equipment	23

4.2 Views on the relative importance of specific domains and criteria

An associated element of the Raising the Stakes project was the development by Peter Fletcher and Moyra Riseborough of a common language for describing the different aspects of quality and success in Extra Care Housing. This was used as a framework for surveying scheme manager views on what were the key factors in achieving beneficial outcomes. The results are set out in the table below.

Table 23: Importance of different criteria in achieving success

Criterion	Number of managers			
	Very important	**Important**	**Neither important nor not important**	**Not important**
CUSTOMER BASE				
Vibrant community	11	15	6	0
Balanced dependency levels	17	15	1	2
A mix of tenures	0	6	13	11
Philosophy of prolonged residence/ageing in place	25	9	0	0
SERVICES				
Service philosophy which promotes independence, autonomy, and principles of choice and control	30	5	0	0
Information to promote self help	17	18	0	0
Services built around individuals outcomes	25	9	0	0
Access to practical services	20	14	1	0
Flexible access to 24hr personal care and support	28	6	0	0
Service/care team on site	27	7	1	0
Access to assistive technology and solutions	10	18	4	0
Access to one main meal per day	21	12	2	0
ENVIRONMENT				
Internal environment which is accessible and sustainable for the future	22	13	0	0
Internal environment which protects privacy of residents	26	8	1	0
Built of lifetime home standards	17	16	2	0
Good location	14	17	4	0
Access to local services	21	12	2	0

Criterion	Number of managers			
	Very important	Important	Neither important nor not important	Not important
Sufficient parking	11	17	6	1
Outward looking	9	22	4	0
Attractive setting	11	20	4	0
Secure externally	27	8	0	0
LIFESTYLE				
Clear statement of purpose/philosophy of scheme	26	8	1	0
Ethos which encourages positivity, individuality and mutual tolerance	28	7	0	0
Customer focused	29	6	0	0
Environment which is friendly and warm	28	7	0	0
Environment which is comfortable and hotel like	14	11	8	1
Environment which encourages healthy lives	26	8	1	0
Environment which encourages sociability	22	11	2	0
Tolerance of and provision for variety of faith and values	27	7	1	0
Access to social activities	20	13	2	0
Encouragement/facilitation of people to retain social networks and interests	19	13	2	0
Encouragement of social activities with external community	12	18	4	1
Emphasis on leisure	8	11	16	0
Close to leisure facilities	6	13	16	0
Leisure facilities on site	7	13	13	1

Most of the scheme managers agreed that most of the criteria of ECH within this framework were either important or very important. The main outliers are those criteria

associated with leisure; where just under half saw them as neither important nor not important; and mixed tenure, which nearly a third of respondents saw as not at all important.

Criteria seen by most managers as important rather than very important, are the encouragement of activities with the external community, and what might also be seen as associated criteria – attractive setting, good location, outward looking, sufficient parking. These seem to echo the other findings of this survey, that there is limited exchange with the surrounding community.

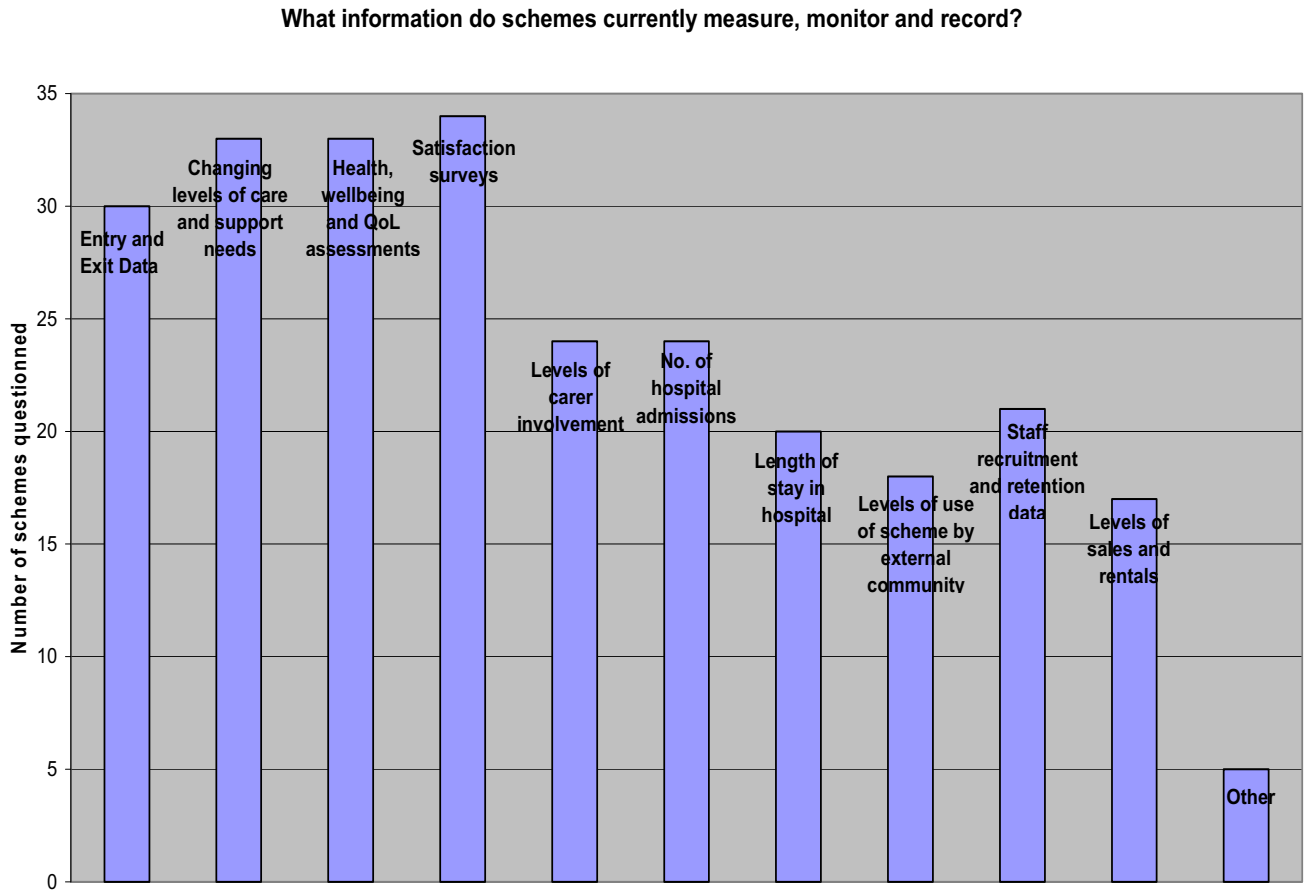
Finally managers clearly do not see assistive technology as being very important, and again this also shows very clearly in the previous section of this report in the more specific responses to questions about enabling factors around hospital discharge, support of people with dementia etc.

5 FINDINGS ON MEASURES BEING USED

5.1 Survey findings

Clearly part of the difficulty in determining the successes of ECH; and what contributes to them; is lack of systematic evidence. Managers were asked what information they currently recorded, how they recorded it, and what they then did with the information.

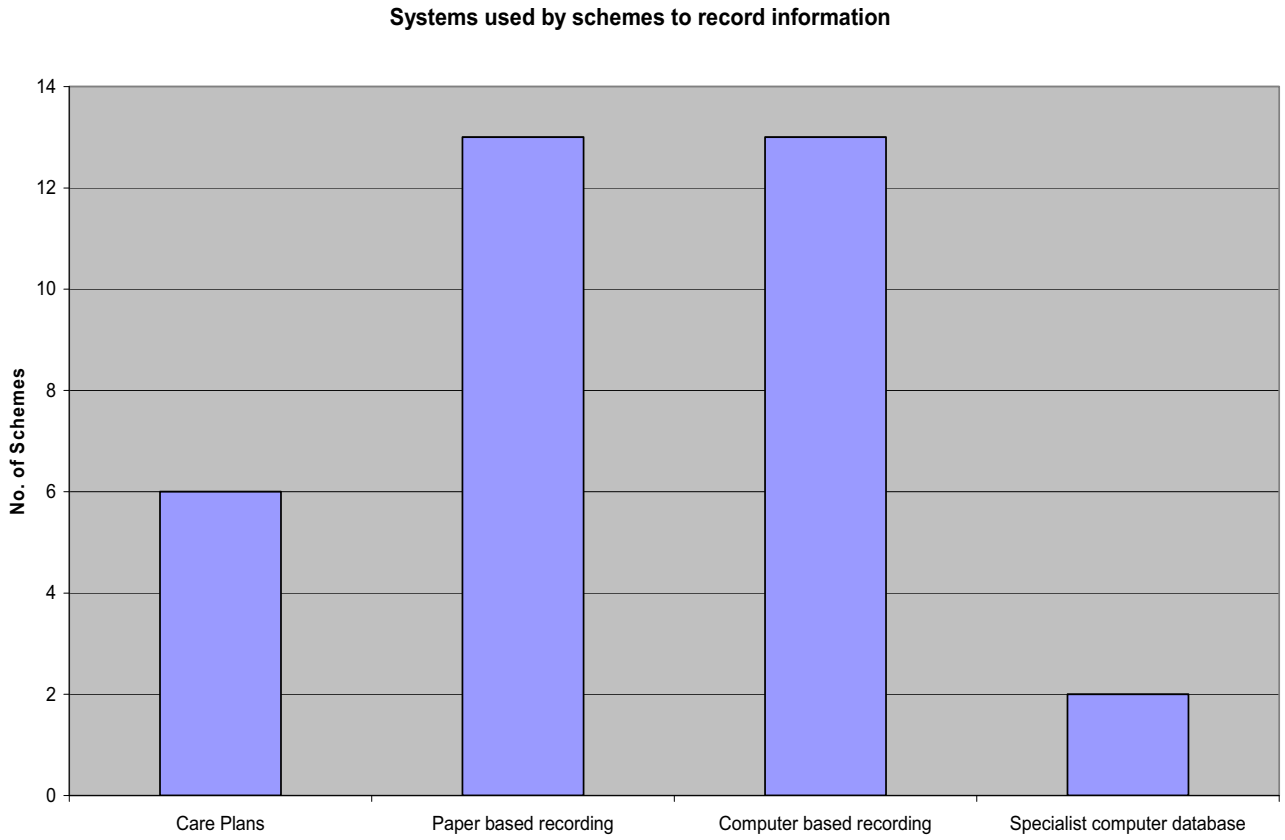
Graph One



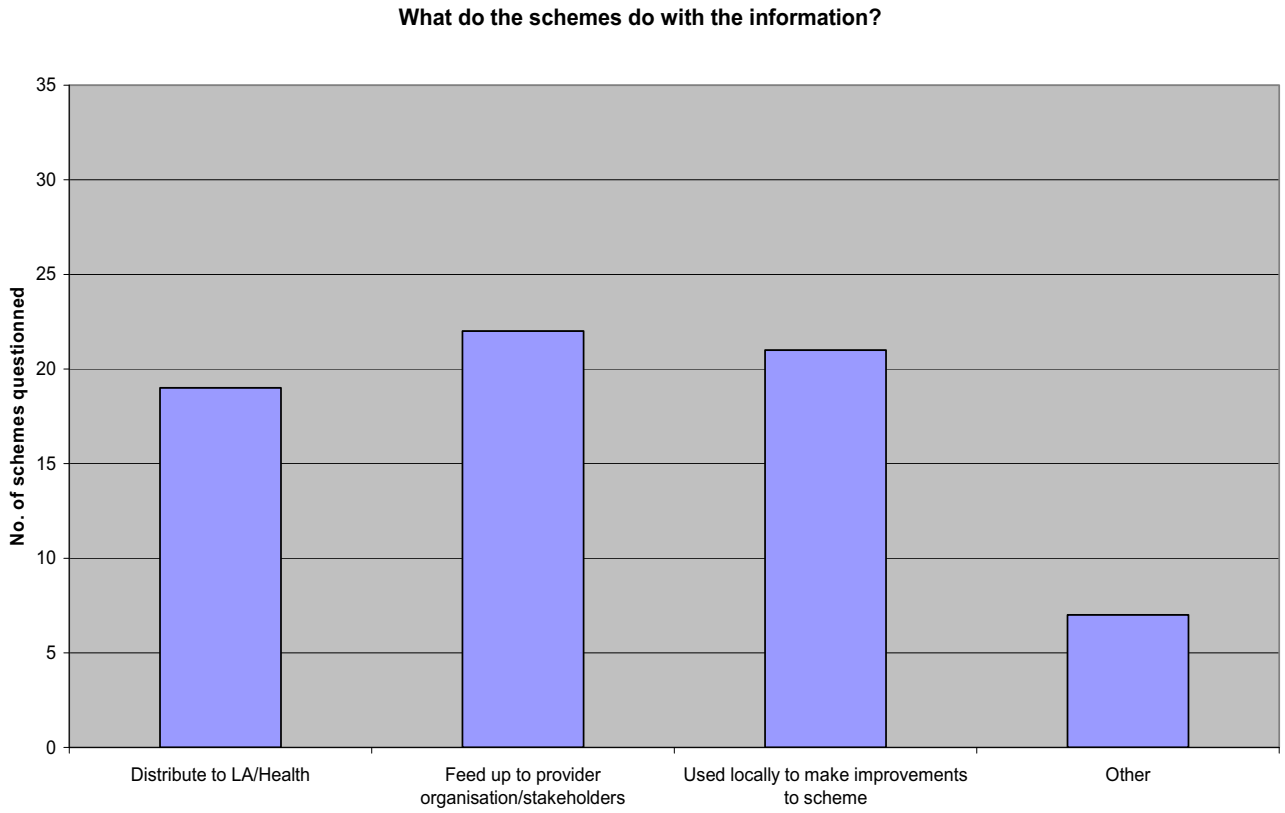
Other information that managers recorded included; Complaints and complement data; budget and management data; repairs data; referrals to day centre; use of other services on site e g, chiropodist and hairdresser and staff supervision information.

