

Housing with Support - Literature Review

Version 1.0

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People worldwide are living longer, and all countries are experiencing growth in both the size and proportion of older people in the population (WHO, 2022a)¹. By 2030, it is estimated that 1 in 6 people in the world will be aged 60 years or over and this age cohort is projected to reach 2.1 billion by 2050 (WHO, 2020b)². In Ireland, the population aged 65 years and over is estimated to have risen by over 40% between 2013 and 2023, from approximately 569,000 to 806,000, and to further increase to 1.6 million by 2050 (CSO,2024)³. Life expectancy at birth in Ireland is 80.4 years for men and 84.0 years for women (Eurostat, 2017)⁴.

Considering this surge in population growth, it is necessary to deliver person-centred integrated care that focuses on the needs of older people and their families and communities. A key area of concern when considering Ireland’s ageing population is the provision of suitable housing. Housing with support is growing in popularity as a form of housing suited to ageing well in later life. This brief literature review focuses on the effectiveness of housing with support schemes on a national and international level.

Context

The World Health Organisation (WHO, 2017) defines healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age. WHO describes functional ability as being formed by interactions between intrinsic capacity i.e., mental, and physical capacities of a person, and environmental characteristics which are related to home, community, and society as a whole⁵.

Ageing in place is a means of facilitating healthy ageing. There is a notable established emphasis on the preference of older people to age in place. Data from the Central Statistics Office (CSO, 2023a)⁶ indicates that over 189,000 aged 65 or over live alone in private households. In the same year, in approximately 5% of households that were owner-occupied with a loan or mortgage, the owner was a person aged 65 years or over (CSO, 2024)⁷. Lawler (2001) highlights the effectiveness of ageing in place in terms of enabling older people to maintain independence, autonomy, and connection to social support.

However, the extent to which older people can take care of themselves or be cared for at home is influenced by factors such as standard and appropriateness of their home environment (Cullen et al., 2007)⁸. In 2019, 17% of homes in England failed to meet the Decent Homes Standard and, in 2018, only 9% had four key accessibility features (Ministry of Housing, Communities and Local Government, 2020) People aged 85 or over are most likely to live in non-decent homes, and households with people aged 85 or over are most likely to include someone with a long-term illness or disability (Department for Communities and Local Government, 2016).

¹ [Ageing and health \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/healthy-ageing)

² <https://apps.who.int/iris/handle/10665/252783>

³ <https://www.cso.ie/en/csolatestnews/pressreleases/2024pressreleases/pressstatementolderpersonsinformationhub2024/>

⁴ https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp320/default/table?lang=en

⁵ doi: [10.2471/BLT.17.203745](https://doi.org/10.2471/BLT.17.203745)

⁶ [Living Alone Housing Older Persons Information Hub - Central Statistics Office](https://www.cso.ie/en/csolatestnews/pressreleases/2024pressreleases/pressstatementolderpersonsinformationhub2024/)

⁷ [Press Statement Older Persons Information Hub 2024 - CSO - Central Statistics Office](https://www.cso.ie/en/csolatestnews/pressreleases/2024pressreleases/pressstatementolderpersonsinformationhub2024/)

⁸ <https://www.lenus.ie/handle/10147/314974>

Other housing options for older people include sheltered accommodation which may have little to no on-site support or relocating to a nursing home which typically requires giving up housing equity (Walsh, 2022). More than 26,000 people aged 65 and over were resident in hospitals or nursing homes in 2016 (CSO, 2023b)⁹.

There is increased interest and investment from both the public and private sector in housing schemes for older people that allow independent living to be combined with relatively high levels of care (Croucher et al., 2006). Specialist forms of integrated housing with care have been developed where adequate care and support cannot be provided in mainstream housing, including housing with support. Housing with support enables healthy ageing and is essentially an integrated approach between living independently in the community and living in a nursing home or other form of long-term care (Molloy & Dilon, 2018). It aims to meet optimal housing, care and support needs, while helping older people maintain their independence, through the provision of accessible housing and connections with services that meet their social and healthcare needs (Coyle, 2021).

