What do we know about extra care housing? Key findings from the ASSET and ECHO research project

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Adult Social Services Environments and Settings (ASSET): 2012-2014

The aim: to explore how best to provide adult social care in housing with care schemes in England, in order to maximise quality of life for residents and make the best use of resources.

Design and methodology

Literature review

Scoping surveys of housing providers and local authority commissioners

Case studies

Additional work on community hubs

Dissemination

Recommendations; presentations; papers;

www.worcester.ac.uk/discover/dementia-asset.html

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Survey Details

Commissioners

- Sent to 144 Local Authorities
- 56 responses = 36%
- From all 9 Regions
- 77% Unitary / 23% two-tier

Providers

- 99 respondents
- 68 extra care (17-61 units)
- 5 very sheltered (26-170 units)
- 15 retirement villages (26-270)
- 11 other

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How Adult Social Care is Provided

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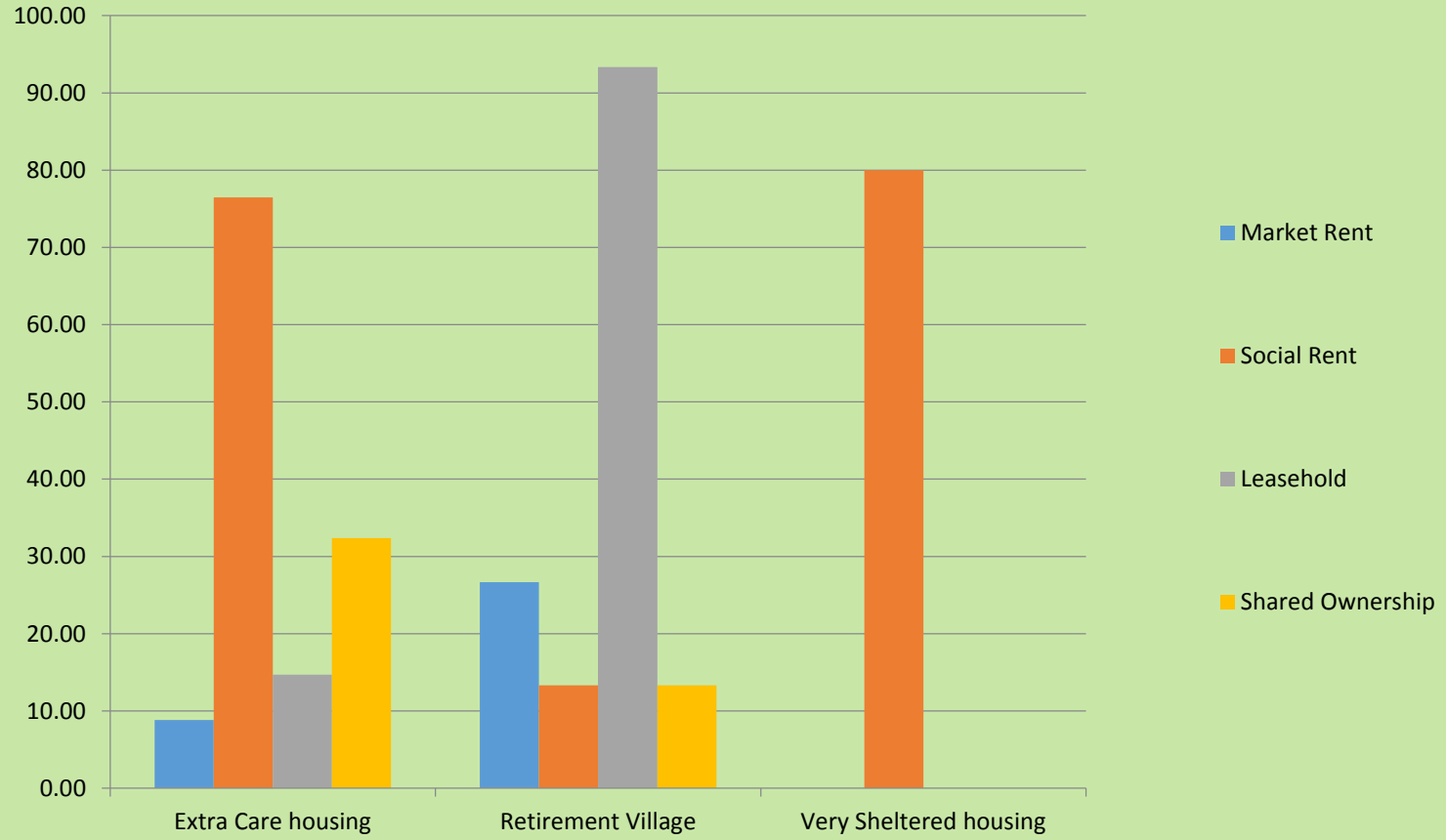
Tenure of Schemes



