

## Adult social care environments and settings

### KEY POINTS FROM THE RESEARCH

- This research demonstrates that for some older people a move to housing with care is associated with a better quality of life when compared with living in mainstream housing.
- Local authority approaches to commissioning adult social care vary considerably in response to a complex range of drivers including public spending cuts, welfare reforms, the personalisation agenda and changing aspirations for later life.
- There is an urgent need to provide better financial information to current and prospective residents and their families. This could include information on personal budgets, direct payments and charging arrangements.
- The housing with care model can support residents who are very diverse in terms of their abilities, needs and care packages, including those not receiving any planned care.

### BACKGROUND

The Adult Social Care Environments and Settings (ASSET) research project explored the views and experiences of people commissioning, delivering and receiving adult social care services in extra care housing and retirement villages. These two forms of later life housing, known collectively as 'housing with care', have become increasingly popular in the UK during the past ten years, but are still embryonic in comparison with sheltered housing and residential care.

The government has provided significant funding for these settings because of their capacity to support independence for older people in their own homes. Housing with care is very popular among those living in such schemes for a range of reasons, including the opportunities for social interaction, the availability of comprehensive facilities on site, and because the physical environment is purpose built to meet the needs of older people. Despite a growing body of research focusing on this area, there is a dearth of research into the provision of adult social care in housing with care settings. The ASSET project (Adult Social Services Environments and Settings) aimed to fill this gap by collecting information from those living and working in extra care housing and retirement villages, as well as local authority commissioners.

### FINDINGS

A literature review (available at <http://assetproject.wordpress.com/dissertation>) found broad evidence for the ability of housing with care to support quality of life for residents through, for example, increased independence, access to facilities and opportunities for social interaction. However, there is a lack of research into how adult social care is commissioned, delivered and received in this setting, as well as the cost of provision compared to other later life options.

This study combined surveys with in-depth case studies in order to

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contribute towards a growing evidence base suggesting that, for some older people, extra care offers better outcomes in terms of quality of life and independence when compared with remaining in mainstream housing. This is the case even for residents not in receipt of planned care and is partly due to some key features of the housing with care environment, including high levels of accessibility and security.

Extra care housing continues to grow in popularity as a form of housing for later life, based on some key shared characteristics that distinguish them from other models, such as residential care and sheltered housing. These include self-contained accommodation with its own front door, an ethos of supporting independence, flexible care packages, 24 hour care and support, access to activities and social events and various communal facilities that might include, for example, a shop, a restaurant and gardens.

While retirement villages and extra care housing share some of the features listed above, they are in other respects two very different forms of provision. Retirement villages tend to be larger than extra care housing schemes, located in less densely populated areas and accommodation is offered mostly as leasehold properties with little provision in the form of social renting. The commissioning of adult social care in retirement villages appears to be extremely uncommon.

Housing with care is often complex, both in terms of funding streams and the provision of care and support. This is particularly true where the care and the housing support and / or housing management are provided by different organisations. Approaches to commissioning adult social care in housing with care settings vary considerably. For example, while many local authorities see extra care housing as a replacement for residential care homes, for others it is more of a niche provision for less dependent older people with relatively few care needs. Yet others use it largely as a housing option for older people who have been discharged from hospital.

Most adult social care commissioners recognise the value of housing with care as a way of

supporting independence for older people while at the same time controlling costs. They also acknowledge high levels of demand and are committed to increasing supply, often as part of local housing strategies. One of the main challenges for commissioners is responding to multiple and sometimes conflicting drivers, such as increasing demand for older people's housing, the personalisation agenda, spending cuts and welfare changes. For example, the availability of care and support 24 hours of the day, one of the defining features of housing with care, is based on economies of scale that may be difficult to sustain alongside the drive to offer residents a choice of providers. Similarly, the principle of developing schemes as 'balanced' communities of residents with a range of care and support needs is difficult to maintain in the context of a situation whereby, for an increasing number of local authorities, only those who are assessed as having 'substantial' or 'critical' needs are eligible for funding.

The complexity of housing with care can be a challenge for both professionals and the public who need to be convinced of the potential benefits for some older people. There is scope for improving this situation by providing clearer information about what housing with care offers and what it costs.

The data confirms previous findings that housing with care residents are on average less dependent, both physically and cognitively, than those living in care homes, although a minority of residents have similar levels of dependency to residents in care homes. This raises questions about the extent to which extra care housing can serve as a replacement for residential care and how both models fit in to a spectrum of provision.

There were large differences in care and support needs across the sample of residents who took part, with a substantial proportion receiving no planned care. The mean cost of housing with care (retirement villages, extra care housing and very sheltered housing) including accommodation (rent, service charge and additional charges) was £327 per week, with a range of £137 to £609. In addition, the main costs of providing health and social care services were £50 and £79 per week respectively.

The residents in this study ranged in age from 45 to 95, with an average age of 79. 90 per cent reported that they suffered from a longstanding illness. 30 per cent of these residents reported one condition, and 65 per cent reported two or more conditions. A wide range of conditions was reported, although the open-ended question used in the study might have resulted in relative under-reporting of specific conditions. The most frequently-reported conditions were arthritis (20 per cent of those reporting a longstanding illness), and diabetes (18 per cent). Bone deficiencies, respiratory conditions, heart problems, visual impairments and cancer were reported by at least 10 per cent of those with a longstanding illness.

This study is the first to quantify current quality of life and the perceived gain from living in housing with care schemes. The project used the Adult Social Care Outcomes Toolkit (ASCOT) ([www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)) to calculate an average social care related quality of life score of 0.91, with 1.00 being a 'perfect' score. This is a high score compared with older people's reported Social Care Related Quality of Life (SCRQoL) in other settings. The average perceived gain for participants was 0.39 compared with not living in a housing with care setting; residents particularly valued the safety, personal cleanliness and comfort that housing with care can support. The evidence suggested that the environment was effectively reducing the need for services and contributing to delivering a better quality of life than people supported by home care services in mainstream housing.

## CONCLUSION

The results of this project highlight the complexity of commissioning adult social care in housing with care settings and identified some of the main challenges for local authorities, including major demographic changes and multiple policy initiatives.

This study adds to a growing evidence base demonstrating the benefits of housing with care for many older people. It also suggests that this model can be cost-effective compared with mainstream community housing.

## ABOUT THE STUDY

The study was conducted between February 2012 and April 2014 by researchers at the Universities of Worcester (lead), Bristol and Kent, the Housing Learning and Improvement Network and Housing 21.

The study adopted a mixed methods approach that included; a review of the literature; a survey of 64 local authority commissioners; a survey of 99 housing with care schemes; in depth case studies at 9 schemes based on interviews with 25 scheme staff and 144 residents; completion of the ASCOT measure by 138 residents; and the collection of cost data from the case study schemes.

Further information about dissemination activities and other aspects of the project can be found on the project website at <http://assetproject.wordpress.com/>.

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