Defining Housing with Support

There is no universal definition of housing with support. Applying a single, comprehensive definition of housing with support is difficult as there is a range of terms used in the literature to describe schemes, since very few schemes are exactly alike (Baker, 2002; Croucher et al., 2006)¹⁰. Indeed, Atkinson et al. (2014)¹¹ identified a wide range of types of provision and terminology, across various countries, while Howe et al. (2013)¹² identified over 90 terms used in the UK, US, Canada, Australia, and New Zealand for housing with support and care services. Housing with care, supported housing, integrated care, extra care, close care, flexi-care and assisted living are examples of the terms that are used to refer to grouped housing schemes for older people (Croucher et al., 2006). The types of needs that the schemes are intended to meet, the services that residents can access, and the levels of dependency that can be accommodated can differ significantly, even when schemes are run by the same organisation and share similar design features and facilities (Croucher et al., 2006). The communication of the physical and support differences between housing with support and other forms of housing for older people is key (Walsh, 2022)¹³.

In Ireland, the Health Research Board (HRB; 2021, pg. 8) defines housing with support as ‘purpose-built, noninstitutional accommodation where older people have their own front door and where support or care services are available’¹⁴. Similarly, the Housing Agency (Walsh, 2022) describes housing with support as an alternative housing option, primarily for older people (55+) that allows occupants to reside in self-contained dwellings with specific agreements covering support, care, domestic, social, community, or other services. Support services range from health and social well-being programmes and/or a volunteer programme to provide assistance

⁹ [Press Statement Census 2022 Results Profile 2 - Housing in Ireland - CSO - Central Statistics Office](#)

¹⁰ [Housing with care for later life \(housingcare.org\)](#)

¹¹ <https://doi.org/10.1108/HCS-09-2013-0017>

¹² <https://doi.org/10.1017/S0144686X12000086>

¹³ [Housing with Support Framework Toolkit.pdf \(housingagency.ie\)](#)

¹⁴ [HRB Evidence review Housing with support for older people.pdf \(sharepoint.com\)](#)

with housekeeping, gardening, and general maintenance. Care services may include assistance with activities of daily life, assistance with medication, and basic nursing care (Coyle et al., 2021). Core concepts that are central tenants to housing with support, as outlined by the HRB, include lifetime adaptable housing, ageing in place and autonomy of housing supports (Coyle et al., 2021). The Housing Agency outlines a variety of key features of housing with support, including: purpose-built lifetime adaptable housing with accessible building design that promotes independent living and enables residents to age in place; autonomy of housing and supports; access to assistive technologies; building units in suitable locations for sustainable living with full mobility access, and; access to care and support services on site with a facility for emergency services (Walsh, 2022).

Regardless of definition, key aims of housing with support include promoting independence, reducing social isolation, providing an alternative to residential or institutional models of care, providing residents with a home for life, and improving the quality of life of residents (Croucher at al., 2006). Housing with support schemes fundamentally focus on developing a homely rather than institutional environment and incorporate services that promote and foster a sense of independence and autonomy (Croucher at al., 2006). The overall aim of housing with support is to ensure that it helps to improve quality of life for older people and allows them to age and die in place (Coyle at al., 2021).

Sample Models of Housing with Support

Case Study 1: Blackwood Homes and Care

Blackwood Homes and Care is a housing association and care provider operating across 29 mainland local authorities in Scotland. Its primary purpose is to provide high quality housing, care and support services to enable people to live independently. Blackwood’s mission and purpose is to help people “live life to the full”. It has a five-year Strategy and Business Plan 2021-2026, which aims to support more customers to live independently by increasing resilience and capacity as a sustainable, non-profit charity. In March 2023, Blackwood had a total housing stock of 1,764 which included 1,549 self-contained units, 22 non-self-contained units and 193 non-self-contained bed spaces (Scottish Housing Regulator, 2023). Blackwood manages houses across 102 developments, delivering 10,000 hours of care-at-home services weekly, alongside three specialised care homes for individuals with physical disabilities. They have an estimated 501-1,000 employees.