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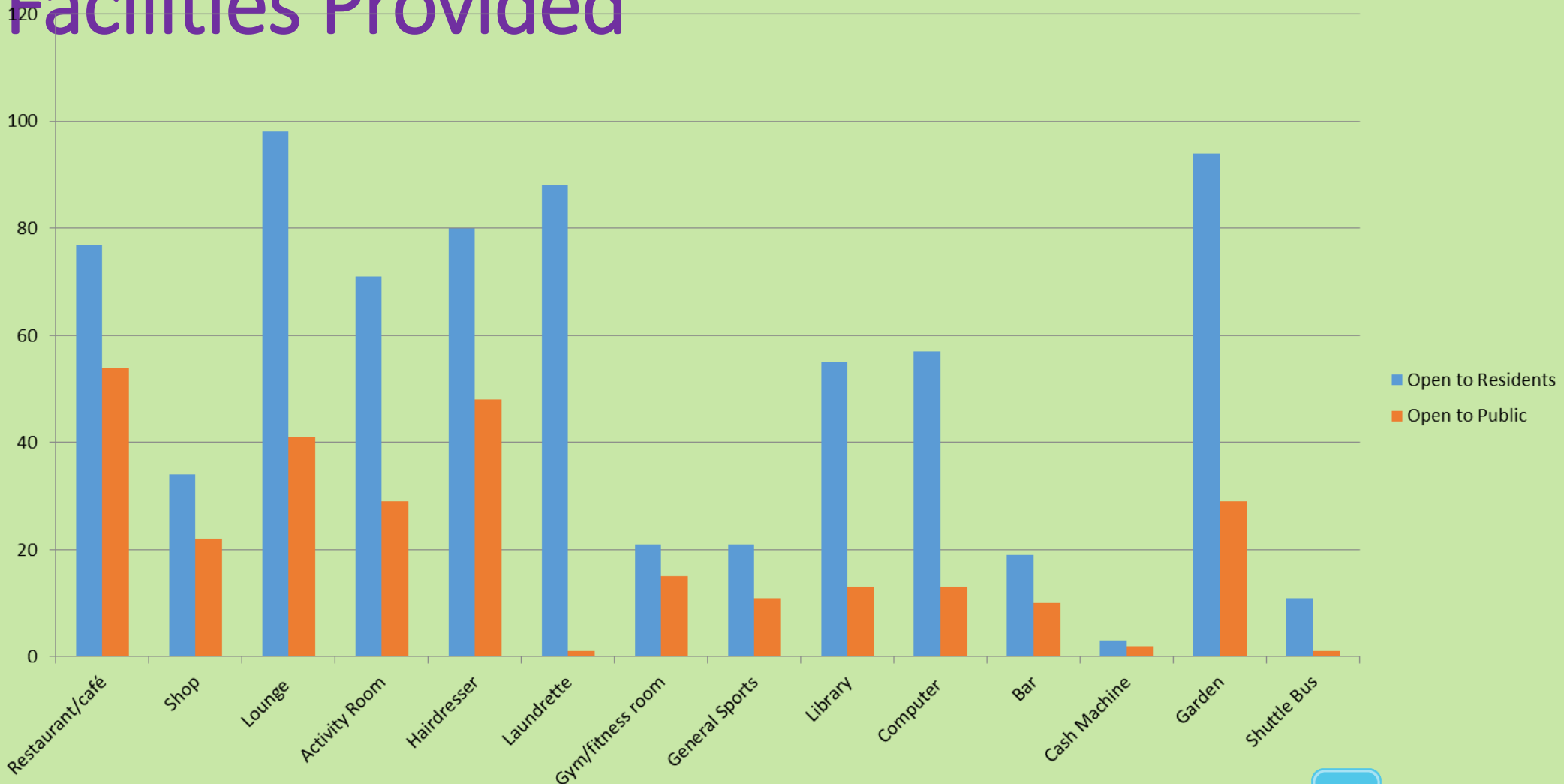
Facilities Provided