Schemes were then asked to list what systems they used to record information. This question remained unanswered in a number of the questionnaire returns. It is unclear as to whether this is because schemes do not have any formal systems to record information.

Graph Two



Graph three



More detailed description of uses included; to track care hours, to provide information to Board members, for internal monitoring reports, to provide government with statistics on future need for ECH, Supporting People.

5.2 Comment

Most schemes do appear to record some of the information needed to evidence success, such as entry and exit data, changing levels of need, admissions to hospital, etc. However, much of this is recorded on paper, which is likely to make it harder to collate and interrogate, particularly when attempting to look across different elements of information. It seems that some elements may only be on case files or in supervision notes, which would make it even harder to access.

Finally, less information is actively used than is gathered. Schemes, provider organisations, their commissioners, and those interested in the bigger picture of the successes of extra care, would benefit from a clear identification of:

- Required outcomes.
- What would indicate their achievement.
- What data needs to be collected and analysed to measure this.
- How is this going to managed.

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*

[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

[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].

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

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].

[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

[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;

[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].

[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].

[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
[127] Evans, S. and Vallelly, S. (2007). *Best practice in promoting social well-being in extra care housing – a literature review*, Joseph Rowntree Foundation
[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
[132] Alladice, J. (2005) *20:20 A Vision for Housing and Care,* Hanover Housing

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].

[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
[136] Croucher, K et al. (2006). *Housing with care for later life*, Joseph Rowntree Foundation
[137] 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
[138] Alladice, J. (2005). *20:20 A Vision for Housing and Care,* Hanover Housing
[139] 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
[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].

[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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Developing agreed ways to describe and kitemark' different models of housing with care for older people

Report of a 24 hour research and development workshop. 26 and 27 April at Jury's Inn, Birmingham

1. Background to the workshop and purpose

The research project behind the workshop and the people

The workshop was one of the outputs from 'Raising the Stakes' a research and development project funded by the Housing Corporation and CSIP (the Care Services Improvement Partnership, DH). The Raising the Stakes project aims to provide useful resources for the housing and care industry, older people and other customers about housing with care schemes, which currently have a range of terms, for example extra care, very sheltered housing, assisted living, close care, village and continuing care communities. In particular the work will result in:

- A new housing with care website (www.extracarehousing.org.uk). This is now up and running, in preparation for incorporating the other parts of the development project when they come to fruition
- New and clearer descriptions of individual schemes and services to enable both the industry and the public to be able to compare what different schemes and different types of schemes have to offer
- A voluntary kitemarking information system for housing with care schemes
- Guidance on Critical Success Factors in developing and running housing with care schemes

The project builds on previous work by representatives from the Extra Care Industry Forum to develop a common understanding. It also builds on previous work for the Housing Corporation to apply common descriptions for 'social' purpose designed housing and care services for older people.

A specially formed research and development consortia worked on Raising the Stakes and the members are: The Elderly Accommodation Counsel; Riseborough Research and Consultancy Associates; Peter Fletcher Associates Ltd; The Institute for Public Care.

The Raising the Stakes team running the workshop

The workshop was organised for the Raising the Stakes consortia by Moyra Riseborough from RRCA (Riseborough Research and Consultancy) and Peter Fletcher from PFA (Peter Fletcher Associates Ltd). Peter and Moyra led the work to develop the research and appraisal tools. Other people from the Raising the Stakes consortia who presented information and material at the workshop were John Galvin and Alex Billeter from EAC (Elderly Accommodation Counsel) and Deborah Clogg from IPC (Institute for Public Care).

People invited to take part in the workshop

A sample of 'experts' were invited to attend and work with us. The experts included older people with an interest in housing and care issues, senior officers from a range of commercial, not-for-profit and public organizations that provide housing with care buildings for older people and, commissioners and planners from local authorities. A list of attendees is provided in Appendix 1.

Purpose of the workshop

The workshop had three main purposes:

1) Informing participants of the work that the research and development consortia has been doing.
2) Testing out and refining prototype tools that are intended to benefit the housing and care industry and customers.
3) Exploring interest in developing an industry wide 'kitemarking' approach.

The programme for the workshop is provided in Appendix 2.

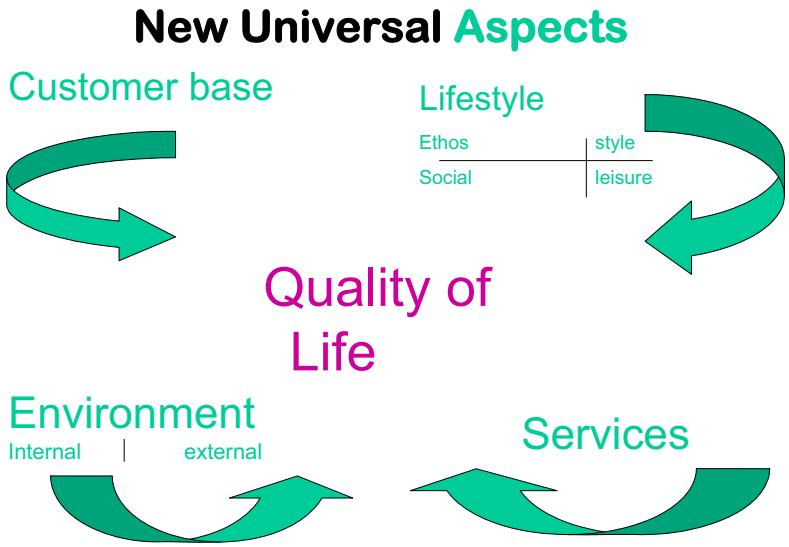
The prototype resources and tools

Three prototype tools were tested out with participants at the workshop

- A questionnaire, which was a refined version of the questionnaire the Elderly Accommodation Counsel (EAC) uses at the moment to collect data from housing and care providers.
- A template for writing a statement of purpose. This follows the practice for registered care homes, which are currently required by CSCI (the Commission for Social Care Inspection) to provide such a statement
- A self-assessment checklist. The self-assessment checklist is to help organisations improve the quality and content of the information they produce for potential consumers. It is intended to be part of an

organisation's work to make continuous improvements, something that modern organisations should all aim to do.

The questionnaire and appraisal tool are set out under four aspects or domains that sit within an overall, quality of life approach – customer base; lifestyle; internal and external environment; and services. These domains are set out in the diagram below



2. Workshop report

DAY 1 – 26 April 2007

Day 1 of the workshop:

- Set the background to raising the stakes – see introduction above
- Introduced the key concepts of the work – see presentation 1
- Introduced the concept of Critical Success Factors in developing and running housing with care housing and services for older people
- Explained the existing EAC website and questionnaires, and the plans to develop the website further
- Introduced the prototype tools

DAY 2 – 27 APRIL

- Identified key areas and questions to discuss in the groups

- Groupwork to gauge participant reaction to the prototype tools, and to discuss critical success factors in housing with care schemes
- Groupwork
- Plenary discussion and agreement and next steps

Feedback on the groups

Feedback from Groups on the questionnaire, self assessment checklist and statement of purpose

- Not a huge incentive for some providers if their allocations system is controlled through the local authority
- But good marketing tool and good for OP
- There was good support for the 4 aspects on which the material is built
- It was felt that the material links well together
- The groups provided practical suggestions for refining the Questions in the questionnaire
- Some gaps in the questionnaire were also identified = eg management information
- There was a debate as to how far the self assessment checklist should be about information or standards
- There was strong support for the statement of purpose

Feedback on Critical Success Factors (CSFs)
The areas to be addressed in relation to standards should be those that make the MOST DIFFERENCE in terms of outcomes for older people

- Use a simple approach: not too complicated
  - Could we use hotel symbols for facilities on site
  - Could one star provision

CSFs

- Ethos
- Sense of community
- Flexibility of care
- Involvement in decision making
- Outcome approach to care

Kitemarking

- A range of questions were addressed in the groups
- A key issue was whether there should be a 'threshold of entry' into any kitemarking system/club
- There was consensus on the format suggested
- There were many more questions/uncertainties about the use of outcome measures because of commercial sensitivities
- If stage 1 is only about "information" is kitemark the right word

More detailed information on the Kitemarking workshop is provided in Appendix 3.

First Plenary discussion after the groups on day 2

KItemarking for information

The main debate was whether a kitemark should be about information only as a first stage or standards.

All participants supported the concept starting with a kitemark for quality of information - to give potential customers a good feel as to what an extra care scheme offers, using information on the domains and the statement of purpose.

Participants liked the example write–up that EAC had prepared about Rossiter Court as an imaginary extra care scheme. They would be happy to see their schemes described in this way.

One provider said that they would do it now as a marketing tool and liked the idea of the information being completed by residents so that it is their perspective that is at the forefront.

KItemarking for standards

Some participants fully supported the idea of a kitemark for standards of extra care housing. They thought it would raise expectations and standards.

However, it was recognized that it was difficult to develop a kitemark for standards at a time when the market was still relatively immature, and where there are many different types and definitions of extra care on the market.

Retaining flexibility as the product evolves was seen to be very important.

There was a fear from some participants – social care commissioners as well as provider organizations - that development kitemarking for standards could open the door for more rigid regulation. There was a concern that too simple a way of making comparisons on services will lead to simple judgements/rationing of costs/funding.

The impact of a philosophy of maximizing independence

If extra care maximises independence, so one of the issues is the decreasing need for care/focus on care. There is a danger of over emphasis on this area.

Who is the kitemark for
An information kitemark may, in the short term be of more value for the private sector rather than the social housing sector. For the latter the product is rationed and consumer access is controlled by access systems agreed with social services.

What older people want

For older people looking for the right option for them there need to be categories and a 'search engine' to help people search for what they want/ask certain questions + relate these to them as a person.

Good information is important. It helps to narrow the search down to a shortlist from which one could visit schemes and make a decision on moving.
Information needs to explain how one accesses certain services, for example care.

Older people need to know care and service costs + how they are worked out. Information could identify what things cost + different ways for people to pay them. Providers should say what their costs are and what they cover. There needs to be a relatively easy way to communicate this information to consumers.

Costs in the last 5 yrs could be presented, with average costs.

'Right Move' is a good example of how to set information out
The market could help to dictate/push organisations to publish their costs transparently.

Customer validation

There was some support for a system of customer validation. The customer wants to know 'does it have a good name'?

What is missing

Some people felt that a dimension of 'management' arrangements was missing from the quality of life framework, particularly in relation to ownership/freehold schemes. This would need to cover tenure and management rights/service arrangements. It might be part of narrowing search down. It might be part of the ethos. It might be part of the decision making process by the older person.

Jon H - need to capture costs that are 'different' – particularly in relation to housing with care – accountability responsible to providers – statement about own responsibility for what is provided.

Management philosophy – who provides what – all in house or not – information as well that customers need to know – particular issues for social commissioners. Discussion of above – strengthens need for clear information – will help educate commissioners.

Could kitemark promote transparency + quality of information on management particularly clarity/robustness of arrangements.

Second plenary discussion on day 2 – agreeing the next steps

1. Building a standard around information

There was a clear consensus about moving ahead to move towards an initial kitemarking system (or another suitable word) around information.

The system would be based on refining the prototype tools, based on the comments and ideas provided by participants at the workshop.

The next step would be to refine the tools. Some of the participants volunteered to support this process and offered to come together again.

The refined information would become the first stage of the kitemark process.

2. Moving on from quality of information to quality standards through a staged approach

Further discussion would be needed at another workshop or through the Industry Forum test further the appetite to take things beyond information, using a staged approach.

Kitemarking "Information" level?
OR
Kitemarking Trade Standards

Some people felt that there were a range of other inspection systems out there – e.g. CSCI for personal care; fire safety; environmental health

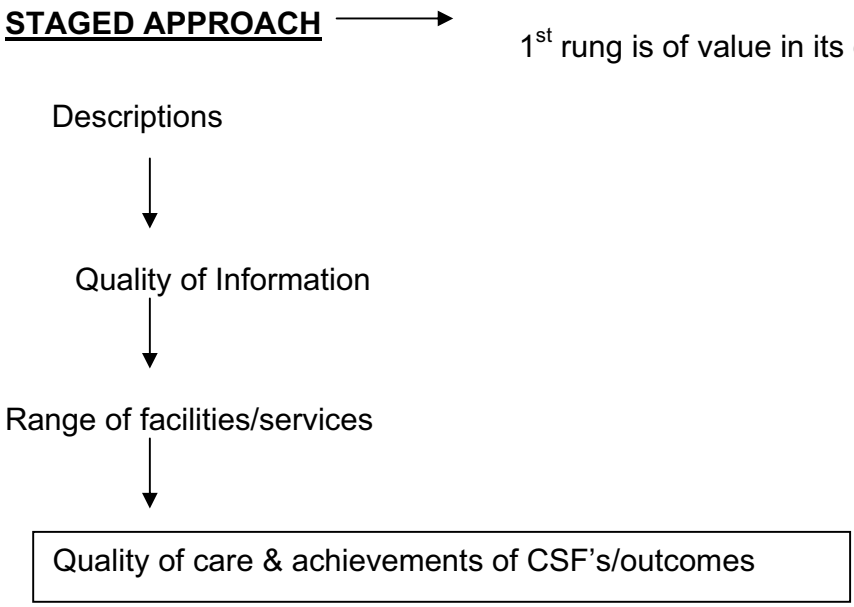
Others felt that unless quality standards were assessed the kitemarking system would not go far enough.

The current material is about inputs. If people wanted to move to outcome measures this would need work on:

- How to get there
- How to present information
- To whom?

It was recognised that extra care/housing with care came in many different shapes and forms.

Overall it was felt that this initiative would raise standard and be the foundation for information as to nature of service – a baseline kitemark.