University of Strathclyde’s Fraser of Allander Institute (Congreve et al., 2023)¹⁵ published a report on Social Care Innovation in Scotland and the Blackwood housing provider was praised as being a leader in adopting new social care technologies. CleverCogs™, their digitally enabled care and support system, was noted as being one of their key innovations. It affords individuals increased independence over their care as well as alternative ways to access services and information and communicate with friends and family. Additional significant contributions include *Blackwood’s Neighbourhoods for Independent Living* project which aims to address health inequalities and empower older adults to lead healthier, more connected lives. Their *House and Design Guide*

¹⁵ [Congreve-et-al-FAI-2023-Social-Care-Innovation-in-Scotland](#)

sets a new standard for affordable, accessible, and connected homes that adapt as people age. Blackwood have also worked to create a value-exchange model which encourages and rewards participation in the neighbourhood essentially aiming is to reduce social isolation and foster community engagement (UKRI, 2022)¹⁶

Case Study 2: Housing Learning and Improvement Network (LIN) on Extra care housing - Campbell Place, Fleet

Campbell Place is a 74-unit extra care housing scheme in Fleet, North Hampshire. It is developed and owned by Sentinel Housing Association, a registered provider operating in north Hampshire. Campbell Place provides a flexible on-site 24-hour personalised care and support service. One of their key aims is to become a hub for older people in the local area that fosters a sense of community cohesion. Campbell Place has 57 two-bedroom apartments which they maintain to be an appealing option for those who wish to downsize and move out of a family home in addition to 17 one-bedroom alternatives. Their range of communal facilities for use by the residents include a laundry, library, hairdressing room, garden, conservatory, activities room, community centre, communal bathroom, and guest room. Social activities include film club, knit & natter, and bingo. Furthermore, there is a communal restaurant which is available for use by residents and visitors. The entire site is accessible by wheelchair and the site itself is easy to access (HousingCare, 2021)¹⁷.

Housing LIN conducted an evaluation study on Campbell Place to examine the perceived benefits of residents and examine what difference moving to extra care housing has made to their lives. The study, which used data from 17 resident interviews, found that overall, there was improved general well-being, social life, relationships with families, happiness, and health. The value and importance that residents placed on social interaction was noted in the report. Communal restaurant areas, casual settings and engaging activities at Campbell Place all facilitated improved overall wellbeing. The study commended the combination of spacious living environments coupled with on-site care and support services and modern facilities which residents evidently valued due to improved outcomes (Burns, 2014)¹⁸.

Case Study 3: Richmond Place, Inchicore

This Housing with Support project, based in Inchicore, Dublin, introduces the concept of housing with supports for older people into Ireland. It has been jointly commissioned by Dublin City Council and the HSE and is one of five demonstrator projects under ‘Rebuilding Ireland Action Plan for Housing and Homelessness’. (Daly & English, 2019)¹⁹. The overarching aim of the

¹⁶ <https://www.ukri.org/who-we-are/how-we-are-doing/research-outcomes-and-impact/blackwood-homes-and-care/>

¹⁷ <https://housingcare.org/housing-care/facility-info-158424-campbell-place-fleet-england>

¹⁸

https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy93_CampbellPlace.pdf

¹⁹

<https://www.gov.ie/pdf/?file=https%3A%2F%2Fassets.gov.ie%2F9398%2Fca553fa753b64f14b20e4a8dcf9a46ab.pdf#page=null>

project, being delivered by ALONE and Circle Housing, is to develop a new model of housing for older people. Key objectives include the provision of high standard living facilities in addition to appropriate onsite care and supports where older people are integrated within the local community and central to its design (Molloy & Dillon, 2018).²⁰ The project consists of 52 apartments (35 x 1.5-bedroom units and 17 x 2-bedroom units) for older people with on-site communal facilities (Walsh, 2022). The accommodation and communal facilities will be built in line with age friendly and universal design principles (Daly & English, 2019). This project has been divided into three phases. Phase one, now completed, involved the development of the concept and overall design of the project. Phase two is currently ongoing and is the detailed design and build phase. Phase three will be the stage at which tenants move into the housing. Of note, a toolkit is currently being developed to ensure that learning from this innovative project can be used by other housing organisations interested in developing similar type housing (Molloy & Dillon, 2018).

An external evaluation of the project is being conducted through the Housing Agency, with the objective of reviewing the project at each stage of construction and operation and suggesting learnings for future projects (Daly & English, 2019). To date, the evaluation has identified various learnings to facilitate wider roll out of the project. It acknowledges that placing older people at the centre of the project requires careful management and resourcing in addition to ongoing engagement with older people. It notes the need to test models outside of large urban centres and to generate a better widespread understating of the features of housing with support (Walsh, 2022).

