

Sheltered and Extra Care Housing

*an overview for health and social care
professionals*



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Sheltered and Extra Care Housing: A Summary

Context

The Older People's Policy Group (OPPG) of NCPC is made up of experts - both professional and users, from all spheres of health, social and housing care. This is in recognition of the many sectors and settings of care palliative care touches and therefore the need to address these to ensure 'all who need it receive palliative care'. As part of this commitment the OPPG has been looking at the specific challenges and opportunities of meeting people's palliative care needs in the housing setting. Sheltered and Extra Care Housing: an overview for health and social care professionals is the first publication in this series of work. It gives details of the housing models that exist. It is however important that this document is considered in line with other aspects of the OPPG work in particular, that on care homes, multiple morbidity and dementia (for more details please see www.ncpc.org.uk).

Introduction

Sheltered and extra care housing are important resources in providing for the evolving needs of an ageing population. The Community Care Act of 1990 alongside the NHS laid down the aims of developing care provision within older people's homes rather than in an institutional setting. The importance of 'quality of life' was recognised while the Department of Health began to prioritise a framework to focus on dignity and independence. The Department of Health's agenda of preventative strategies also focus on independence and self-care, rather than accelerating dependency.

Sheltered and extra care housing meet the current health agenda together with the central tenets of the Housing Corporation's current policy on older people. It states:

'Many older people prefer to stay in their own home, while others choose specialised forms of housing that offer community, security, and the effective delivery of support and care. The challenge is to develop policies and services that allow older people to choose the housing that is the most appropriate to their needs'¹.

Strategies have been formulated around four key aspects including choice and control; the importance of a home; provision for diverse needs; and a good quality of life.

Sheltered and extra care housing schemes are developed by a range of providers, mostly from the local authority sector and housing associations. They also vary in tenure from shared ownership, leasehold, rented and mixed tenure scheme.

Most sheltered and extra care housing providers aspire to offer a 'home for life' thereby ensuring that the majority of residents do not have to move on to other care settings should their care and support needs increase. However, a significant minority of residents do move on to other care settings, and work is ongoing in the sector to prevent unnecessary needs to residential care and nursing homes where possible.

The changing policy context for health, social care and housing

The recent Health White Paper² emphasised a new direction for health and social care, delivering services 'closer to home'. This is seen as a resource shift from acute to primary care in the community, shifting resources out of hospitals to community settings. Choice and control are at the heart of the new 'personalisation of services' agenda.

Through its recent publication "*Putting People First*"³ the government has affirmed its commitment to a radical overhaul of how social care services are organised for all adults in the UK. As

Sheltered Housing

What is it?

Sheltered housing in one form or another has been around for well over 40 years. Over half a million people in the UK currently live in sheltered housing. In 1999, estimates suggested around 6.8% of older people in England were living in some sort of specialist, including sheltered, housing.⁴

Typically, sheltered housing schemes - often called 'courts' comprise 30 or 40 flats and / or bungalows with an emergency alarm system and some communal facilities such as a communal lounge and a laundry. On- site support

part of its 'transformation agenda', the government plans to roll out Personal Budgets (formerly called Individual Budgets) to all adult social care service users by 2011.

Put simply, the 'transformation agenda' has the fundamental aim of transferring power and resource from organisations to individuals. The rationale behind this is to ensure that service users have choice and control over the services they receive. This is a major cultural shift for all organisations involved in social care. How it will impact upon housing (particularly extra care) is as yet unclear. Housing 21 have been successful in obtaining grant funding from the Housing Corporation to explore the implications of Personal Budgets for sheltered and extra care housing. This project is due to report in December 2008.

is often provided by a scheme manager (sometimes called 'estate manager', 'court manager' or 'warden'). In addition they offer safe and secure environments with the added benefits of a social community.

Sheltered housing does not normally provide care, but residents are able to get care and support from social services like anyone else in the community who is eligible.

Sheltered accommodation provides independence and privacy whilst also offering security and 'peace of mind' to older people. Regarded as a preventative

environment, sheltered housing prolongs independence and self-care yet provides a range of low level support services such as help with shopping or housework that promote health and well-being.

Who is it for?

Sheltered housing was originally intended for fit, active, older people (55+) but with evolving demographic trends and as people 'age in place', an older and frailer population are living or choosing to live

in sheltered housing. In 2007, the average age of new entrants to sheltered housing was 73,⁵ but many people are aged over 80. Residents can live a full and independent life in specially designed accommodation with support that aims to offer a "home for life".