3. Paying for the next steps

Stage 1: Quality of Information – needs some development monies

- Providers
- JRF
- DH

Funding would be needed as it would not be commercially viable for EAC to start withy, though it has commercial potential if there is wide buy in

Stage 2: Quality standards

- Could start with using hotel type symbols of facilities
- Not clear yet whether pump priming funding would be needed or whether providers will fund by paying as they go

Appendix 1

Participants List

Speakers in Bold

1.	Anne	Bailey	Woverhampton City Council
2.	Alex	Billeter	Elderly Accommodation Counsel
3.	Bob	Bessell	Retirement Security Ltd
4.	Carmel	Brogan	Bristol City Council
5.	**Deborah**	**Clogg**	**Institute of Public Care**
6.	**Peter**	**Fletcher**	**Peter Fletcher Associates**
7.	**John**	**Galvin**	**Elderly Accommodation Counsel**
8.	John	Graham	The ExtraCare Charitable Trust
9.	Sally	Harvey	Abbeyfield Society
10.	Jon	Head	Hanover Housing Association
11.	Barbara	Hobbs	Raven Audley Court
12.	Ann	Hughes	Anchor Trust
13.	Paul	Jackson	Richmond Villages
14.	Chris	Lamb	St Helens MBC (or Les Bond)
15.	John	Lewin	The Stepping Stone Group Limited
16.	Steve	Ongeri	Independent Consultant
17.	Clive	Parker	Saxon Weald
18.	Meic	Phillips	Abbeyfield Society
19.	**Jeremy**	**Porteus**	**CSIP Housing LIN**
20.	Neil	Revely	North Yorkshire County Council
21.	Mark	Riddington	Peverel
22.	**Moya**	**Riseborough**	**RRCA**
23.	Kim	Scott	Places for People
24.	John	Timms	HicaLife
25.	Service user		Wolverhampton
26.	Service user		Wolverhampton

Appendix 2

REPORT ON THE KITEMARKING COMPONENT OF THE WORKSHOP

1. Do you agree with the idea of a kitemark for housing with care?

- Participants were in generally enthusiastic about the idea of a kitemark, although it had been expected by most, and hoped by a few, that the kitemark would be about minimum standards of facilities and services.
- One provider judged the kitemark valuable only as a first step towards the development of a trade association. A kitemark is like a hotel star rating which informs only on cost and facilities, but does not guarantee quality. A **trade association** would give confidence to consumers complies with standards that each scheme is visited each year

2. Do you agree with the proposal for a Mark for quality of information?

- The proposal seemed to make sense to all, although the need for basic standard of provision still remain high on the agenda of some, more specifically about 'extra care' as preferred by the Department of Health and the Housing Corporation.
- The remark under 1. (above) on the value of a kitemark as a first step towards the development of a **trade association** applies equally to a Mark for quality of information
- One participant remarked that the name 'Kitemark' (and other 'Mark' names) would be misleading, as it would be generally understood as referring to basic standards of provision, or to a code of practice. Even 'Quality of Information Mark' might not register in people's mind for what it is. A majority of the participants recognised the difficulty. It was also stated that if the proposed Mark was a first stage for a future Kitemark with basic standards of provision, the proposed name would be less misleading

3. How valuable do you think such a kitemark would be for your organisation?

- Most providers thought that a kitemark would become a valuable tool for marketing purposes, for supporting planning applications and for better information to the customers.
- Commissioners seemed to agree that the Mark could be of help in their commitment to implement strategies. They felt that it would help support

planning applications, defining what the basic standards of information should be.

- One provider stated that a kitemark would not make any difference as their schemes are fully allocated before completion and only to local people. However he would fully support the foundation of a trade association.
- This provider saw kitemarking helping make people – including planners and commissioners – more aware of ECH, i.e. to "support the development of a dynamic and sustainable ECH market" (to quote one objective of the project)
- One provider stated that waiting lists are full anyway and that the kitemark would raise profile and wrong expectations.
- A private provider stated that, once established and used by a few, the kitemark would become an essential requirement for all the industry.

4. Do you agree with the eligibility criteria, the basic definition of housing with care?

There was general agreement with the proposed threshold of entry **defining Housing with Care as**

- Housing designed with the needs of frailer older people in mind
- Offering security of tenure, i.e.: own front door and a legal right to occupy the property
- Facilitating the delivery of support and care services
- With communal and catering facilities

5. Do you agree with the proposed accreditation process for the kitemarking process?

- **Self-assessment** was not discussed.
- The completion of **questionnaires** similar to those used by EAC or proposed by the workshop seemed generally acceptable
- Submission of **supporting material** such as photographs, plans and brochure was also acceptable
- Submission of supporting information is less clear cut. Information on rent and leasehold is agreed.
- Clarity on **service charges** could also be met by all
- **Costs of care services** are much more difficult to present fairly. Not all providers would undertake to comply.

6. Could the accreditation process include compliance with appropriate codes of practice or other existing standards?

- The idea in principle seemed to be well received

7. Should the accreditation process include the use of outcome measuring tools?

- The idea is accepted by some and resisted by as many.
- One private sector provider was opposed to this proposal for reasons of commercial sensitivity and data protection issues.
- It may be that outcome measures would best be left out, at least at this early stage.

8. Ideas on financing the Kitemark?

- One provider suggested that EAC approach say 10 of the leading providers asking them to share these costs between them
- One provider suggested that the development of the project could be financed by a major institution (Department of Health, Housing Corporation), or the Joseph Rowntree Foundation which could see it as a natural development of their recent Literature Review by Karen Croucher (Housing with Care for Later Life)
- One commissioner stated that her local authority could only help with other resources or secondment, but not directly with cost
- One commissioner stated that his local authority would support the Mark's development financially. For a commissioner, the Mark would become a very important tool to support a commitment for implement strategies.

Conclusions: main considerations for the next step:

1. Name: Reconsider the name of a quality information mark
2. Two-stage development: is this a path towards kitemarking proper including standards of provision?
3. Finance: it appeared that it was too early to get commitments on financial support. The response would be clearer when the quality mark proposal is fully developed.
4. IGP grant: delivery of funders' requirements?
5. Self-assessment: where does it fit in the accreditation process?
6. Timetable for agreeing the basic questionnaire? John Graham's proposal to involve the users is difficult to fit within the project timetable
7. Outcome measures might start out as an optional component of the info Mark

EAC Quality of Information Mark – Outline

Background

One of the objectives of the *Raising the Stakes* project (funded by the Housing Corporation and the Housing LIN) was to create "an industry-owned, independently-managed, **kitemarking system** of Extra Care Housing for older people A kitemark would help providers demonstrate that a scheme meets a set of core standards; it would also give the consumer added confidence in the standards of facilities and services in place.

Such a kitemarking system is expected to develop over time and this new ***Quality of Information Mark*** can be seen as a first step in a direction, that will benefit consumers and providers..

EAC Quality of Information Mark

To continue to help older people find what best meet their housing and care needs in the variety of existing models, EAC is introducing its own kitemark to encourage housing providers and managers to supply EAC with more detailed information on their housing schemes

The introduction of the *Quality of Information Mark* should

- help develop a common language and culture of openness amongst providers
- ease the way to Extra Care Housing standards by not appearing to discriminate against retirement housing that doesn't aspire to be ECH
- help ensure that any industry decisions on standards for Extra Care Housing will be made with better information about the whole range of retirement provision that exists
- involve the wider public in the complexities of an increasingly diverse product range

Eligibility*:*

The ***Quality of Information Mark*** is available for most types of housing for older people, from sheltered / retirement housing to Extra Care Housing and retirement villages. The amount of information requested will depend on the range of facilities and services available at a scheme. However all respondents will have to provide a statement of purpose and information on outcome measures.

Providers can continue to refer to their schemes as sheltered, retirement, assisted living, very sheltered, housing with care, close care, etc. However the term *Extra Care Housing* will be reserved for schemes meeting the extra care criteria or standards used by the Department of Health and the Housing Corporation.

Protocol

1. The *EAC Quality of Information Mark* is awarded to a housing scheme when its *EAC questionnaire* has been received, fully completed, by EAC.

2. The *EAC Quality of Information Mark* will be awarded to schemes that have returned, within the last 12 months, a fully completed *EAC questionnaire*.

3. The *Mark* has to be renewed annually by submitting a completed questionnaire.

4. Schemes under development can also apply for the Mark.

5. Schemes awarded an *EAC Quality of Information Mark* will be specially highlighted on EAC's websites www.HousingCare.org (website for the public) and www.extracarehousing.org.uk (website for the industry). A Mark/logo can be provided. It can be displayed by its holder only in association with the 'marked' scheme but not generically with the provider's name.

6. To find your scheme-specific questionnaire, or a blank questionnaire, please go to www.housingcare.org , and click on 'Update housing info' under 'For Providers' and follow the process.

7. There is no cost involved except for the use of the EAC Mark outside EAC websites and publications.

EAC NATIONAL DATABASE OF HOUSING FOR OLDER PEOPLE

Please complete / correct and return to EAC at the address at the foot of this page

DETAILS OF HOUSING SCHEME

LANDLORD / MANAGER

Name

Management office postcode

SCHEME / DEVELOPMENT

Name
Address

Post town
Post county
Postcode

Tenure main
Tenure secondary

Is the scheme linked to a care home? (tick)

Details

1. The Buildings

PROPERTY DETAILS

Year built

Year of any major remodelling

Total number of properties (excluding staff housing)

Types/sizes	Studios	1bedrm	2 bedrm	3 bedrm	TOTALS
Flats					
Bungalows					
Houses					

Number of storeys (including ground floor)

No. of properties suitable for people with limited mobility

No. of properties suitable for regular wheelchair users?

There is storage for wheelchairs/electric scooters (tick)

If there are flats: There is a lift (tick)
They have private balconies (tick)
They have private patios/gardens (tick)

If there are bedsits/studios: They have a kitchen (tick)
They have a wc (tick)
They have a bathroom (tick)

Properties are served by a communal satellite tv arial (tick)
Properties are wired for cable tv (tick)

LOCATION

Local Authority

Name given to the area by local people

Distances to external facilities:

Bus stop		yards, or		miles
Local shop		yards, or		miles
Post office		yards, or		miles
GP surgery		yards, or		miles
Social/day centre		yards, or		miles
Shopping centre		yards, or		miles

ALARMS and SECURITY

Community alarm service (tick)

Provided by

Alarm to call on-site staff (tick)

Other telecare services? (tick)

Scheme security features:

Security features for individual properties:

COMMUNAL FACILITIES

- Lounge(s)
- Laundry
- Guest suite
- Garden
- Conservatory
- Restaurant (open to public)
- Dining room (residents only)
- Hobby room(s)
- Community /day centre
- Activities room(s)

COSTS

Average new let rents excluding all charges:

Studio
1 bed
2 bed
per

Sale/resale prices start from around:

Studio
1 bed
2 bed
3 bed

(continued over)

Please return this form to: EAC, 3rd floor, 89 Albert Embankment, London SE1 7TP
Tel: 020 7820 3755 Fax: 020 7820 3970 Email: alex.billeter@eac.org.uk

2. The Services

SERVICE PROVIDERS

Support provider:

Office postcode:

Care provider:

Office postcode:

SERVICES available

Housing support service (SP tasks) (tick)
Domestic assistance (tick)
Personal care services (tick)
Dementia care (tick)
Care for people with learning disabilities (tick)
Nursing care (tick)

Meals are available on a regular basis (tick)
A daily meal is available (tick)

Details:

Specific services
Meals in residents' own homes (tick)
Personal laundry service (tick)
Hairdressing on site (tick)
Chiropody (tick)
Physiotherapy (tick)

Others:

STAFF

Housing staff:
Resident scheme manager (tick)
Non-resident manager (tick)

Housing staff on duty:
part time (tick)
normal hours (tick)
24 hours (tick)
7 days (tick)

Number of on-site housing staff:

Care staff:
Site-based care staff (tick)
On-site care staff 24/7 (tick)

On-site care staff number

Other staff:

SCHEME CLASSIFICATION

- [x] Not used
- [ ] General elderly
- [ ] Cat 1 /amenity
- [ ] Cat 2 sheltered
- [ ] Cat 2½ /extra care
- [ ] Other

Your preferred description:

SERVICE COSTS

Service + support charges are about: per

3. Service Users

OVERALL USER PROFILE

We cater for people with no/low level care needs (tick)
We are aiming at a mixed care levels population (tick)
Admission criteria are similar to residential care (tick)
Residents will not need to move except to hospital (tick)

Other (please write)

The scheme is intended or specially suited to a specific religious, ethnic, profession or other group (tick)

The scheme is restricted to a specific group (tick)

Age limits for new residents (if applicable) are Lower
Upper

CULTURE and LIFESTYLE

There are regular social activities (tick)

If yes, which?

New residents are allowed to bring pets: a cat (tick)
a dog (tick)

If yes, pets can be replaced? (tick)

Smoking is allowed in some/all communal areas (tick)

Staff can speak languages other than English (tick)

Languages are:

No. of residents who prefer another language:

Prefered languages include:

There is a tenants/residents association (tick)

Residents are involved in running the scheme through:

SERVICE USER VIEWS

Most residents find getting to the site:
☐ easy ☐ manageable ☐ difficult

Less mobile people find getting to the site:
☐ easy ☐ manageable ☐ difficult

The location is generally regarded as:
☐ desirable ☐ average ☐ not so desirable

Compared to our other schemes, this one is:
☐ popular ☐ not so popular
☐ average ☐ slow to let/sell

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EAC NATIONAL DATABASE OF HOUSING FOR OLDER PEOPLE

<< Extra Care Housing Supplement >>

Landlord /Manager: _____

Scheme name: _____

Post town: _____

Scheme postcode: _____

Please note that this supplementary questionnaire does not repeat questions answered on the standard EAC National Database questionnaire that you have already completed.