Case Study 4: Housing First

Housing First (HF) is an internationally widely adopted policy for relocating those in temporary accommodation into settled homes, where individuals have complex or multiple needs. It comprises key components such as: providing permanent, affordable housing; offering mobile case management and treatment services covering mental health, physical health, and addiction; adopting a program philosophy centred on client choice and recovery; and focuses on social network building and community integration (Gibb & McCall, 2023). Although not targeted directly at older people, there are multiple learnings from this project relevant to housing with support schemes focused on supporting ageing in place.

The first HF program was initiated in New York in 1992 by the organisation Pathways to Housing and was developed to respond to the needs of homeless individuals with mental illness. In Scotland, HF is accepted as the default model for Rapid Rehousing Transition Strategies, aiming to quickly move people into settled accommodation. This model has been found to address complex needs, increase long-term housing stability and reduce homelessness (Gibb & McCall, 2023). Johnsen et al. (2022) supported these positive outcomes and indicate that after 12 months, tenancy sustainment was 88% and 80% by 24 months. Results in terms of

²⁰ https://www.housingagency.ie/sites/default/files/ha18002-housing-models-for-an-ageing-population-online_1.pdf

substance addiction and health varied but were positive in general, although there was limited evidence in terms of increased community integration and social networking.

A randomised control trial (RCT) in Canada was conducted to assess the long-term impact of HF on housing and health outcomes among homeless adults with mental illness over a six-year period. Results broke ground for HF and indicated that HF participants had higher rates of stable housing compared to those in the treatment as usual group. This effect was particularly notable for those with high support needs, suggesting that HF interventions, such as mental health support, positively influence housing stability, especially in urban settings (Stergiopoulos et al., 2019). A further RCT looking at the impact of HF in France, found better autonomy, sentimental life, lower in-patient days and use of hospital services, higher housing stability, and improved mental composite scores over a 4-year follow-up period among tenants. However, its limited effectiveness on recovery outcomes was noted when compared to standard treatment (Lemoine et al., 2022).

Assessing Impact

Overall, although there are numerous housing support schemes, none are identical. Consequently, assessing their effectiveness is challenging, compounded by the lack of substantial, high-quality evidence to draw definitive conclusions on their impact.²¹ This is supported by a rapid review conducted by Gibb and McCall (2023) in which they identified the fragmentation of different strands of housing support and acknowledge the varied evidence that is available in terms of sample size, rigour, and coverage. The report reinforces the difficulties in accurately recording and mapping benefits given the diversity of housing support coupled with local and national variance.

Satisfaction with Housing with Support

Studies have shown that in general, residents are more satisfied in housing with support schemes compared to hospital care (McCafferty, 1994; Fakhoury et al., 2002). Cullen and colleagues (2007) note that levels of satisfaction are likely to be higher than in previous living situations and in many instances, are likely to be greater than would be experienced in an institutional setting. They also maintain that the satisfaction of residents is affected by their prior circumstances. Their report indicates individuals feel more satisfied if they are in control and moving had been a positive choice, but also if their move to a housing with support scheme was inevitable and they were getting on well²².

A HRB (2021) review of older people's perceptions and experiences of housing with support identified five key themes: namely, deciding to move, transition and adaptation, living independently, staying physically active, and social engagement. The report demonstrates

²¹

https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2021_publications/2021_HIE/Evidence_Centre/HRB_Evidence_review_Housing_with_support_for_older_people.pdf

²² <https://www.lenus.ie/handle/10147/314974>

deciding to move was often linked with loneliness, the burden of maintaining a home, and neighbourhood accessibility (Tyvima & Kemp, 2011). Transition and adaptation include challenges such as the emotional impact and nostalgia for previous life (Ewen & Chahal, 2013) in addition to positive experiences such as choosing a community (Dong, 2018) and personalising a new home (Walker & McNamara, 2013). Living independently was associated with valuing hobbies (Ewen & Chahal, 2013) and satisfaction with support (Burns, 2014). Staying physically active was influenced by the culture of physical activity that was promoted and accessibility (Dong, 2018). In relation to social engagement, the report notes older people benefit from proximity to family and friends as well as the opportunities to socialise (Walker & McNamara, 2013). The main findings from the review highlight the importance of incorporating older people's preferences into housing with support design and implementation. In addition, it revealed three key facilitators of well-being in these communities. The first facilitator was individual choice and autonomy whereby those who made the decision themselves, settled in more easily and chose which activities to engage in gave a great sense of autonomy. The second was maintaining previous social networks, which can help to ease the transition to a new home. The third was personal care and support services where older people highly valued opportunities to socialise.