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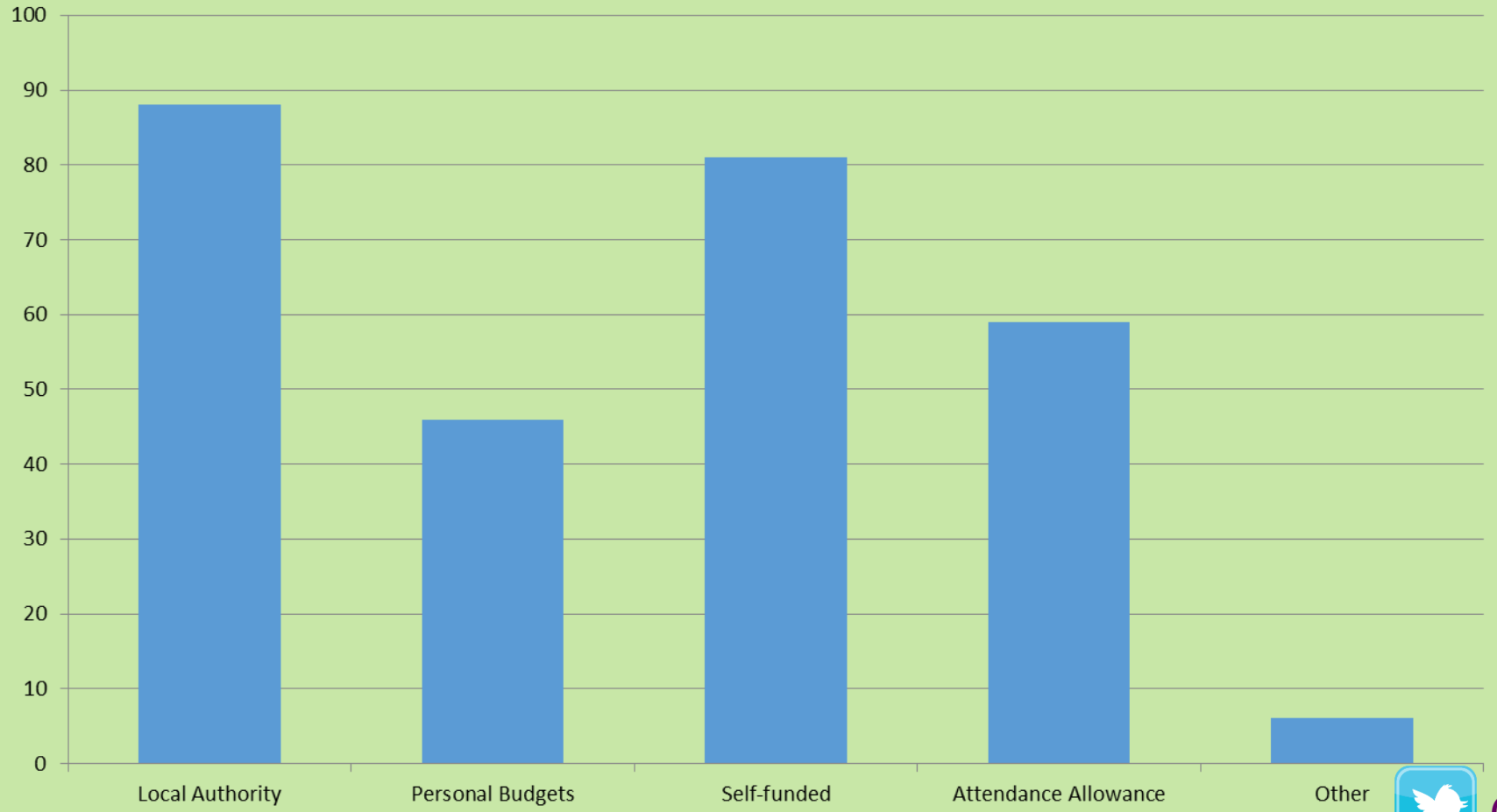
Funding Models



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The Provision of Social Care in Extra Care Housing (ECHO)

The aim: to investigate how care is negotiated and delivered in extra care schemes.

Design and methodology

Longitudinal study of 4 schemes (including 1 specialised in dementia) based in 2 localities.

Each scheme visited on 4 occasions. Interviews held with residents, care workers and managers of schemes. As well as commissioners of services.