1. The Buildings

Communal facilities
(please tick all that apply)

- ☐ All are accessible by wheelchair users
- ☐ Are designed for sensory impairment

- ☐ Separate dementia unit
  No. of properties ____
- ☐ Intermediate care suite or similar
- ☐ Respite care accommodation
  No. of properties ____
- ☐ Assisted bathroom(s)

Total number of parking places ____

- ☐ More than one lounge
- ☐ TV lounge
- ☐ Café
- ☐ Bar / pub
- ☐ Fitness gym
- ☐ Arts and craft centre
- ☐ Library
- ☐ Shop
- ☐ Treatment room
- ☐ Computer/IT room
- ☐ Payphone
- ☐ WC's
- ☐ Hairdressing salon
- ☐ Jacuzzi
- ☐ Pool

Other communal facilities:

_____

_____

- ☐ Manager's office
- ☐ Care staff office
- ☐ Staff overnight room with en-suite
- ☐ Staff rest room with kitchenette
- ☐ Staff locker and changing room
- ☐ Main catering kitchen

Others: _____

Telecare / Assistive Technology
in individual properties
(please tick all that apply, and give details)

- ☐ Wired for telecare

_____

- ☐ Telecare installed

_____

- ☐ Sensors (detectors) and monitors

_____

- ☐ • Personal sensors

_____

- ☐ • Property-based sensors

_____

- ☐ • Smart Home

_____

- ☐ • CCTV

_____

- ☐ • Others

_____

2. The Services

Meals
(please tick all that apply)

- ☐ Breakfast always available in restaurant/dining room
- ☐ Lunch always available in restaurant/dining room
- ☐ Dinner always available in restaurant/dining room
- ☐ Breakfast can be delivered to individual homes
- ☐ Lunch can be delivered to individual homes
- ☐ Dinner can be delivered to individual homes
- ☐ Restaurant is open to outsiders
- ☐ There is generally a choice of menu
- ☐ Residents are consulted on menus
- ☐ All meals are prepared on the scheme
- ☐ Vegetarians are specifically catered for
- ☐ Special diets can usually be provided for

Domestic assistance
(please tick all that are available)

- ☐ Light domestic cleaning
- ☐ Shopping
- ☐ Housework

Care
(please tick all that you are able to provide)

- ☐ Personal care
- ☐ Intermediate care
- ☐ Respite care
- ☐ Dementia care
- ☐ Mental frailty
- ☐ Learning disabilities
- ☐ Physical disabilities
- ☐ Behavioural problems
- ☐ Nursing care
- ☐ Terminal illness

Costs

We want to understand how residents pay for the services that are available in this scheme. We realise that the picture can be very complex, and that different providers offer different packages.

Please would you let us have copies of whatever materials (schedules, brochures, etc) you have that detail the charges for individual services or service packages.

3. Service Users

Community Interaction
(please tick whatever best describes your scheme)

- ☐ The scheme is located within an existing active community
- ☐ The scheme is within easy reach of an existing active community
- ☐ The scheme relies on itself for community /neighbourhood interaction

Meeting specific ethnic or cultural needs
(please tick and describe)

- ☐ We can meet cultural dietary preferences
- ☐ We facilitate spiritual and religious observance

Please list specific design features to facilitate cultural and religious purposes (chapel, prayer room, etc.

Eligibility criteria / admission policy

Applicants must:

- ☐ Be self-funders
- ☐ Be on state benefits
- ☐ Have local connections
- ☐ Have a housing needs assessment
- ☐ Have a community care assessment
- ☐ Have a risk assessment
- ☐ Have a health assessment
- ☐ Have minimum housing support need
  Please state minimum hrs/week: ____
- ☐ Have minimum personal care need
  Please state minimum hrs/week: ____
- ☐ Have less than a maximum personal care need
  Please state maximum hrs/week: ____

For couples, both partners must:

- ☐ Have minimum housing support need
- ☐ Have minimum personal care need

Eligibility criteria / admission policy (cont.)

We accept people with:

- ☐ Visual impairment
- ☐ Deafness
- ☐ Urinary incontinence
- ☐ Faecal incontinence

We would normally accept people with:

- ☐ Memory problems - moderate
- ☐ Memory problems - severe
- ☐ Challenging behaviour - disruptive
- ☐ Challenging behaviour – physically violent
- ☐ Mobility problems – frame
- ☐ Mobility problems – wheelchair
- ☐ Mobility problems – bedfast
- ☐ Wandering problems – inside home
- ☐ Wandering problems – outside home

Our scheme is best suited to care for:

- ☐ People who need minimal help
- ☐ People who need moderate help
- ☐ People who need a high level of help

Culture & Lifestyle

The scheme provides:

- ☐ Entertainment
- ☐ Outings
- ☐ Regular activities programme
  - ☐ Daily activities
  - ☐ Weekly activities
  - ☐ Monthly activities
- ☐ Facilities for residents to garden or assist with gardening
- ☐ Own minibus
- ☐ Other transport for residents

Services to the wider community

Please describe any services offered to non-residents:

• Services provided to the wider community at the scheme:	
• Services delivered from the scheme to the wider community:	
• Services provided to other schemes:	

Manager's description

Please use a separate sheet to highlight any qualities or features of the scheme which you have not been able to describe above. Alternatively, email us your description, or send us a copy of any scheme brochure or other descriptive materials.

Form completed by: Name:_____ Office postcode:_____

Audiovisuals

We would welcome any of the following materials in electronic format for display on our new extra care website **www.extracarehousing.org.uk**:

Organisation materials

- Logo
- Annual Report
- Statement of extra care aims & objectives
- General extra care video

Scheme materials

- Scheme photos
- Scheme brochure
- Scheme plans/drawings
- Reviews & articles
- Care service inspection report
- Scheme manager photo
- Scheme video

EAC NATIONAL DATABASE OF HOUSING FOR OLDER PEOPLE

HOUSING QUESTIONNAIRE

EAC ref. 11440

LANDLORD / MANAGER

Name: 1066 Housing Association Ltd

Management office postcode: TN34 1BP

SCHEME / DEVELOPMENT

Name Bevin Court
Address Stonehouse Drive

Post town St Leonards-on-Sea
Post county East Sussex
Postcode TN38

Photo (if already provided) ---------->

Tenures available: rent (social landlord)

Is the scheme linked to a care home? ☐ (tick)

Details:

1. The Buildings

PROPERTY DETAILS

Year built: 0

Year of any major remodelling:

Total number of properties (excluding staff housing): 97

Types/sizes	Studios	1bedrm	2 bedrm	3 bedrm	TOTALS
Flats		✓ 31	✓ 66		✓ 97
Bungalows					
Houses					

Number of storeys (including ground floor): 16

No. of properties suitable for people with limited mobility:

No. of properties suitable for regular wheelchair users?

There is storage for wheelchairs/electric scooters ☐ (tick)

If there are flats:
- There is a lift ✓ (tick)
- They have private balconies ☐ (tick)
- They have private patios/gardens ☐ (tick)

If there are bedsits/studios:
- They have a kitchen ☐ (tick)
- They have a wc ☐ (tick)
- They have a bathroom ☐ (tick)

Properties are served by a communal satellite tv arial ☐ (tick)

Properties are wired for cable tv ☐ (tick)

LOCATION

Local Authority: Hastings

Name given to the area by local people: St Leonards-on-Sea

Distances to external facilities:

Bus stop		yards, or		miles
Local shop		yards, or		miles
Post office		yards, or		miles
GP surgery		yards, or		miles
Social/day centre		yards, or		miles
Shopping centre		yards, or		miles

ALARMS and SECURITY

Community alarm service ✓ (tick)

Provided by: Lifeline

Alarm to call on-site staff ✓ (tick)

Other telecare services? ☐ (tick)

Scheme security features:

Security features for individual properties:

COMMUNAL FACILITIES

- ✓ Lounge(s)
- ✓ Laundry
- ☐ Guest suite
- ☐ Garden
- ☐ Conservatory
- ☐ Restaurant (open to public)
- ☐ Dining room (residents only)
- ☐ Hobby room(s)
- ☐ Community /day centre
- ☐ Activities room(s)

COSTS

Average new let rents excluding all charges:

Studio		per	
1 bed			
2 bed			

Sale/resale prices start from around:

Studio	
1 bed	
2 bed	
3 bed	

(continued over)

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EAC NATIONAL DATABASE OF HOUSING FOR OLDER PEOPLE

2. The Services

SERVICE PROVIDERS

Support provider:

Office postcode:

Care provider:

Office postcode:

SERVICES available

Housing support service (SP tasks)		(tick)
Domestic assistance		(tick)
Personal care services provided		(tick)
Personal care services facilitated only		(tick)
Meals are available on a regular basis	✓	(tick)
A daily meal is available	✓	(tick)

Details: in neighbouring block, 7 days.

Specific services	Meals in residents' own homes		(tick)
	Personal laundry service		(tick)
	Hairdressing on site		(tick)
	Chiropody		(tick)
	Physiotherapy		(tick)

Others:

STAFF

Site-based housing staff:	Resident manager		(tick)
	Non-resident manager	✓	(tick)
	On duty: part time		(tick)
	normal hours	✓	(tick)
	24 hours		(tick)
	7 days		(tick)
	No. of staff on-site daytime:		
Non site-based housing staff	On call		(tick)
	Visit regularly		(tick)
Care staff:	Site-based care staff		(tick)
	On-site care staff 24/7		(tick)
	No. of on-site care staff daytime:		

Other staff:

SCHEME CLASSIFICATION

- ☐ Not used
- ☐ General elderly
- ☐ Cat 1 /amenity
- ☑ Cat 2 sheltered
- ☐ Cat 2½ /extra care
- ☐ Other

Your preferred description:

SERVICE COSTS

Service + support charges are about: per

3. Service Users

OVERALL USER PROFILE

We cater for people with no/low level care needs	✓	(tick)
We are aiming at a mixed care levels population		(tick)
Admission criteria are similar to residential care		(tick)
Residents will not need to move except to hospital		(tick)

Other (please write)

The scheme is intended or specially suited to a specific religious, ethnic, profession or other group ☐ (tick)

The scheme is restricted to a specific group ☐ (tick)

Age limits for new residents (if applicable) are Lower Upper

CULTURE and LIFESTYLE

There are regular social activities ✓ (tick)

If yes, which?

New residents are allowed to bring pets:	a cat	(tick)
	a dog	(tick)
If yes, pets can be replaced?		(tick)

Smoking is not allowed in individual homes ☐ (tick)

Staff can speak languages other than English ☐ (tick)

Languages are:

No. of residents who prefer another language:

Prefered languages include:

There is a tenants/residents association ☐ (tick)

Residents are involved in running the scheme through:

SERVICE USER VIEWS

Most residents find getting to the site:

☐ easy ☐ manageable ☐ difficult

Less mobile people find getting to the site:

☐ easy ☐ manageable ☐ difficult

The location is generally regarded as:

☐ desirable ☐ average ☐ not so desirable

Compared to our other schemes, this one is:

☐ popular ☐ not so popular
☐ average ☐ slow to let/sell

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Housing-with-Care Supplement

Scheme name: _____

Scheme postcode: _____

1. The Buildings

Communal facilities
(please tick all that apply)

- ☐ All are accessible by wheelchair users
- ☐ Are designed for sensory impairment
- ☐ Separate dementia unit
  No. of properties ____
- ☐ Intermediate care suite or similar
- ☐ Respite care accommodation
  No. of properties ____
- ☐ Assisted bathroom(s)

Total number of parking places ____

- ☐ More than one lounge
- ☐ TV lounge
- ☐ Café
- ☐ Bar / pub
- ☐ Fitness gym
- ☐ Arts and craft centre
- ☐ Library
- ☐ Shop
- ☐ Treatment room
- ☐ Computer/IT room
- ☐ Payphone
- ☐ WC's
- ☐ Hairdressing salon
- ☐ Jacuzzi
- ☐ Pool

Other communal facilities:

_____

_____

- ☐ Manager's office
- ☐ Care staff office
- ☐ Staff overnight room with en-suite
- ☐ Staff rest room with kitchenette
- ☐ Staff locker and changing room
- ☐ Main catering kitchen

Others: _____

Telecare / Assistive Technology
in individual properties
(please tick all that apply, and give details)

- ☐ Wired for telecare

_____

- ☐ Telecare installed

_____

- ☐ Sensors (detectors) and monitors

_____

- ☐ • Personal sensors

_____

- ☐ • Property-based sensors

_____

- ☐ • Smart Home

_____

- ☐ • CCTV

_____

- ☐ • Others

_____

2. The Services

Meals
(please tick all that apply)

- ☐ Breakfast always available in restaurant/dining room
- ☐ Lunch always available in restaurant/dining room
- ☐ Dinner always available in restaurant/dining room
- ☐ Breakfast can be delivered to individual homes
- ☐ Lunch can be delivered to individual homes
- ☐ Dinner can be delivered to individual homes
- ☐ Restaurant is open to outsiders
- ☐ There is generally a choice of menu
- ☐ Residents are consulted on menus
- ☐ All meals are prepared on the scheme
- ☐ Vegetarians are specifically catered for
- ☐ Special diets can usually be provided for

Domestic assistance
(please tick all that are available)

- ☐ Light domestic cleaning
- ☐ Shopping
- ☐ Housework

Care
(please tick all that you are able to provide)

- ☐ Personal care
- ☐ Intermediate care
- ☐ Respite care
- ☐ Dementia care
- ☐ Mental frailty
- ☐ Learning disabilities
- ☐ Physical disabilities
- ☐ Behavioural problems
- ☐ Nursing care
- ☐ Terminal illness

Costs

We want to understand how residents pay for the services that are available in this scheme. We realise that the picture can be very complex, and that different providers offer different packages.

Please would you let us have copies of whatever materials (schedules, brochures, etc) you have that detail the charges for individual services or service packages.