Another rapid review on housing support models found flexibility to be a key strength of these models; that is, that they can be adapted to support diverse issues that hinder individual's ability to live at home (Gibb & McCall, 2023). While qualitative evidence supports positive outcomes, this report recognises that there is need for further comprehensive promotion and understanding of housing support to ensure its sustainability and efficacy. It also notes the lack of holistic advocacy for housing support, which increases the vulnerability of housing support models. Evidence for this report was obtained from over ten key housing support schemes in Scotland, including Floating Housing Support. Of note, results from the analysis of the Floating Housing Support model found that a wide range of activities are essential to support people at different stages of their lives. Support activities are shown to be beneficial in terms of empowering assistance that leads to individuals living in their own homes longer, a sense of independence, and avoidance of hospitalisation and longer-term care.

As regards determinants of satisfaction, Cameron et al.'s (2020) review on older people's perceptions and experiences of living in integrated housing and care indicate that integration of housing and care allows older people to manage their care needs. The authors note that on-site care provides some older people with a greater sense of flexibility, security, and peace of mind. However, residents' expectations varied with some assuming more direct healthcare services than provided, leading to dissatisfaction. Others questioned if the schemes could offer a home for life, particularly when their health deteriorates to a point where more intensive care is required. This indicates a conflict between individuals' lived experiences and their expectations prior to moving in and raises concerns in terms of the model's ability to support independent living. The study also suggests concerns over the ability of integrated housing and care schemes to offer a supportive environment for all patients given the growing number of individuals with dementia.

Overall Impact

There have been various studies examining older adults' living situations encompassing design, care, and community impact with a focus on supporting older people to live independently in community settings. These have ranged from examining positive outcomes which includes tackling loneliness and social isolation, to supporting health outcomes (Beach et al 2022).

As regards findings, the HRB (2021) review of housing with support for older people reported some studies have indicated self-rated health and health satisfaction improved among older people in housing with support, although findings regarding changes in wellbeing, loneliness and social support were mixed. Some key studies include:

- Holland et al. (2015, 2019): An evaluation of Extracare residents' scheme in the UK found significant improvements in residents' self-rated health and fitness with significant improvements in the level of exercise completed by residents (75%), a delay in frailty of 3 years, 23% reduction in anxiety symptoms, 14.8% reduction in depressive symptoms in 18 months, improvements in memory and cognitive skills, no decline in measures of executive function, and lower levels of loneliness than the national average
- Callaghan et al. (2009): An evaluation on Extracare housing found that most residents reported high levels of social well-being, whereby 41% noted having a 'good' social life and 42% describing it as 'as good as it can be.' It reported that more positive social outcomes were related to an increased quality of life.
- Callaghan et al. (2009): An evaluation in Kent, England on Extracare housing found that most residents reported high levels of social well-being, whereby 41% noted having a 'good' social life and 42% describing it as 'as good as it can be.' It reported that more positive social outcomes were related to an increased quality of life. Over half felt that their social life improved and 90% made new friends. Increased participation in social activities or groups was linked with better social life ratings with most residents engaged in activities of their choice such as social, formal or voluntary work.
- Lotvonen et al. (2017; 2018): An evaluation of senior housing in Finland investigated the experiences of older adults over a twelve-month period. The study found that there was increased contact with family and friends and better perceived care, approximately half of individuals had a confident they could discuss personal affairs with, and there was increased satisfaction in terms of the social environment. The results on loneliness were mixed, with just under half never feeling lonely and over half feeling some level of loneliness. It also notes that over time, social interaction was hindered as a result of physical conditions.
- Pruchno and Rose (2000): An evaluation in the US was conducted on self-rated and objective health outcomes of residents in an assisted living community. The study found that mean self-rated health score increased significantly although functional ability, cognitive functioning and depression scores decreased slightly.
- Netten et al. (2011): A Department of Health (DH) funded evaluation was conducted on nineteen extra care housing schemes. Key findings in relation to delivering person-centred outcomes included reports of overall good quality of life, a good social life in

terms of activities, events and making new friends and improved physical functional ability.

