MODELS OF CARE (HOUSING) FOR OLDER PEOPLE LIVING INDEPENDENTLY IN THE COMMUNITY – A LITERATURE REVIEW

April 2018

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CONTENTS

BACKGROUND

Japan's ethos of care for older people is based on "*ikigai*". This ethos emphasises the importance of "ensuring a life worth living" or a "meaningful existence as you grow older".[1] A fundamental part of this ethos is to recognise the importance of a country's regional culture when considering the development of care and housing models for older people living independently in the community.[1] Hence, in taking account of this ethos, developing any model of care and housing should first ascertain what makes for a happy and meaningful life within the context of their own culture and traditions. This then allows thinking, policy and practice to move away from focusing purely on services, to aspects of how to best utilise resources, in the widest sense, that are available within families, their neighbours and the wider community.[2]

Given the links between poor health and poor housing, it is important to design and develop homes that aim to support and improve health.[3] It is therefore essential that policy and practice should not only strive to ensure quality of care in general, but also provides a system and infrastructure which places less pressure on health and social care services, reduces hospital admissions and lengths of hospital stay, and also supports healthy independent living at home.[3]

Therefore, in deciding how best to design and develop appropriate housing options for older people living in the communities of the Highlands of Scotland, it was considered essential to explore housing models developed elsewhere.

METHOD

The purpose of this briefing paper is to highlight the key messages and common themes from a review of UK-based models only of care and housing for older people living independently in the community which were highlighted within the NHS Education for Scotland (NES) Evidence Summary on *Models of care (including housing) for older people* published in 2017.[4]

The inclusion and exclusion criteria of the NES review are shown in Table 1 below:

Table 1: NES Review inclusion/exclusion criteria

	Inclusion Criteria	Exclusion Criteria
Population	Older people Aged	Groups other than the elderly
Intervention	Models of care Models of funding	Studies that do not involve aspects of care and funding models
Comparators	Any form of care model/funding type	Not applicable
Outcome	Consumer satisfaction Community benefits Economic benefits	Not applicable
Study Design	Descriptive and evaluated studies	Non descriptive/non evaluated studies
Time	2000 - present	Pre 2000
Language	English	Non English
Geography	Europe/developed world in both urban and rural settings	Non developed areas - both urban and rural settings

This briefing adds to the original NES review by focusing specifically on UK-based models of housing for older people living independently in the community and hence is potentially of greatest generalisability and interest to UK health and social care providers. Please note that this particular NHS Highland Public Health Directorate briefing did not include a review of Care homes unless they were part of a wider Care Village facility.

Due to differences in terminology, and varying definitions and structure of health and social care systems across the world [5], this review, as stated above, focused on examples of models of housing for older people within the UK only. Also, given the wide range of models of housing and care for older persons being developed across the UK, this review provides only a snap-shot of the large number of housing models for older people that are available.

As an alternative to providing a lengthy narrative on the different models of housing for older people referred to within the NES evidence summary, this briefing also includes web-links which directs the interested reader to the websites of each housing model example provided. This feature was not provided by the NES review – again another element of evidence synthesis that this briefing adds. These web-links are embedded within the map included on page 7 of this briefing.

KEY FINDINGS

- No "one size fits all" housing model appears to fulfil all requirements for older people living independently in the community. Irrespective of the type of housing model developed it should be context-specific to meet a range of housing needs, preferences and lifestyles that one may wish to live.[6,7,8]

- Consideration of models of care and housing for older people living independently in the community revolve around three main themes namely:
    - How care and support is provided
    - The role of the built environment
    - The benefits for resident wellbeing.[5]

- Accessibility, adaptability, flexibility, and manageability are key elements to providing housing developments for people as they become older. Incorporating such aspects ensures that such housing can be adapted as care and support needs change over time i.e. it ensures that wherever they reside, their home is "care-ready".[9]

- Good retirement housing is felt to involve, for example alot of space and light, accessibility, bathrooms with walk-in showers, energy efficiency and good ventilation, and a pleasant outside natural environment. To minimise loneliness, it is also considered important to have a central space where people can meet and socialise.[10] Access to green, private space, and a safe neighbourhood, as well as housing that is accessible to good local transport, facilities such as shops, a Post Office, a GP practice, library, and a cinema are also considered to be key elements of housing for older people.[5]

- Although different models of housing with care have evolved to reflect different local circumstances some common themes have emerged:[11]
    - Good design and space standards to create an environment that can support independent living.
    - Common areas and facilities to provide a place where tenants can interact, where a variety of services can be provided, and where social activities can take place.
    - Good outdoor design e.g. enclosed gardens, wide walkways, raised flower beds, tactile surfaces, and aromatic planting to encourage older people to use the space all year round.
    - Future-proofing the design and internal layout of a building to ensure that there is flexibility to accommodate changing care needs or to cost-effectively convert communal areas if they are no longer required.
    - A person centred service to be sensitive to the importance of respecting and preserving a tenant's dignity. The service also needs to be flexible so that staff can respond to a person's changing requirements.
    - Opportunities for tenants to organise social activities that involve the wider community and to participate in service improvement are important.
    - The managers of housing with care developments to play a pivotal role in creating a culture of openness and respect, and in motivating staff to deliver person-centred services.
    - Care and support staff to have the right blend of skills and aptitudes, and to possess a genuine interest and respect for each person's welfare.