3. Service Users

Community Interaction
(please tick whatever best describes your scheme)

- ☐ The scheme is located within an existing active community
- ☐ The scheme is within easy reach of an existing active community
- ☐ The scheme relies on itself for community /neighbourhood interaction

Meeting specific ethnic or cultural needs
(please tick and describe)

- ☐ We can meet cultural dietary preferences
- ☐ We facilitate spiritual and religious observance

Please list specific design features to facilitate cultural and religious purposes (chapel, prayer room, etc.

Eligibility criteria / admission policy

Applicants must:

- ☐ Be self-funders
- ☐ Be on state benefits
- ☐ Have local connections
- ☐ Have a housing needs assessment
- ☐ Have a community care assessment
- ☐ Have a risk assessment
- ☐ Have a health assessment
- ☐ Have minimum housing support need
  Please state minimum hrs/week: ____
- ☐ Have minimum personal care need
  Please state minimum hrs/week: ____
- ☐ Have less than a maximum personal care need
  Please state maximum hrs/week: ____

For couples, both partners must:

- ☐ Have minimum housing support need
- ☐ Have minimum personal care need

EAC NATIONAL DATABASE OF HOUSING FOR OLDER PEOPLE

Eligibility criteria / admission policy (cont.)

We accept people with:

- ☐ Visual impairment
- ☐ Deafness
- ☐ Urinary incontinence
- ☐ Faecal incontinence

We would normally accept people with:

- ☐ Memory problems - moderate
- ☐ Memory problems - severe
- ☐ Challenging behaviour - disruptive
- ☐ Challenging behaviour – physically violent
- ☐ Mobility problems – frame
- ☐ Mobility problems – wheelchair
- ☐ Mobility problems – bedfast
- ☐ Wandering problems – inside home
- ☐ Wandering problems – outside home

Our scheme is best suited to care for:

- ☐ People who need minimal help
- ☐ People who need moderate help
- ☐ People who need a high level of help

Culture & Lifestyle

The scheme provides:

- ☐ Entertainment
- ☐ Outings
- ☐ Regular activities programme
  - ☐ Daily activities
  - ☐ Weekly activities
  - ☐ Monthly activities
- ☐ Facilities for residents to garden or assist with gardening
- ☐ Own minibus
- ☐ Other transport for residents

Services to the wider community

Please describe any services offered to non-residents:

- Services provided to the wider community at the scheme:

- Services delivered from the scheme to the wider community:

- Services provided to other schemes:

Statement of purpose

Please set out below the ethos and purpose of your scheme as you would describe it to a potential customer:

EAC NATIONAL DATABASE OF HOUSING FOR OLDER PEOPLE

Assessment of service

Do you regularly measure outcomes to help assess the quality of your service and the well-being of your customers?

Yes / No

If YES, please describe how you do this:

Promotional text

Please use the space here to highlight any qualities or features of the scheme which you have not been able to describe above. Alternatively, email us your description, or send us a copy of any scheme brochure or other descriptive materials.

Form completed by: Name:_____ Office postcode:_____

Thank you!

Audiovisuals

We would welcome any of the following materials in electronic format for display on our websites www.housingcare.org & www.extracarehousing.org.uk

Organisation materials

- Annual Report
- Statement of extra care aims & objectives
- General extra care video

Scheme materials

- Scheme photos
- Scheme brochure
- Scheme plans/drawings
- Reviews & articles
- Scheme manager photo
- Scheme video

Please return this form to: EAC, 3rd floor, 89 Albert Embankment, London SE1 7TP
Tel: 020 7820 3755 Fax: 020 7820 3970 Email: alex.billeter@eac.org.uk

The Raising the Stakes Questionnaire
A Self Assessment Pack

Contents **Page**

About the Raising the Stakes work

There is no doubt that consumers of any age are becoming more discerning. They increasingly demand quality information to help them make informed decisions. When it comes to making decisions about 'housing with care' consumers face a difficult task. Information is often patchy and hard to find. The Raising the Stakes project goes right to the heart of these problems and aims to make practical improvements.

Elderly Accommodation Counsel already collects information from many housing and care providers and displays the information on a national website that is well used by the public. The Raising the Stakes project is set to take things much further by assisting housing and care provider organisations give better information about their accommodation and services for older people Ultimately the idea is to encourage provider organisations to agree on and adopt a set of standards for the industry, so this project is part of a bigger plan.

Why bother?

Having better information particularly on types of accommodation and how organisations compare against some basic standards will benefit customers, their families and other people who are involved when making decisions to move to specialist housing and care. Housing and care organisations that meet together as part of an Extra Care Housing (ECH) Industry Forum agree[1] and have been closely involved in the project from the start.

The Raising the Stakes project has also taken on board research evidence that tells us what customers really want to know and how they want this information laid out. In response the project has developed information collection and presentation tools. At the moment they are prototypes. We hope all of the housing and care industry will want to use them eventually. Copies of the 'tools' are in this pack.

More information About Raising the Stakes

The Raising the Stakes project is funded by the Housing Corporation and the Care Services Improvement Partnership (CSIP) at the Department of Health. A team of people were brought together because of their expertise to work on the project. The people are:

Alex Billeter John Galvin	-	Elderly Accommodation Counsel
Deborah Clogg Rebecca McLindon	-	The Institute of Public Care
Peter Fletcher	-	Peter Fletcher Associates
Moyra Riseborough	-	Riseborough Research and Consultancy

[1] An ECH industry Forum , London on 18 12 2006; see the EAC www.extracarehousing.org.uk

Using the questionnaire and self assessment pack

In this pack you will find:

- A questionnaire
- A self-assessment checklist
- A template for writing a statement of purpose

These are the prototype tools.

Use the tools per each scheme or development
Housing and care provider organisations are asked to complete a questionnaire, a template and a self-assessment checklist for each of their housing with care schemes or developments.

Playing order
To save organisations time it might be helpful to know that there is a playing order. The questionnaire should be completed first. The self-assessment checklist follows on from the questionnaire so it is worth doing this second. The template for completing the statement of purpose is probably best tackled last. The template is provided to help organisations give the very best information about themselves using a standard way of organising descriptions that is customer friendly. It makes sense to do a draft and then go back to it after providers have had a chance to reflect on what they do well.

Electronic documents
All three documents should be completed by you and/or your colleagues. Please return the questionnaire and the statement of purpose to EAC electronically. If this is not possible you may print out versions, complete them by hand and post or fax to EAC. You do not have to send back your self-assessment check. This is for your eyes only.

The questionnaire and statement of purpose
EAC will extract the information and construct a description about the accommodation and services that you provide. They will also add in your statement of purpose.
[A fictional mock-up of an EAC report for Rossiter Court is included in your workshop pack]

The self assessment checklist
This is for you as an organisation and aims to help you reflect on how well you are doing at describing what you do.

Note: The self-assessment asks you to re-use some of the information you supplied in the questionnaire so it is worth having a copy of your completed questionnaire handy. The self- assessment checklist also asks about things that your organisation says about itself and that it does well so you will find that you have to look for some additional information.

The template for writing a statement of purpose
The template has prompts on it to encourage you to write a particular kind of description about the accommodation and services you provide. Some or all of the statement of purpose will be used to describe the scheme or development on the EAC website.

Questionnaire. For housing with care schemes for older people

Name and address of scheme / development

Scheme name	
Address	
Postcode	

Details of the organisation managing the scheme / development

Name of organisation	
Address	
Postcode	

Details of other organisations regularly providing services at the scheme

Name of organisation	
Type of service provided	
Contact details	

Name of organisation	
Type of service provided	
Contact details	

Please continue for more organisations

Your name and contact details

Your name	
Telephone	
Email	

Part One: The Environment

Internal environment

1a The buildings

- What year was the property first built — Year _____
- Have major changes been made in the building? If yes in what year? — Year _____

1b Number of properties

At this scheme/development how many properties are there for older people? — Number _____

How many have their own lockable front door? — Number _____

How many are self-contained? (Have integral bathroom and full kitchen? — Number _____

How many are self-contained studio or bedsit properties? — Number _____

How many are 1 bedroom self contained with a separate bedroom? — Number _____

How many are 2 bedroom self contained properties? — Number _____

How many have more than 2 bedrooms? — Number _____

1c Property types

Please tick the description closest to the types of properties

All apartments? Yes ☐

All bungalows? Yes ☐

A mixture of the above? Yes ☐

Other mixture? Yes ☐

Please write the details in below

……

……

1d Designed to support independent living

Does the design of people's homes help them self-care

Are all properties built or remodelled to Lifetime /wheelchair homes standards? Yes ☐ Some ☐ No ☐

If some/no, how many properties are built or remodelled to the above standards — Number _____

1e Bathrooms and kitchens

How well do bathrooms and kitchens promote self-care

Are people's bathrooms designed to help them self-care? E.g. ' flat-bed' showers? Yes ☐ Some ☐ No ☐

Are kitchens designed so anyone can use them easily? Yes ☐ Some ☐ No ☐

Other special design features you want to mention? Please write them in:

……..

……..

……..

1f Details of apartments or living units

How big are people's living units?

<u>1 bedroom and bedsit units</u>

Number that are less than 50 square metres Number _____

Number between 50 and 60 square metres? Number _____

Number bigger than 60 square metres? Number _____

<u>2 bedroom & larger units</u>

Number under 60 square metres Number _____

Number 60 – 70 square metres Number _____

Number over 70 square metres Number _____

1g Designed to encourage use of the building by all

Are all public parts of the development accessible by wheelchair users? Yes ☐ Some ☐ No ☐

Does the whole building conform with Lifetime Home standards? Yes ☐ Some ☐ No ☐

If the building has more than one storey, is there an accessible lift ? Yes ☐ Some ☐ No ☐

1h Facilities in the building

- Is there a manned reception area? Yes ☐ No ☐
- Is there a sitting room or lounge? Yes ☐ No ☐
- More than one sitting room/lounge? Yes ☐ No ☐
- Laundry/drying room for use by occupants? Yes ☐ No ☐
- Assisted bathroom? Yes ☐ No ☐
- Conservatory? Yes ☐ No ☐
- Sun-room? Yes ☐ No ☐
- Library? Yes ☐ No ☐
- Games room? Yes ☐ No ☐
- Gym, keep fit spaces? Yes ☐ No ☐
- Hobby Room? Yes ☐ No ☐
- Quiet room? Yes ☐ No ☐
- Prayer room or chapel? Yes ☐ No ☐
- Bar? Yes ☐ No ☐
- Restaurant? Yes ☐ No ☐
- Dining room? Yes ☐ No ☐
- Sauna/solarium? Yes ☐ No ☐
- Swimming pool? Yes ☐ No ☐
- Hydrotherapy pool? Yes ☐ No ☐
- Leisure centre? Yes ☐ No ☐
- Pub/bar? Yes ☐ No ☐
- Theatre/film venue? Yes ☐ No ☐
- Space to store/recharge equipment e.g. buggies? Yes ☐ No ☐
- A much bigger range of services and facilities than shown above? Yes ☐ No ☐

1i Facilities close to the building, wider complex

What facilities are there either within the wider complex or close by? (Within half a mile)

[Same list as above]

1j Standard of décor and furnishings

What is the overall standard of décor and furnishings in public/common areas? Excellent ☐ good ☐ reasonable ☐

External environment

1k Suitability of external areas

How easy is it for people to get about External areas e.g. gardens? Very easy ☐ Fairly easy ☐ Difficult ☐

1l Ease of accessing services

Note: by access we mean walk to, get public transport to or get help with transport so they can travel to services and facilities.

How easy is it for people to access:	Very	Fairly	Difficult
Shops, banks and GP's	☐	☐	☐
Leisure centres and other activities	☐	☐	☐
Pubs and restaurants	☐	☐	☐
Places of worship	☐	☐	☐

1m Security of external areas

Is the area around the scheme or development safe and secure? Very secure ☐ Fairly secure ☐ Not very ☐

1n Transport/getting around

Is the building/development close to public transport? Yes ☐ No ☐

Does the development have a Mini bus for occupants to use? Yes ☐ No ☐

Are other transport facilities available to help people get around? Yes ☐ No ☐

Part Two: The ethos of your scheme or development

2a Style of the scheme/ development

Tick the two statements closest to the style of this scheme/development

- Promotes a lively healthy lifestyle for all …… ☐
- Promotes a calm, tranquil environment …… ☐
- Promotes a hotel style including full range of hotel style services …… ☐
- Promotes self help and has limited practical assistance …….. ☐
- Promotes privacy and independence with opportunities to socialise if people wish ☐
- Primarily promotes a good place to live in comfortable attractive surroundings …… ☐
- Promotes a good place to live with all household maintenance and other tasks catered for …… ☐
- Promotes care and support for people in their own housing …… ☐
- Promotes quality of life …… ☐
- Promotes an alternative to residential care …… ☐

2b Social life

Are social life and sociability actively encouraged? Yes ☐ No ☐

2c If yes

Tick each activity available and indicate how frequently they are available

	Weekly	2 x weekly	Monthly	Occasionally
• Shopping trips	☐	☐	☐	☐
• Historical visits	☐	☐	☐	☐
• Theatre trips	☐	☐	☐	☐
• Other outings	☐	☐	☐	☐
• Coffee mornings	☐	☐	☐	☐
• Carpet bowls	☐	☐	☐	☐
• Chess	☐	☐	☐	☐
• Bingo	☐	☐	☐	☐
• Bridge	☐	☐	☐	☐
Other regular activities (please list)	☐	☐	☐	☐

Part Three: Customer Base

3a Is the scheme aimed at a specific group

(eg. religion, ethnicity, gender, trade, profession, lifestyle, disability people with dementia or learning disability etc) Yes ☐ No ☐

If yes please give further details…….