- Kingston et al. (2001): An evaluation of Extracare housing outcomes compared to individuals attending day centres over a twelve-month period found that Extracare residents reported no changes in physical wellbeing while day centre participants disimproved. Extracare residents showed higher life satisfaction and positive attitudes towards extra care-type housing. They also had less contact with social workers and health professionals although there was no significant differences in terms of nurse, GP or physiotherapist visits.

Another evaluation by McCarthy and Stone (2014) n on Retirement Living and Assisted Living Extra Care schemes and found that retirement and assisted living apartment owners experienced notable improvements in their living conditions. A significant majority (80%) reported feeling more secure in their new homes compared to their previous ones. Additionally, 71% of residents felt warmer, while 65% indicated an enhanced quality of life, with a reduction in social isolation. Finally, newer research by Beach et al. (2022) has reported people living in housing with care had lower levels of loneliness than would be expected if they lived in the general community, but higher levels of social isolation, which was hypothesised to be driven mainly by less frequent contact with friends and lower levels of organisational membership²³.

The mixed findings can be partly attributed to varying health status of residents on entry; different schemes accommodate people in varying states of health and draw their residents from different populations (e.g. low income and high income)²³. Importantly, the HRB review did note when older people can stay in their own locality, they can retain contact with family and friends and proximity to grocery shops, pharmacies, and primary care services are integral to well-being. The authors also report older people’s subjective perceptions of their new home and community may contribute more to their mental well-being and self-rated health than objective measures of the physical components of housing with support schemes.

Mortality and Healthcare Utilisation

With regards to longevity and health care use, recent research in the US which compared older adults who moved into senior housing communities to a similar group of adults who remained living in the greater community found older adults living in senior housing communities tended to live longer, receive more health care services, obtain more preventative/rehab services at home, and spend less time on anti-psychotics in comparison to those living in the general community (NORC, 2024)²⁴. The report indicated that there was variability among different schemes, and that more should be done to learn about the spread of rankings between highest and lowest performing properties.

Cullen et al. (2007) note that it is likely that a move to supportive housing may result in increased usage of health and care services because of increased visibility of and closer attention to needs.

²³ <https://academic.oup.com/innovateage/article/6/7/igac061/6731244>

²⁴ <https://blog.nic.org/norc-at-university-of-chicago-releases-study-showing-senior-housing-residents-live-longer>

Although a Housing LIN (2019) evaluation report identified an increase in visits to Practice Nurses, they noted a reduction in the number of GP visits among residents across various schemes, whereby residents made 67 fewer visits to their GP compared with the 12 months before they moved into the scheme (Holland et al., 2015). Similar results were evident in a longitudinal study conducted by Aston University at an Extra Care Charitable Trust (ECCT) housing with care scheme, whereby after twelve months, GP usage by residents in the sample had decreased by 46% and unplanned hospital stays were shortened from 8-14 days to 1-2 days. This study also demonstrated reductions in practice and district nurse visits to housing with care residents (Polisson, 2011). Moreover, a reduction in ambulance call outs was noted in the National Housing Federation's 'Home from Hospital' report (2017). It indicates that providers of housing with care with 24/7 onsite staff who respond quickly to emergencies and provide increased levels of support where needed can reduce the number of instances where ambulances are called out. Evidence from the Strategic Society Centre (Lloyd, 2016) estimates that individuals over 65 have a 33% probability of experiencing a fall each year, but this likelihood is significantly reduced to between 11% and 22% in specialist retirement housing. Additionally, a Housing LIN and Keepmoat (2017) report found people in housing with support schemes needed less formal care, measured by the size of their 'care packages' than a control group in the community, had fewer admissions into a care home, and fewer deaths than the control group. Furthermore, a Housing LIN (2013) case study synthesising the evaluation by East Sussex County Council on extra care housing (ECH) highlights key benefits, particularly in reducing the need for more intensive care services. It found that 63% of residents would likely require residential, EMI, or nursing care if they were not living in extra care housing.

Other research has indicated that a lack of housing with support could contribute to the cycle of repeated hospital admissions (Shepherd 1998; Ewen et al., 2017)²⁵. Similarly, McCarthy and Stone (2014) found that hospital admissions for residents within ten of its developments decreased on average by 13% per resident per year. Indeed, an evaluation of a housing with support scheme in Queens, New York found hospital discharge rates were 32% lower and hospital lengths-of-stay was one day shorter among residents in housing with support programmes (Gusmano et al., ²⁶). A longitudinal study (Kneale, 2011) reported that housing with care residents were less likely to be admitted to hospital initially than those in unsupported housing in the community and were more likely to be admitted only once a serious condition had developed.