Residents interviewed 4 times across 20 months (51 residents took part in 164 interviews).

Care workers interviewed once (20 in total, 5 from each site).

Managers of schemes interviewed at the beginning and end of the study.

Commissioners interviewed at the beginning and end of the study.

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Site characteristics

Site A	Housing and care provider (not for profit), 54 flats, rent (social landlord), built in 1977, amalgamated with another site in 2007.
Site B	Housing and care provider (not for profit), 49 flats, rent (social landlord), in operation for 12 years.
Site C	Separate housing and care providers (care provider is not for profit, housing provider is non-asset holding, non-charitable registered society), 42 flats, rent, built in 2015. Specialist dementia scheme.
Site D	Separate housing and care providers (care provider is not for profit, housing provider is non-asset holding, non-charitable registered society), 95 flats, available for rent, shared ownership or leasehold sale, built in 1998, extended in 2015.

The changing profile of residents

"… when I first started, we were taking people, sometimes with just the need because they're socially isolated in the community. And then the criteria did change and … well we're not even able to take on anyone below 5 hours. They have to have a care need of 5 hours plus a week so that has changed." (Manager, Site B, Round 1)

"The customers that we've lost recently, and the customers that are in hospital were on high hours – so anything from 20-30 upwards. So in the past 6 weeks we've probably delivered 150-200 hours less care. So for us now that is difficult, because I need to balance care needs; I need to balance the budget; I also need to look at the kind of care levels coming in, cause clearly I need them to be quite high but I also need them not to be struggling with memory type illnesses. So it's a really difficult balance at the moment. (Manager, Site D, Round 2)

What care workers said about the changing resident profile

"There are people that are on different, as I class, brackets of care. You will have some low people that may just need a bit of cream put on or a bit of shopping done or stuff like that and then you've got your very high care packages that come in that, you do everything for them so that's their personal care, their shopping, their house work and everything. [.....] I would say from the time I've worked here it's getting progressively, it feels like its's getting progressively higher care if you know what I'm trying to say. Because when I first came to work here it was literally making the meal for somebody and now its more of the personal care that's come in, more manual handling."

(Site B, Acting Senior Carer)

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What residents said about the changing profile of residents

“well this place is getting more like a nursing home every day …. Well people come in here and they cannot move around. They stay, they stay in their flat all the time or in bed all the time….. When I first came here people were more mobile.” (Site A, Resident 7)

“Well there’s a lot more elderly and a bit more senile since the new building than there were before, lots of elderly ones which are lovely, they tend to want to care you, you know. Yeah the mix of people is great.” (Site D, Resident 4)

“I think we’ve got it slightly wrong with too many dementia people if you like. And I don’t mean that derogatory”. (Site D, Resident 12)

The organisation of care

Care was organised into ‘runs’ determined by residents needs.
“It’s a sheet called a run with carers’ names at the top, times down the side and then flat numbers and times.” (Site B, Care Assistant)

“No you get a run every morning or afternoon you get a run what you’re doing and one day you could be up this building next the new building.” (Site D, Support Worker)

“When you come in in the morning, you come in and you’ll pick up your [….] rota and it will give you your times and what residents you’re going to visit that day.” (Site C, Support Worker)

Limitations of the organisation of care

‘Runs’ were a source of frustration.
“You do get stressed sometimes when it’s, when sometimes you’ve got to rush. You have got to stick to your times.” (Site A, Care Worker)

“It’s back-to-back, especially if you have the handset. We have 15 minutes leeway but the residents have to have their time as well. If you need the toilet that’s 5 minutes and then you’re 5 minutes late. It would be good to have 5 minutes in between...” (Site B, Care Assistant)

“It depends on their care package, because we are set boundaries and time limits and so obviously we’ve got to keep within that time frame but if we go over, then we’re going to have to explain what we did with that extra time for that to be carried on to go into their care package so it all depends.” (Site C, Care Worker)

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Conclusions

- Extra Care Housing is a complex, diverse and evolving model in terms of commissioning, types of provision and funding approaches.
- There is increasing pressure from local authorities to accept publicly funded residents with different and higher care needs.
- Residents and care workers commented on the impact of these changes on their experiences of living and working in ECH.
- The organisation of work imitated patterns at some traditional care homes/ domiciliary care services & was a source of frustration and concern amongst some care workers.
- Pressures exacerbating a sense of disparity between how the ECH model works for publicly funded and self funded older people.

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