- It is important to consider the neighbourhood approach in meeting the needs of an ageing society whereby, for example, facilities are shared between the housing complex and the neighbourhood and where community 'hubs' are provided by the housing model where these may otherwise not exist in the wider community.[10,12] HAPPI emphasises the importance of this neighbourhood approach by integrating housing for older people within the wider neighbourhood context.[10]

- Any potential barriers between the different levels of care should be fully "permeable" (as in the case of care villages) to enable individuals to move from one living arrangement to another as their needs change.[8]

- Gaps remain in the research evidence relating to aspects of housing with care for older people.[5] There is also a lack of robust evidence about the effectiveness and, in particular, the cost-effectiveness of extra care housing.[13] Whilst it has been recognised that there is no agreed definition of "extra care housing", as the term suggests it is a model of housing which provides extra care through a combination of elements such as: accommodation that is often self-contained; personal care is delivered flexibly, care is usually provided by staff based on the premises; support staff are available on the premises for 24 hours a day; domestic care is available; communal facilities and services are available.[14]

- The research with respect to the cost or cost-effectiveness of housing and support options for people with care or support needs is limited in terms of quantity and quality. Differences in the terminology used to describe different housing options also make comparisons between studies difficult.[14]

KEY ELEMENTS OF HOUSING

The All Party Parliamentary Housing Our Ageing Population Panel for Innovation (HAPPI) group sets out a range of housing types/models that include mainstream, specialised housing and care homes to cater for the spectrum of older people's care needs from: none to minimal (mainstream); to moderate (specialised); to intense care needs (care homes).[15,10]

Examples of this range of housing models within the UK include:

Mainstream housing (not for any one specific user group)

- Adapted home

- General need

- Lifetime Home

- Wheelchair home

Specialised housing [designated for older people (55+ years)]

- Co-housing (including multigenerational housing)

- Sheltered retirement

- Very sheltered

- Extra care

- Retirement village

- Close care

The **HAPPI principles** for models of housing for ageing people are based on 10 key good design criteria which are particularly relevant to older persons' housing.

The HAPPI principles reflect:

- Space and flexibility
- Daylight in the home and in shared spaces
- Balconies and outdoor space
- Adaptability and 'care ready' design
- Positive use of circulation space
- Shared facilities and 'hubs'
- Plants, trees, and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and 'home zones'

Further information on these HAPPI principles is available at:
https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/

Further details on HAPPI are available at:
https://www.gov.uk/government/publications/housing-our-ageing-population-panel-for-innovation.

The National Development Team for Inclusion (NDTi) has also developed a proposed typology of housing and support options. This typology can be accessed at:
https://www.ndti.org.uk/uploads/files/Housing_Choices_Discussion_Paper_2.pdf.[16]

CONCLUSIONS

Whilst gaps remain in the research evidence which relate to particular aspects of housing with care for older people, there are still some very valuable lessons and learning for NHS Highland that can be taken from housing models that have already been developed for older people within the UK. For example the All Party Parliamentary Housing Our Ageing Population Panel for Innovation (HAPPI) group sets out a very helpful range of housing types/models and good design principles for older peoples' housing. Such principles include the key elements of space, accessibility, adaptability, flexibility and manageability, and emphasises the importance of considering the neighbourhood approach in meeting the needs of an older population.

It is on these principles that NHS Highland should move forward to develop appropriate and person-centred housing for older people across the Highland region. However, taking into account that no one housing model fulfils all requirements for older people living in the community, and that a proposed housing model should be developed within the context of the local culture, any future models considered for the older population of the Highland region should be both contextually and culturally appropriate.

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15. Tinker A, Ginn J, Ribe, E. *Assisted Living Platform - The Long Term Care Revolution: A study of innovatory models to support older people with disabilities in the Netherlands*. London: King's College; 2013.

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Examples of Models of Care and Housing for Older People Living Independently in the Community in the United Kingdom