In addition, sheltered housing schemes can be used as a resource for the wider community who are increasingly utilising the facilities and activities on offer.

Special Features of Sheltered Housing

- Sheltered housing tenants have their own self-contained flats or bungalows.
- Tenant and householder status empowers people, in sharp contrast to residential homes where residents are merely 'licensees' and have limited legal rights.
- Sheltered housing promotes independence and well-being in a safe and secure environment and thus can prevent or delay dependency.
- Sheltered housing is a ready-made community thus aimed at reducing social isolation, loneliness, and depression.
- There is help at hand from the scheme manager (often called a 'warden' or 'court manager') or through the alarm system.
- Most (but not all) sheltered housing schemes have a range of communal facilities for use of residents and the wider community. These include communal lounges and laundry facilities. Some schemes have restaurants and shops on-site.
- Sheltered housing is designed to be easy-to-manage.

What Services are Provided?

Sheltered housing offers a range of services and facilities to enable older people to live independently. Emergency alarm services, scheme managers, activities, assistive technology, a sense of community and good design all contribute to the well-being of residents. Sheltered housing schemes with community facilities often provide services for older people in the wider locality - day centres, coffee mornings, lunch clubs and so forth. There is no shortage of anecdotal evidence for the claim that this type of housing and the services provided have prevented hospital admissions and delayed the onset of dependency.

Other Organisations

Sheltered housing has a wide range of links to other statutory and voluntary organisations involved in providing services for older people. Care staff are

not usually based on-site, but, following a care assessment, residents of sheltered housing may receive domiciliary care from their local social services department, just like anyone living in their own home in the wider community who has an assessed care need. Many residents also choose to purchase care and support services privately. District nursing support is also available to residents and is available to those who request it.

Social activities are also an important opportunity for social interaction and are thus important to the social well-being of tenants. These activities are organised by a wide variety of stakeholders ranging from court managers, local businesses and voluntary organisations to care staff and the residents themselves. Strikingly, residents' social clubs and residents themselves play a large part in organising various activities within sheltered schemes.

EXTRA CARE HOUSING

What is it?

Extra care housing is an increasingly popular form of specialist housing with care provision. There are many different models of extra care in existence. Indeed, the flexibility of this form of provision is one of its key strengths, but conversely, this very flexibility makes extra care hard to define.

Put simply, extra care offers housing with the full legal rights associated with being a tenant or home owner in combination with 24 hour on-site care which can be delivered flexibly according to a person's changing needs.

In the early 1990s extra care housing began to attract attention as responding to the needs of an ageing and increasingly frail population moved up the public agenda and the search for alternatives to institutional settings for care gathered pace. Extra care housing is becoming established as a significant model of specialist housing with care provision for older people. Developing extra care housing is a key plank of government policy in terms of its aims to promote choice, independence and well-being for older people.

There is no single definition of extra care and is often referred to under several different names.⁶ Extra care housing aspires to provide a “home for life”. It is about ‘quality of life’ not just ‘quality of care’. Described as the ‘*best of both worlds*’ - a level of support normally only available in residential care, with the resident retaining dignity and independence through being a tenant - or owner - behind their own front door.⁷ Most importantly, it has the flexibility to provide added health gains, and reduce pressures on acute services, such as tackling delayed discharges from hospital.

Extra care housing can be for rent, outright sale or part ownership, and some developments are mixed tenure combining homes for sale and rent. Extra care housing is designed to wheelchair accessible standards, and some schemes have flats which are specifically designed and adapted for wheelchair users to live in.

Claims have sometimes been made for extra care housing that it should not simply sit somewhere between conventional sheltered housing and residential care but should replace the latter as a more appropriate style of provision.⁸

Who is it for?

Extra care housing can enable older people to recover from a stay in hospital, and can act as a base for rehabilitative and good intermediate care. Some extra care developments include a specialist cluster of flats for people who have dementia or mental health problems.

Extra care is designed to promote independent living with the added security of support and care to be delivered flexibly as and when it might be needed.