3b In this scheme/development are you aiming to have

A mixed population (i.e. a balance of care needs Yes ☐ No ☐
a population with low care needs Yes ☐ No ☐
a population similar to that found in a residential care home Yes ☐ No ☐

3c Is the aim to help residents live in the scheme/ development for as long as they wish? Yes ☐ No ☐

3d If yes, under what circumstances would they have to be asked to move?

……..

……..

3e How many dwellings are owned/rented?

Tenure	Number of dwellings	% age of total dwellings
Rented		
Shared Ownership		
Leasehold		

3f Eligibility and admissions – Age

Are there age limits for new occupants?	Men	Women	Couples
Lower age limit			
Upper age limit			

3g Eligibility and admissions – Physical health

Are you able to accept applicants with:

- Visual impairment Yes ☐ No ☐
- Deafness Yes ☐ No ☐
- Urinary incontinence Yes ☐ No ☐
- Faecal incontinence Yes ☐ No ☐
- None of these Yes ☐ No ☐

3h Eligibility and admissions – Mental Health

Would you normally accept applicants with:

- Memory problems – moderate Yes ☐ No ☐
- Memory problems – severe Yes ☐ No ☐
- Challenging behaviour – disruptive Yes ☐ No ☐
- Challenging behaviour – physically violent Yes ☐ No ☐
- Wandering problems – inside home Yes ☐ No ☐
- Wandering problems – outside home Yes ☐ No ☐

Other information

- Are people usually able to bring their pets, such as cats or dogs to live with them by prior arrangement Yes ☐ No ☐
- Is there a pet or any pets belonging to the scheme Yes ☐ No ☐

Part Four: Services

4a Hotel and domestic services

Which of these services do you provide and how often:

Hotel services

Main daily meal	Yes ☐	No ☐
2 meals a day	Yes ☐	No ☐
3 meals a day	Yes ☐	No ☐
Domestic cleaning	Yes ☐	No ☐
Laundry service	Yes ☐	No ☐
Shopping	Yes ☐	No ☐
Help with odd jobs	Yes ☐	No ☐
Maintenance	Yes ☐	No ☐
Other hotel services	Yes ☐	No ☐

If *yes*, please describe (e.g. hairdressing) ……..

…….

4b Information and advice

Do you provide?

- Financial advice Yes ☐ No ☐
- Information on obtaining financial advice Yes ☐ No ☐
- Help for occupants to claim welfare benefits Yes ☐ No ☐

4c Advice/support to live independently

- Do you provide specific help so people can continue to live independently Yes ☐ No ☐

4d If yes, please tick any of the following services

- Enabling frail/ill people maintain social contact Yes ☐ No ☐
- Promoting good health Yes ☐ No ☐
- Promoting good diet Yes ☐ No ☐
- Promoting healthy lifestyle Yes ☐ No ☐

4e Care and nursing services

Do you provide:

- Personal care Yes ☐ No ☐
- Respite care Yes ☐ No ☐
- Terminal care Yes ☐ No ☐
- Nursing Yes ☐ No ☐
- Chiropody Yes ☐ No ☐
- Physiotherapy Yes ☐ No ☐
- Occupational therapy Yes ☐ No ☐
- Other health related services Yes ☐ No ☐

4f Do you provide a 24/7 care service Yes ☐ No ☐

4g Your service 'model'

Is your organisation's service model best suited for:

- People who need a little help Yes ☐ No ☐
- People who need moderate help Yes ☐ No ☐
- People who need a lot of help Yes ☐ No ☐

4h Emergency alarm and telecare /assistive technology

Does this scheme/development have an:

- Electronic system to call scheme staff Yes ☐ No ☐
- Electronic system to call external services Yes ☐ No ☐
- More advanced electronic based services Yes ☐ No ☐

E.g. Telecare

- Personal sensors Yes ☐ No ☐
- Property based sensors Yes ☐ No ☐
- Other sensors and monitors Yes ☐ No ☐

4i Staff

Please provide details of**:**

- Number of on-site care staff _____
- Number of visiting care staff _____
- Number of on site housekeeping staff _____

- Number of visiting housekeeping staff _____
- Number of on site waking/night staff _____
- Number of on site sleeping/on call staff _____
- Number of off site staff who respond at night/weekends when alerted _____

4j Housing and hotel staff

How many of the following staff do you have**?**

- Number of cooks _____
- Number of cleaners _____
- Number of activities co-ordinators _____
- Number of maintenance people _____
- Number of Housing support staff _____
- Number of management staff _____
- Number of other staff – please describe ……..

……

[Editors note: Rather than numbers it might be better to ask for staffing numbers in terms of total hours per week or total hours per resident per week – for discussion]

The self assessment check

The self-assessment check helps you to consider the information you have provided about a particular scheme/complex or development using some objective approaches. What you are assessing is the appropriateness and accuracy of the information you provide.

There are four aspects to this:

Design and suitability

- Is your description honest in terms of modern standards so that customers are fully informed?

Customers

- Is your description as full as possible so customers can compare your approach to what they want?

Services

- Is the description comprehensive?
  Can customers see what is provided, when and by whom? Can they find out more information on how good your services are and what they cost?

Ethos and how it 'feels'

- Are people able to guage what your ethos is?
  Can they relate your philosophy to themselves so they can see if this is what they are looking for?

Instructions for the self assessment check

Each of the four aspects discussed involve a short routine. At the end of the routine for each aspect you will have a score. There is also explanatory text that gives a diagnosis. You can use the scores and the diagnosis to help you :

- Get better at describing what you do well
- Be more customer focused
- Identify areas for improvement.

Aspect 1: Design and suitability

At the end of the routine on aspect 1 you might want to record the following

Your views on:

- How you could convey things better to customers
- Things you would like to improve on e.g. make changes in design, describe some things more clearly.

Looking back at Question 1b	**Looking back at Question 1d**	**Looking back at Question 1e**
If all your properties are self contained and have two separate bedrooms Score 5 If all properties are self contained and have at least one separate bedroom Score 4 If there is a mix of one bedroom properties and studio flats, but are all self contained Score 3 If all properties are studio flats and are self contained Score 2 If some/all properties are not self contained Score 1	If all your properties and whole complex/scheme is built or re-modelled to lifetime home or equivalent standards Score 5 If more than half of properties and the complex/scheme are built or remodelled to lifetime home or equivalent standards Score 4 If some properties and part of the complex / scheme are built or remodelled to lifetime home or equivalent standards Score 3 If some work has been carried out to improve accessibility/make dwellings and the scheme more suitable Score 2 If a few dwellings have had adaptations done Score 1	If all bathrooms and kitchens in people's dwellings are specially designed so they can self care Score 5 (Flat-bed showers/adapted kitchens/bathroom) If more than half of properties have specially designed bathrooms and kitchens Score 4 If some of people's homes have specially designed bathrooms and kitchens Score 3 If some bathrooms are adapted or kitchens to promote self care Score 2 If there is an assisted bathroom and some dwellings have adapted bathrooms Score 1

Looking back at Question 1f	Looking back at Question 1g
If all your properties are 2 bed and are at least 70 square metres in size Score 5 If your properties are all 2 bed and some are at least 70 square metres Score 4 If your properties are a mix of one and two bed (one bed must have a separate bedroom) and properties are at least between 50 and 60 square metres Score 3 If your properties are a mix of one and two bed (one bed must have a separate bedroom) and some are less than 50 square metres Score 2 If your properties comprise or include studio and bedsits Score 1	Are you confident that the whole building/complex or scheme including grounds and public areas meets best standards for accessibility? If yes Score 5 Do you think the whole building/complex or scheme including the grounds and public areas comes close to best modern standards for accessibility? If yes Score 4 If your buildings/complex or scheme including the grounds and public areas has good modern features of accessibility Score 3 If your building/complex or scheme including the grounds or public areas has limited accessibility Score 2 If your building/complex or scheme including the grounds or public areas is not very accessible. Score 1

GRID Aspect 1: Design and suitability	
Enter your scores for each question here	
Questions	Score
1b 1d 1e 1f 1g **Total score**	

GRID Aspect 1: Design and suitability		
20 - 25	**15 - 19**	**9 – 14**
This scheme/complex meets all of the most modern standards for extra care housing. This means it is highly suitable for people with mobility problems who want to live as independently as possible for as long as possible	This scheme/complex meets key modern standards on design and facilities that help people to live independently. This means that it is suitable for people with some mobility and disability problems. It has some 'extra care housing' ingredients	This scheme/complex has some features that will be helpful for people with mobility problems
		0 – 8
		This scheme/complex is not suitable for people with disability problems and does not meet modern design standards

Aspect 2: Customers

At the end of the routine on aspect 2 you might want to record the following.

Your views on:

- Whom you think your customers actually are compared to the score and diagnosis?
- How you could convey a better description about the customers you work with.
- Matters you would like to improve on. For example have a customer promise?

Aspect 2: Customers		
Looking back to questions 3b & 3c	**Looking back to question 3e**	**Looking back to questions 3f, 3g, 3h**
Are you clear about the population you cater for? For example, high dependency, mixed high and low or low only? If yes very clear Score 5 If a bit unclear Score 3 1f very unclear Score 1	In the descriptions you provide (e.g. in brochures) do you make tenure clear to people? For example, is it clear how many properties are only for rent or sale? If yes very clear on tenure Score 5 If a bit unclear Score 3 If very unclear Score 1	Is it very clear in your current descriptions e.g. in brochures you produce who is eligible and who you can cater for in explicit terms of physical and mental health? If yes very clear on all these things Score 5 If a bit unclear Score 3 If very unclear Score 1

GRID ASPECT 2: Customers	
Enter your scores for each question here	
Questions	Score
3b + c 3e 3f, 3g, 3h **Total Score**	

GRID ASPECT 2: Customers		
11 – 15	**6 to 10**	**0 – 5**
Overall you are giving your potential customers the comprehensive information they want. You give clear descriptions about the customers you serve. You take care to think about how these read from a customer point of view.	You give reasonably good descriptions about the customers you cater for but miss out on some key information they want.	You need to make major improvements in the quality of the information you are giving potential customers

Aspect 3: Services

At the end of the self-assessment check on services you might like to record your views on:

- How comprehensively and well you describe the services provided compared to the score and diagnosis.
- How you can improve descriptions for customers.
- Other matters you would like to improve on. For example, be better at describing your uniqueness of services.

ASPECT 3: Services		
Looking back at questions 4a, 4b and 4c	**Looking back at question 4h**	**Looking back at questions 4d, 4e and 4f**
How clear are your descriptions to potential customers on the services provided/available? If very clear Score 5 If fairly clear Score 3 If not very clear Score 1	If you have an electronic system customers can use to alert people, which is also linked to assistive technology. Score 5 If you have an electronic alert system customers can use out of hours. Score 3 If you have an alert system that contacts staff in working hours Score 1	If you provide more than one service mentioned in 4d, 4e and 4f **and** 24 hour care (either on site or accessible to customers) Score 5 If you provide more than one service mentioned in any two of the questions 4d, 4e or 4f. Score 3 Score 1 if you provide at least one service mentioned in any of the questions. Score 1

ASPECT 3: Services	
Enter your scores for each question here	
Questions	Score
3b + c 3e 3f, 3g, 3h **Total Score**	

ASPECT 3: Services		
Aspect 3 does not lend itself to a grid approach. For aspect 3 only, each question is scored separately.		
Looking back at questions 4a, 4b 4c	**Looking back at question 4h**	**Looking at questions 4d, 4e and 4f**
Score 5: Your description of the services available are comprehensive and clear. Well done. Potential customers are able to make informed decisions as a result. Score 3: Your description of the services available are good but could be excellent with a bit more work Score 1: Your descriptions need a lot of work to improve them	Score 5: This is a very good system which facilitates good communication and assistive technology, You should still review its appropriateness for and use by customers from time to time. Score 3: This is a good middle ground in terms of a communication system but you should review the system from time to time and consider its appropriateness for customers. More people also expect to be able to take advantage of assistive technology. Should you review what is possible with your existing systems?	Score 5: This is a comprehensive range of services for older consumers and they are the services one would expect to see in the best housing with care provision. One learning point to keep an eye on in future reviews – do you think you do your services justice? What else should you be saying? Score 3: Your scheme/development is probably offering a mid range of services for older people. Is this correct? If not you should consider how to improve the way you describe your services. **(continued next page)**

	Score 1: This is the minimum in terms of having a communication system for customers to contact staff. Do you think this is appropriate for your customers? Is there anything you should note as a learning point for the future?	You should also consider if the level of services is appropriate for your customers. Should some changes be planned? Score 1: It seems that this scheme provides a basic minimum in terms of services. Is this correct? Should you be asking questions about the service level and appropriateness for your customers?

Aspect 4: Ethos and how it feels

At the end of the self-assessment checker you might want to record your views on:

How well you convey a sense of how it 'feels' compared to the score and diagnosis.

What you could do to improve information for customers.

Other matters you would like to improve. For example, provide customer comments in your publicity and information for potential customers.

Aspect 4: Ethos and how it feels		
Looking back at questions 2a, 2b and 2c	**Looking back at your statement of purpose**	
If you are confident that your answers really reflect the ethos of the scheme/development and how it feels to live here Score 5 If you think there is some room for improving the way these things are described Score 3 If you think a lot of improvement is needed to get the description right Score 1	If you are sure that this describes your philosophy and how it feels to live in this scheme/complex Score 5 If you think there is some room for improvement Score 3 If you think you need to do a lot of work to describe the philosophy ethos better Score 1	

Grid Aspect 4: Ethos	
Enter your scores for each question here:	
Question	Score
2a, 2b, 2c Statement of Purpose **Total Score**	

Grid Aspect 4: Ethos		
10	**7 - 9**	**0 - 6**
You should be very pleased because you are communicating the ethos and how it feels to potential customers very well. Make sure you check this aspect and update when necessary	You are doing a reasonable job at communicating the ethos and how it feels to potential customers. Some improvements could be made	You need to consider how you will improve the communication you have with potential customers. They are not getting sufficiently good information on the ethos and how it feels.