Hold "Ctrl" and click on any of the numbered circles shown below to access details of the respective housing model.
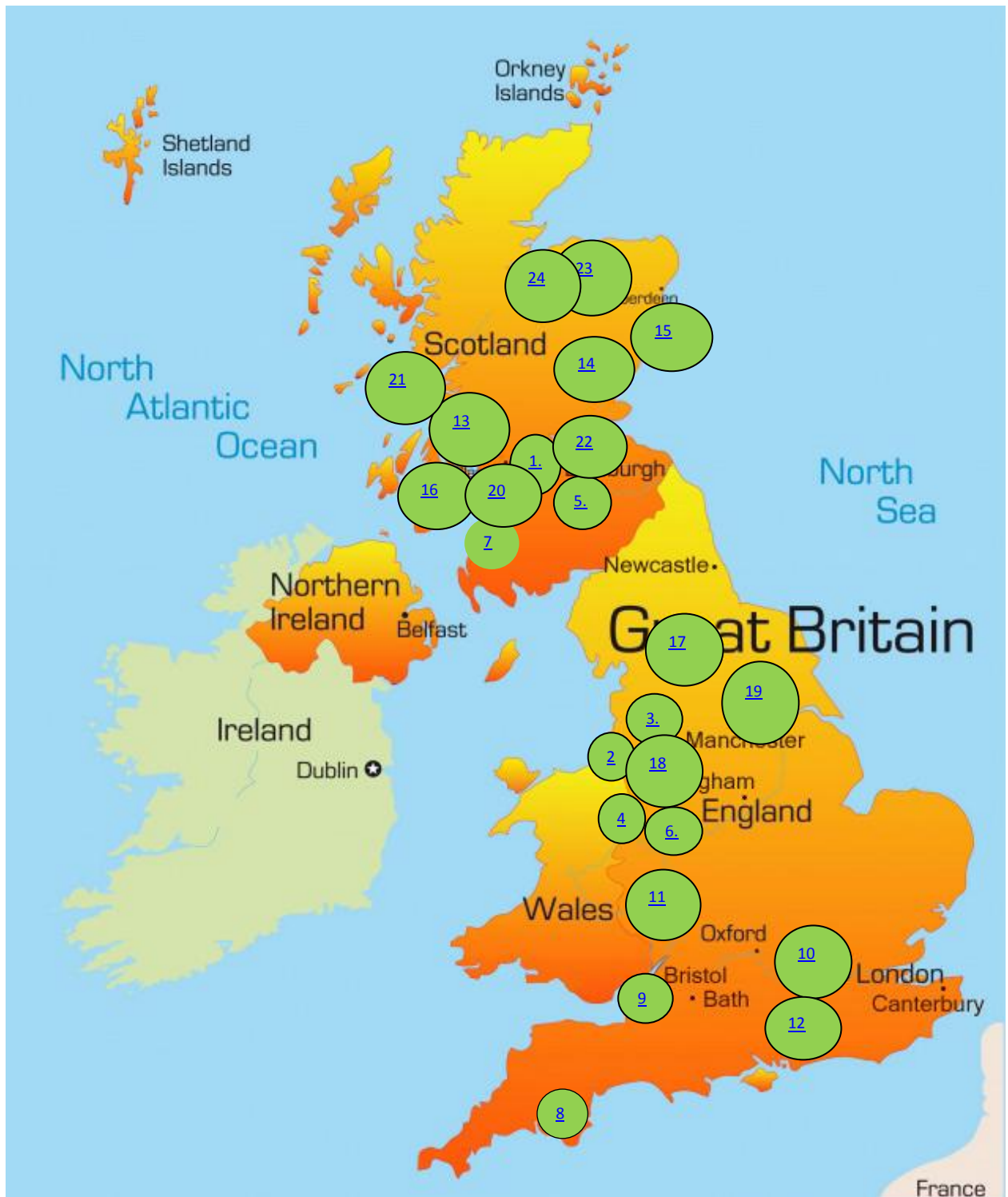
KEY TO HOUSING MODEL EXAMPLES

1. Auchlochan Garden Village, Lesmahagow, Lanarkshire (Extra Care Housing – ECH)
2. Heald Farm Court, Newton-Le-Willows, Merseyside (ECH)
3. Irwell Valley, Manchester (ECH)
4. Broad Meadow, Dudley (ECH)
5. Dovecote Road Extra Care Housing, Peebles (ECH)
6. Teall Close, Acocks Green, Birmingham (ECH)
7. Morris Court, Dalry (Very Sheltered Housing – VSH)
8. Audley Retirement Villages (ECH)
9. Extra Care Charitable Trust (ECH)
10. Retirement Security Limited (ECH)
11. Marina Court, Tewkesbury (Retirement Development / Co-housing)
12. Whiteley Village, Surrey (Retirement Development / Co-housing)
13. St Margaret's Court, Greenock (Housing with Care)
14. Kinloch Court, Carnoustie (Close care /Care Village)
15. Edenholme Care Village, Stonehaven (Close care /Care Village)
16. Carntyne Gardens, Glasgow (Close care /Care Village)
17. Sycamore Hall, Bainbridge, Yorkshire (Close care /Care Village)
18. The Belong Village, Wigan (Close care /Care Village)
19. Hartrigg Oaks, York (Close care /Care Village)
20. Eastcroft Gardens, Rutherglen (Sheltered Housing)
21. Mull and Iona Community Hospital and Bowman Court (**Note**: Highland example)
22. Cowan Court, Penicuik, Midlothian (ECH)
23. Chandlers Court, Elgin (VSH)
24. Varis Court, Forres (ECH)

Additional information on each of the model examples listed above is provided in the following supplementary section of this report. Also provided in this section are the Author's thoughts on the potential applicability of each housing model example within the remote and rural context of the Highlands of Scotland.