Key Features of Extra Care Housing

- Self-contained flats with full kitchen and bathroom facilities to mobility and, wheelchair standards.
- Extra Care Housing is designed to be 'care ready'.
- Care staff, (24-hour cover); and equipment for care.
- Help with domestic tasks and shopping.
- Barrier-free spaces which are accessible, aid mobility and are fully equipped, with lifts to all floors or as many floors as possible.
- A range of service areas for hairdressing, shops, laundry and chiropody, etc. Many schemes have on-site restaurants.
- Activities are often arranged, internally and externally, to encourage residents to engage in social interaction with other residents and at times, the wider community.
- Communal areas including day rooms, restaurants, offering communal meals or café services.
- Staff on site responsible for the building, management and the co-ordination of care and support services.

Links to other organisations

Extra care housing has a wide range of involvement from other organisations similar to those mentioned in the previous section on sheltered housing. With broadly higher dependency levels and care needs in extra care housing compared to sheltered housing, care staff teams are generally based on-site and schemes are staffed 24 hours a day.

Rising numbers of extra care housing developments have a regular visiting physiotherapist or a falls rehabilitation clinic. Additionally, visiting opticians, occupational therapists, chiropodists, psycho-geriatricians often hold surgeries on site and regular visits from the

Community Mental Health Team (CMHT) occur. This shows that extra care housing has potential to achieve some of the department of health's goals of ensuring that care is delivered 'closer to home'.

Social activities, informal and formal, are an important opportunity for social interaction and are thus important to the social well-being of residents and prevention of social isolation. These activities are organised by a wide variety of agents ranging from court managers, local businesses and voluntary organisations to care staff and the residents themselves.

EMERGING HOUSING MODELS

Some providers have drawn on North American models, blended with influences from Northern Europe, to produce a 'village' model adapted to UK circumstances. The best known are Hartrigg Oaks, developed on the outskirts of York by the Joseph Rowntree Trust, and the Extracare Charitable Trust developments in Stoke-on-Trent, and more recently Warrington.

Another example is the recently developed Westbury Fields, a retirement village with a range of mixed tenures. A purpose built retirement village for people from a variety of socio-economic backgrounds with varying levels of care. A recent study⁹ highlights the importance of independence in contributing to the quality of life for the residents alongside the availability of person specific care and support by well-trained staff.

Additionally, the Department of Health is currently developing an End of Life Care (EoLC) strategy and is exploring how this can be delivered in a range of settings, not limited to hospitals, hospices and care homes, but including people's own homes and the range of housing set out

in this overview. This highlights emerging trends and agendas aimed at improving services, care and quality of life for older people in England but this applies to the UK generally.

Want to Know More?

The Care Services Improvement Partnership (CSIP) Housing Learning and Improvement Network (LIN) regularly hold workshops and training events. Their web-site contains a regularly updated range of resources about specialist housing. To keep up to date, visit the Housing LIN website regularly: <http://icn.csip.org.uk/housing/>

Housing 21 is a major national provider of housing, care and support services for older people. We started life over 40 years ago and as a registered housing association are a not for profit organisation with charitable status. We are committed to improving people's lives and well-being by promoting choice and independence for older people through good quality housing, care and support. For more information about Housing 21, visit <http://www.housing21.co.uk/>

- 1 The Housing Corporation: Housing for Older People (2002), p.3
- 2 Department of Health (2006) "Our Health, our care, our say: a new direction for community services", HMSO, London
- 3 *Putting People First: A shared vision and commitment to the transformation of adult social care*", HMSO, December 2007, London
- 4 L. Thompson & D. Page, Effective Sheltered Housing (1999), p.9
- 5 Based on analysis of CORE regulatory data compiled on new entrants to social housing for the Housing Corporation
- 6 For simplicity, we shall use the term 'extra care' throughout.
- 7 L. Thompson & D. Page, Effective Sheltered Housing (1999), p.23
- 8 Extra Care Housing Older People (2004), p.6
- 9 S. Evans & R. Means, Balanced Retirement Communities? A Case Study of Westbury Fields (April 2007)

Further Reading and Reference

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THE NATIONAL COUNCIL FOR PALLIATIVE CARE

NCPC

The National Council for Palliative Care (NCPC) is the umbrella organisation for all those who are involved in providing, commissioning and using palliative care and hospice services in England, Wales & Northern Ireland. NCPC promotes the extension and improvement of palliative care services for all people with life-threatening and life-limiting conditions. NCPC promotes palliative care in health and social care settings across all sectors to government, national and local policy makers.

NCPC runs regular national and regional conferences and workshops and publishes a quarterly magazine, a monthly email briefing and topical publications on all aspects of palliative and end of life care.

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