Template for Statement of Purpose

Explanation of the Statement of Purpose

Although the analysis of data collected by questionnaires provides a good basis for making distinctions between schemes and developments the data doesn't give a flavour of how it 'feels'. To convey how it feels means describing the ethos or service philosophy that is dominant in a scheme or development. However, customers prefer to have descriptions that help them make comparisons. For this reason we suggest that a Statement of Purpose is a good idea. We have developed a template to help do this in an organised way which still leaves room for organisations to express their individuality and uniqueness.

Why it's a good idea

You probably know that having a Statement of Purpose is a requirement for residential care homes (required by the CSCI (Commission for Social Care Inspection) but isn't a requirement for housing with care schemes. However, not having a Statement of Purpose might mean that customers are missing out. After all anyone thinking about moving to a residential care home could also be a customer for housing with care. We also know from the feedback that older people and their relatives have given to CSCI that they find a Statement of Purpose helpful and informative.

Attached is a template. It is divided into five parts and prompts you to cover the same range of themes or topics that everyone else will cover. This helps customers make comparisons. *Note: The template should be written as though you are communicating with potential customers of this scheme/development.*

The template is based on five common aims for housing with care schemes. The aims are taken from the most comprehensive Literature Review done so far on extra care and housing with care schemes. (The literature review ***Housing with care for later life*** was written by Croucher K, Hicks L and Jackson K and was published by the Joseph Rowntree Foundation 2006)

1. **Ethos and purpose** (please set out the ethos and purpose of your scheme in your own words as though you were trying to describe it to a potential customer – please link what you write to your answer on ethos in question 2a of the questionnaire)

2. **Customer base** (please describe in terms of customer base, who your scheme is for: your intended market in terms of age, tenure, dependency mix etc – please link what you write to your answers on customer base in section 3 of the questionnaire)

3. **Service Philosophy and approach** (please describe your service philosophy and how the service approach for your customers puts the service philosophy into practice

4. **Social contact and Community links** (please describe how the scheme enables/supports customers to sustain social contact and links with relatives, friends and the local community

5. **The JRF research *Housing with Care in Later Life* identifies a number of common and related aims of housing with support schemes –** please describe the approach in your scheme to each of these 5 themes

5.1 Promotion of independence

5.2 Reducing social isolation and promoting social integration

5.3 Alternative to residential/institutional models of care

5.4 Prolonged residence (i.e. being able to age in place)

5.5 Health, well-being and good quality of life

The Improvements You Want to Make

Record here any improvements you now want to make as a result of doing the questionnaire, the self-assessment check and reflecting on the statement of purpose

The single most important thing learned as a result of doing the questionnaire and self-assessment work is

……

……..

Critical improvements to be made

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Improvements that are not critical but which could make a difference

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IGP Database Ref No: G01-20166
Raising the Stakes: promoting extra care sheltered housing

ECH PROVIDERS STATEMENTS

Key to Information from 43 extra care housing providers:

- Blue information is taken from organisation's website.
- Green information is taken from organisation printed material
- Other information is taken from EAC ECH Questionnaires.
- Where information relates to a specific scheme, an asterisk is shown and the EAC Database Scheme ID is given in the last column.

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
A2 Housing Group	ECSH provides care and support for older people so that they may live securely in comfort and retain dignity within a supportive and friendly community. Beechwood Court offers older residents the chance to continue their independence and social pursuits in a safe and secure environment, allowing peace of mind for them and their families.	ECSH is designed to provide a real alternative for older people who are frail and vulnerable and might otherwise be living in residential care. A situation may also occur whereby the provision of home care services is inflexible, impractical and no longer economical.	Our on-site care team will be able to provide packages of care to meet individual needs as identified through the care planning process.	older people who are frail and vulnerable and might otherwise be living in residential care	
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Accord Housing Association	This scheme promotes independence for residents, however provides support where necessary.*		An experienced team provides support to those residents who require additional facilities and support for mental health or physical concerns.*		*19203
	The Forge has been developed to enable people to continue to live an independent lifestyle with the confidence that necessary care and support is available to meet their needs if they require it.				*87386

	It is the scheme's philosophy to urge dignity, privacy and independence wherever possible by providing guidance and support as and when required.*				
	…spacious accommodation with support, which is flexible and allows individuals to live as independently as possible.*		A team of experienced staff provides additional care and support for those who have mental health or physical concerns.*	Also for those who have mental health or physical concerns	*19204
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Anchor Trust	…the extra facilities in these schemes allow older people to remain living independently for longer. Integrated Care and Housing is designed to maximise independence whilst offering reassurance to those tenants whose care needs have increased.	The model also enables people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to residential care, the opportunity to remain in their own homes.			
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Audley Court	The relaxed nature of Audley Court allows you to develop your own social fabric with friends old and new, doing as much or as little as you please.		In addition we offer an extensive range of optional support services – all available on a regular or one-off basis and designed to meet the varied needs		
	Life in this historic house … offers independence, comfort and security within a community of like-minded people.*				*17125
			Should needs change in the future the range of optional support services should allow people to continue to enjoy		*82809

			living independently in their own home.* There are a range of home care services to choose from from shopping to cleaning to personal care and support from experienced staff*		
			Willicombe Park is geared to meeting peoples needs as they get older and has a complete range of optional support services.*		*82750
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Barchester Healthcare / Richmond Villages	Richmond luxury retirement apartments offer an independent lifestyle and independent living facilities.*		You or your partner may require some form of care now or in the future, so it's reassuring to know first class care is available on your doorstep.*		*Village Apartment
	The concept of the lifestyle we hope to create for you when you live in a Serviced Apartment is primarily to promote independence, within a community care village. We believe that we should encourage you to do as much for yourself as you can safely manage.*	A reassuring alternative to moving into a room in a care home or a nursing home. Richmond Serviced Apartments are a real alternative to a room in a nursing home and are for those who need some assistance with life's daily tasks, but would still like to retain their independence.*			*Serviced Apartment
			We can provide you with tailored-made care to suit your needs to ensure you have the confidence to maintain your independence and enjoy living in your Close Care home.*		*Close Care

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Brendoncare Foundation	At the heart of Brendoncare's philosophy is the belief that older people should never have to move to receive the care that they may need.				
		The episodic care centre will not be a permanent home. Rather it will provide episodes of care, rehabilitation for early discharge from hospital (Step down Care) and will be an alternative to admission to a hospital bed (Step up Care).*	Individuals living in the apartments and bungalows will have all the care they need delivered to them in their own home. From practical support through to nursing home levels of care, they should not have to move to receive any care they may need.*		*116087
	This scheme, set in attractive landscaped gardens, provides independence and security together with access to many caring and communal facilities, giving peace of mind.*	Older people may continue to live in their own homes and take part in the mainstream of life despite failing health or compromised independence.*			*86794
		Older people may continue to live their own lives in their own homes and take part in the mainstream of life despite failing health.*			*86795
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Care Village Group	designed to appeal to residents who wish to continue to live independently in a secure and friendly environment with access to wide range of on site social and leisure facilities and support services.				

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Cheshire County Council	Extra Care Housing provides high quality apartments for older people, usually in a single building, with a range of communal facilities to promote 'active ageing'.	The aim is to enable older people to live independently, and provide a 'home for life'	To support residents there is a dedicated care and support team available 24/7. They can provide both personal care, for example washing, dressing, medication and practical support such as shopping and cleaning.	Extra Care Housing developments support those with high, medium and low dependency needs. We would aim to see about a third of people in each group	
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
ExtraCare Charitable Trust	an affordable 'home for life', up to 24 hour care support and a significant range of social and leisure opportunities that encourage independence and well-being in old age.*				*87991
			Up to 24 hour support will be available for those who require it and an enriched activity centre with sensory garden is planned to support residents with dementia.*		*87828
	to provide residents with a 'home for life', up to 24 hour care and a significant range of social and leisure opportunities that encourage independence and wellbeing in old age.*				*86975
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Fernhill Care Ltd	Through the provision of personal care and practical support, we help people of all ages to live as independent a life as possible, whilst remaining in the comfort and			21 flats designed to maximise independence for older people with dementia; high level of telecare	*87783

	security of their own homes. (We aim to) maximise Service Users' independence through intervention, which is planned to meet assessed needs.			equipment.*	
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Flagship Housing Group	Each tenant is treated as an individual. This is a home for life.				
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Guinness Trust				This extra care housing scheme was designed to act as a community hub, delivering services to its residents and the tenants of the wider community.*	*86185
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Hanover Housing Association	The housing is designed for frail older people, enabling them to continue living in self-contained accommodation within an environment that encourages independence. ExtraCare is an effective response to older peoples' aspirations to live independently and with dignity. ExtraCare allows individuals to retain a realistic disposable income.	For many people, ExtraCare is a viable alternative to residential care or a cost effective alternative to high level community care packages.			

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Hereward Housing	Extra care housing offers independence but with individually assessed care to help make life easier.				
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Housing 21		extra care services, as an alternative to residential care*			*1099
	Extra Care Housing ensures that the needs of the frail and vulnerable people are met, whilst safeguarding the individual's privacy, autonomy, choice and independence.				*86526
	Provides a range of community based services to allow people to stay in their own homes for as long as possible				*87847
	To promote independence and choice for older people through quality housing, care and support				Promoting Social well-being in ECH, p56
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Kingsdale Group			Unless otherwise stated, all developments are full service (also known as "very sheltered") and include restaurant, guest suite and domestic assistance of up to one and a half hours per week. Extra services can be purchased.		

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
London Borough of Croydon	The service aims to ensure that frail older people who are assessed to be at risk in their own homes, can live in a safe environment with assistance to maintain their independence.				
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
McCarthy & Stone Assisted Living	The Assisted Living concept has been developed to enable older retired people to retain their independence and home ownership whilst enjoying the benefit of domestic assistance that can be tailored to suit individual requirements.	The Assisted Living concept bridges the gap between conventional retirement property and more formal care alternatives. Importantly, purchasers retain ownership of their own home thus preserving their capital intact. Assisted Living may also postpone the day - perhaps indefinitely - when a nursing home becomes the only alternative.	For many, the cost of living at these schemes is no more than the cost of the various services they would have to purchase separately, without the chore of having to arrange it themselves. The facilities at the new development have been designed to ensure that you can do everything you would do in your own home, but far more easily.		
			One hour a week of domestic help in each apartment is included in the service charge. Additional domestic help can be purchased separately. Whilst the duties of the staff do not include personal or nursing care, they will help residents arrange appropriate services with a local Care Agency tailored to individual needs, the cost of which is met by the individual		
			Peverel Care Services specialise in the management of privately owned retirement assisted living developments		

			located throughout the country Personal Care Team - assistance with facilitating the personal care needs of residents utilising appropriate service providers		
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Magna West Somerset Housing Association				This type of supported accommodation is designed for more vulnerable people, including the frail, elderly, or those with mild learning difficulties, who prefer to live independently but who have difficulty in managing all or some of the activities associated with daily living, such as cooking, laundry, cleaning, bathing or shopping.	
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Mendip Housing	Our aim is to promote independence in a safe environment ensuring that tenants/service users have a choice in relation to all of their needs.* An advantage of Bennett Gardens is that everybody is all under one roof and not isolated.*				*13871

	We try to encourage participation in any events on the scheme, and involve tenants in decisions about activities.*				
	Bovemoor is an extra care scheme that promotes independence while giving care where it is needed. This provides a safe and secure environment while allowing tenants the freedom to make their own choices as long as they are able. We encourage individuality while supporting and promoting their ideas.*				*13872
	The care staff promote independence so tenants can live in their own homes with dignity and privacy.*				*13859
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Methodist Homes Housing Association			Our person-centred care includes emotional and spiritual support as well as any practical support that you would like such as assistance with washing or dressing.		
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Notting Hill Housing Trust	The intent is to provide flexible and adaptable homes for life in accommodation tailored to meet individuals needs.*				*87542
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Orwell Housing Association	To enable older people to stay in a home of their own	Delaying and avoiding people moving into residential homes	A team of care staff to provide personal care and support 24 hours a day on an individual basis	People with a minimum need of 4 hours personal care a week to enable them to live independently	*86481 Deben View

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Pennine Housing 2000	"It's all about independence; not taking over people's lives and doing it for them. But if they need a service, the scheme manager will arrange it. Clement Court provides residents with care and support. .. There is a huge gap between traditional sheltered housing, for fitter and more active older people, and residential and nursing care, which a lot of people are reluctant to go into."*	Very Sheltered Housing gives frailer older people this new choice: - Your own flat, within a specially designed scheme with lots of extra facilities, all close to hand. - All the care and support you need, within the privacy and comfort of your own home. - At an affordable price.			*86255
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Pilgrim Homes	Providing care and support helps people live as independently as they can in their own homes in the scheme.	The beauty of Royd Court is that for the majority it will be a home for life.* An increasing number of elderly people now own their own homes and this gives them a way of protecting their investment in property rather than having to spend all their money on care fees.*	a secure environment where older Christians can receive all the support they need to live independently.*		*Royd Court
	Very sheltered flats are popular and offer excellent support to promote independence. Residents are happy and content.*				*84033
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Richmondshire District Council			Social Services funded worker provides additional free help and support to residents as required.		

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Royal Bay Care Homes Ltd	They afford an independent and secure lifestyle under the umbrella of the Royal Bay Residential Care and Nursing Homes.	Royal Bay Close Care provides total independence, allowing people to remain in their own home, yet also offers the convenience of having someone close by who can assist with daily living..			
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Retirement Security Ltd	Our principal aims are to enable older people, who may have difficulty remaining at home, to retain their independence, improve their quality of life and preserve their capital. Management is arranged to give Owners a real voice in decision making and it is this fact perhaps more than any other which sets Very Sheltered Housing apart from other assisted living or extra care concepts. It is the fundamental way in which the true independence of Owners at the Courts is protected. The company's principal aims are to sustain the independence of elderly residents (Owners), anticipate their progressive needs, enhance Owners' quality of life, and preserve their capital.				

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Retirement Villages plc	Retirement Villages is committed to enabling residents to enjoy a fulfilling and carefree lifestyle. We offer supported independence in the comfort of your own homes.		There is discreet support when needed, and many of the onerous tasks asociated with property ownership in later life are dealt with by the company.		
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Richmond Village Care Centre Ltd			Everything at Richmond Villages revolves around superb service. With great emphasis on treating each person as an individual, we're confident that our range of accommodation, luxury facilities and care packages will meet your needs now and in the future.		
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Saffron Housing Trust			When a tenant moves in the Care Co-ordinator on duty will create a care plan reflecting personalised needs required by that person and updated regularly to assure the tenant receives the appropriate care as his or her condition changes.*		*13368
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Sandwell MBC				The level of support offered is extensive and is aimed at those with a high degree of frailty.	
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
South Somerset Homes				This is a scheme for frail older residents and people of any age with physical or	

				mental disabilities.	
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
St Monica Trust		The concept of Very Sheltered Housing (VSH) or 'Extra care' as an alternative to residential care has become a very important part of the St. Monica Trust's services			
	This is a unique mixed tenure apartment scheme where people can live on the following basis: long lease pruchase, or shared equity, or social housing rental.*				*116015
				The aim of the village is to create a lively, balanced community including active independent residents as well as those requiring a high degree of support.*	*86169
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
StepForward	Assisted Living schemes provide assured tenancies designed to help older people live as independently as possible in their own homes.		The purpose of the Home Care and Support Service is to work with the service users to promote, maintain, encourage and support ability to live independently. Service users will receive all the personal care and support in their own homes to meet assessed needs.	Older people (usually aged 55 years and more)	
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Sunrise Senior Living	Assisted Living turns old notions of nursing and residential care on their head by removing the institutional feel to create genuine home		In our Reminiscence area Sunrise offers a dedicated programme for residents living with Alzheimer's and other memory related disorders.		

	from home communities with individual support for each person. A Sunrise Community is designed to provide the latest in non-institutional care, with independence, respect, dignity, choice and fun a priority for all residents. We also offers care in a separate, safe environment for those with Alzheimer's or other forms of dementia.		Suites are especially designed and decorated with these impairments in mind.		
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Taunton Deane Council	(Objectives) To provide a fuller caring service for the more frail, elderly and disabled persons who wish to remain independent and need to feel secure in the knowledge that caring staff are always available. To allocate the extra service to existing tenants or applicants in greater need. To eventually establish a sheltered scheme where each unit of accommodation will be allocated solely to frail, elderly and disabled persons in need of extra care. To establish as far as possible a well-mixed and balanced community.*			To eventually establish a sheltered scheme where each unit of accommodation will be allocated solely to frail, elderly and disabled persons in need of extra care. To establish as far as possible a well-mixed and balanced community.* (see General Ethos)	*1703

Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
West Kent Housing Association	Our Extra Care Schemes provide a secure and supportive environment for the more frail members of our community without taking away their independence.				
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
Willow Housing	The schemes are designed to enable tenants to live independently in their own homes, despite increasing disabilities and frailty.				
Manager	General Ethos	Alternative to / Aims	Care provision	Who is it for?	Scheme
York City Council	If your care needs increase, all the care you need to enable you to remain living independently in your own home can be delivered to you within sheltered housing with care. These services are designed to offer residents as much freedom and choice in their lives as possible.		Flats only get extra care. Very popular as support offered has enabled people and couples to stay in their own flat but still be secure knowing staff are on site.		

LYONSDOWN GUIDES

SENIOR LIVING

A CELEBRATION OF CHOICE FOR YOUR FUTURE HOME

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» CARE HOMES/HOME NURSING

From its origins in the Almhouses that have existed for over 1000 years, the UK has always had a rich tradition of care and housing for the elderly. So much so, that today those faced with the decisions of how and where to live in their retirement are confronted by a myriad of options and choices that would intimidate even the most determined. Unfortunately, decisions are often made in reaction to a family crisis with little or no forward planning involved. With the right information and advice, planning for your future housing needs no longer has to be a daunting process.

This Lyonsdown Guide, in association with the Elderly Accommodation Council, will act as the first stage in providing the reader with clear and concise explanations of the choices faced by those seeking 'housing-with-care'. In support of this, we will also clear up the confusion over financing options. There will also be a section that looks into the latest innovations and technologies helping to make retirement a period of life that is looked forward to and characterised by independence and enjoyment. Last but not least, we will also examine the changes in public policy to help support people in their choices.

» EDITORIAL SYNOPSIS

Housing Choices:

Help in navigating the vast array of options.

How lifestyle affects the choice of living

- Adapting the home
- Retirement Housing
- Care Homes
- Extra Care Housing
- Assisted Living
- Retirement Villages

Public policy:

- 32% of people in care homes are paying for their own care fees with little or no support from the state.
- Delivery of care in order to help people maintain their independence
- Care Home Standards
- Financial products:
- Equity release.
- Saving Products.
- Care Free Annuities.
- Endowment Policies.
- Insurance & Tax.

Technology

- From integrating technology with building design to allow for more independent living, to personalised GPS trackers and Universal design

Value Added Services

- From concierge service to Internet access

Index of Housing with Care

- A full list of the UK's key care properties

» ABOUT LYONSDOWN

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We specifically seek out and choose topics geared to the particular magazine's readership, exposing them to subjects that are both widely discussed and of real life practical importance.

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A national charity providing information and advice on all forms of accommodation and services for older people

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Can we classify types of retirement housing?

Nowadays, it is impossible to pigeonhole retirement housing into traditional categories such as Cat 1, Cat 2, Cat 2 - or amenity, sheltered and very sheltered. And newer terminology like independent living and assisted living is not precisely enough defined to provide a basis for classification. Hence the *EAC Quality of Information* Mark's main focus on better descriptions of schemes, rather than trying to classify them.

The *QI Mark* Questionnaire does ask how *you* brand or classify your schemes, and generally, whatever you reply will be part of the scheme description we present to the public. The one exception to this is the term extra care housing. There is a fairly strong consensus now on what extra care is *(see box)*, and so we intend to reserve the term for schemes that conform to this.

Beyond this, we are acutely aware that some broader framework for classifying or segmenting retirement housing would be helpful to consumers, and we hope that an analysis of the information you provide on our *QI Mark* questionnaires will provide pointers as to how best to approach this.

Extra care characteristics

TENURE	● secure tenure and own front door
BUILDINGS	● designed for frailer older people communal and catering facilities ● full wheelchair accessibility to all private and communal areas ● bathroom with provision for assisted bathing
SERVICES	● emergency alarm service, or similar ● regular meals available ● support and personal care services available 24/7 to residents in their own home

Alliance Pharmacy Boots

The merger of Alliance Unichem and Boots has created Europe's largest pharmacy-led health and beauty company. Both companies have a long history of providing pharmacist led health services to their customers, both in store and in the community. Together we are able to fulfil all the pharmacy needs of your residents.

Boots Medisure & Assisted Living Services

The **FREE** Boots Medisure & Assisted Living service provide a simple, yet helpful, medication administration systemdesigned to help residents living in extra care facilities maintain their independence. They help residents who choose to look after their own medication take the right medicine at the right time so that they can get the best from their treatment.

Prescription Collection and Delivery Service

Help your residents save time with our FREE Prescription Collection and Delivery Service. With agreement, we can arrange for post boxes to be fitted into your communal areas, where residents can post their prescriptions. We will collect these and then deliver the patients medication direct to their door.

Think of the benefits:

- No more running out of medicines
- Not having to visit the GP to order repeat prescriptions
- No need to wait in the pharmacy for prescriptions to be prepared

What's more, our flexible approach means we can tailor our service to suit your particular needs.

For more details on either of these services or to discuss other ways we can help your residents please call 020 8751 8274 or email: **omar.farooq@alliancepharmacy.co.uk** quoting ref. EAC.

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For housing and care professionals

EAC IN FOCUS

An electronic copy of this publication, containing links to all the resources mentioned in it, can be found on the EAC www.HousingCare.org website.

Celebrating sheltered and retirement housing

Extra care housing with on-site support and care staff in Bristol (BrunelCare)

EAC is introducing its own kitemark, the *EAC Quality of Information Mark,* to encourage and help housing providers deliver better and more consistent inform-ation to older people about all forms of retirement housing.

Our aim is to ensure that older people, their families, carers and advisors, understand the variety of models now available, and are able to make well informed choices about which will best meet their housing, support and care needs, and their aspirations.

The launch of the *Mark* is timely, coinciding with the Government's long awaited *Strategy for Housing in an Ageing Society*. It offers an opportunity to celebrate and promote the innovative role that specialist housing for older people has played over many years, from the first almshouses to today's extra care schemes and retirement villages.

The National Database of Housing for Older People

EAC launched *its National Database of Housing for Older People in 1993. Since then, thousands of land-lords, managers and developers have helped shape this into the only comprehensive picture of retirement housing throughout the UK.*

Many providers *have found our questionnaires, and the way we present their schemes on our own website and in our printed guides, helpful in rethinking the way they promote their own provision.*

The database *now includes 25,700 schemes and 2,000 managers. It covers all forms of retirement housing, for rent or sale. But although much of the information is excellent, some remains thin or dated; and for schemes that aim to deliver housing with care, the format had become increasingly restrictive.*

The EAC Quality of Information Mark will up the game for all of us, by requiring and presenting for each scheme:

- *a comprehensive description of its buildings, services, lifestyle features, intended user base, and costs;*
- *its statement of purpose (the 'service promise');*
- *information about how its outcomes for residents are measured.*

Read on for more about the Mark, and why it is important to you.

The EAC Quality of Informatio

Q What is the Elderly Accommodation Counsel?

A EAC is a registered charity that runs a website **www.HousingCare.org** and a telephone advice line **020 7820 1343**, both offering free information to older people and their carers to help them make informed choices about the accommodation and services which best meet their needs.

EAC has supported and promoted sheltered and retirement housing for many years by compiling its unique *National Database of Housing for Older People* and making this accessible to the public, and to professionals that work with older people, through its website, Advice Line and publications.

Sheltered housing with resident scheme manager in Shepherds Bush, London (LB Hammersmith & Fulham

Q What is the aim of the EAC Quality of Information Mark?

A EAC believes that retirement housing is a valuable option in later life for many more older people than choose it at present. We see evidence every day of how ignorant many older people are about what it offers; too many regard it as a 'less bad' option than a care home; few are aware of the range of options and choices now available to them.

We believe that a *higher profile* for retirement housing is long overdue; that *good information* will encourage more older people and their families to take a look it; and that *comparable information* will help them assess which model is right for them. *The Information Mark* aims to help on all these fronts.

Retirement housing with non-resident house manager in Eastbourne (McCarthy & Stone/Peverel Management Services

Q What else will EAC do with the information we provide?

A EAC's *National Database* provides supply-side information to help:

Strategic planning of services for older people;

Local planning and commissioning of new developments and remodelling;

Individual providers understand the pattern of local provision, compare their model with others, see how trends are moving, and identify opportunities for new projects.

We also help a number of providers promote their own schemes by providing a scheme finder facility within their own websites.

Q How will my organisation benefit from this?

A **More interest** in your schemes from the public; more appropriate applications and enquiries; ultimately, more satisfied residents;

A better understanding of how your provision compares with partners and/or competitors;

Higher profile amongst your peers.

on Mark *your questions answered*

Q How much information do we need to supply

A To gain an ***EAC Quality of Information Mark,*** we *require* a fully completed questionnaire for each scheme. The amount of information requested depends on the range of facilities and services available at a scheme *(If your scheme provides meals, we ask you about them; if it doesn't, you skip these questions).* We also require a statement of purpose and information on how you measure outcomes for residents.

We encourage you to provide photographs, brochures, plans, reviews, videoclips & virtual tours – and will make these available through our websites.

Q Is there a cost?

A No, there is no charge for having your schemes included in the National Database, or for a Quality of Information Mark.

Q How do I obtain EAC QI Mark questionnaires?

A **1. download from the website**
www.HousingCare.org *Select For Providers/ Update housing info from the left menu.*

2. from EAC
If you require a batch of questionnaires, either scheme-specific, or blank, email you request to **alex.billeter@eac.org.uk** or call **020 7820 3755.**

3. Complete/ correct the questionnaire(s) by hand and return to:
Elderly Accommodation Counsel
3rd floor, 89 Albert Embankment
London SE1 7TP

New extra care housing in Cardiff (Linc-Cymru Housing Association

The *Quality of Information Mark* is available for all types of housing for older people, from age exclusive housing to sheltered/retirement housing to Extra Care Housing and retirement villages. The *Mark* allows you to describe your scheme in whatever way you prefer – as sheltered, retirement, assisted living, very sheltered, housing with care, close care, etc. However EAC would like to reserve the term ***Extra Care Housing*** to a specific type of scheme meeting criteria used by the Dept of Health and the Housing Corporation *(see back page).*

PROTOCOL

At the launch date, an *EAC Quality of Information Mark ('QI Mark')* will be awarded to those schemes for which we have already received an appropriate questionnaire during 2007. These awards will run for 12 months.

From the launch (December 2007), the *QI Mark* will be awarded to housing schemes on receipt of our new *QI Mark Questionnaire,* fully completed.

The QI Mark has to be renewed annually.

Schemes under development can also receive the *QI Mark.*

Schemes awarded a *QI Mark* will be highlighted on EAC's websites and on the printed materials it delivers through its Advice Line.

Housing providers are encouraged to incorporate the *QI Mark* into their own scheme publicity materials.

For any enquiries regarding the *EAC Quality of Information Mark,* please contact:

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