Conversely, the HRB (2021) review reported decreased length of stay in hospital, but not in admissions to hospital. Similarly, Holland and colleagues (2019) found that there was a significant reduction of 31% in length of stay for extra care participants during a sixty-month period when compared to community controls, which equated to an average of three fewer days spent in hospital per year per participating resident over five years. In the same study, there was no significant change in the number of planned or unplanned admissions for the extra care participants over the same sixty-month period. The NORC (2024) report also found that older

²⁵ <http://dx.doi.org/10.1080/02763893.2016.1268555>

²⁶ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0070>

adults who moved into senior housing properties spend roughly the same number of days away from home to receive high-acuity care as older adults who live in the surrounding community.

Cost Effectiveness

Evaluating the cost-effectiveness of housing with support is complex due to the absence of a standardised model for such housing. Additionally, costs are influenced by the level of care required, which varies depending on how housing costs are calculated and allocated. In Ireland, there has been no detailed analysis of comparative costs (Cullen et al., 2007). However, UK reports have suggested that there is ample evidence supporting the positive impact of housing with support in reducing NHS costs for older people. That said, the authors acknowledge that the evidence is inconsistent in terms of rigor, sample size, and coverage, with the diversity of housing support activities complicating evaluation (Gibbs & McCall, 2023).

A 2017 study by Housing Support Partnership and Imogen Blood Associates demonstrated clear cost outcomes when comparing residential care to housing with care (HwC) for residents aged 65 and older. The study found that HwC was more cost-effective for local authorities for residents with capital less than £16,250, where up to 27 hours of personal care were funded. HwC was also more cost-effective for residents with capital between £16,250 and £26,250 (up to 23 hours of personal care funded) and for those with capital above this threshold. Additionally, the study found that HwC resulted in higher disposable income for individuals on full housing benefits compared to residential care. Housing LIN and Keepmoat (2017) also found that HwC led to savings of approximately £2,400 per year in care package costs for residents. This study also reported reduced admissions to care homes among HwC residents, which could result in cost savings of £15,500. An NHS Improvement Hub rapid evidence review (2018) on extra care housing in the UK found it to be cost-effective in both the short and long term for some individuals, when compared to a matched sample. However, the report noted mixed findings due to varying methodologies and challenges in establishing an appropriate matched group. A 2014 report on Extra Care Housing in Blandford Forum, Dorset, found that while social care costs for residents entering a housing-with-care scheme rose by 76%, they increased by 90% for non-residents over six months. This suggests that individuals tend to move into extra care housing as their needs increase, but the care costs are lower in this setting than for those not in extra care housing (Dimitrijevic, 2014). A 2013 Housing LIN case study, which evaluated extra care housing (ECH) in East Sussex, showed that ECH was on average half the cost of alternative placements. Capital invested in the schemes by the Council was recovered within 1.5 to 3.3 years. The study highlighted significant financial benefits for those with medium dependency care needs (10 to 14 hours of care per week), informing future strategic planning and emphasizing the importance of effective management to sustain financial benefits (Weis & Tuck, 2013).

From a cost-effective perspective, McCall et al. (2020) identified preventable costs related to better-designed inclusive living, such as hip replacements costing between £6,672 and £12,572, and ambulance services ranging from £34 to £236 per incident, depending on the treatment provided. Additionally, a 2021 SFHA Housing Scotland report found that housing with support models provide value for money and cost savings for the public and the NHS when compared to other long-term care options.

Given the limited understanding of the impact of integrated housing and support models on the cost of care for older people, a three-year longitudinal study in the UK evaluated a housing with support scheme, comparing changes in care needs and costs over time (Holland et al., 2015, 2019). The study revealed a 38% reduction in NHS costs for housing with support residents over a 12-month period, with costs for frail residents decreasing by 51.5%. Social care costs also decreased, with higher-level care reduced by 26%. The report concluded that living in ExtraCare saves the NHS an average of £1,994 per person over five years.

Conclusion

Housing with support models are becoming more popular amid increasing recognition of demographic shifts towards an ageing population. This trend, coupled with evolving expectations of older individuals regarding suitable housing options in later life, underscores the demand for such models in the future.

Housing with support models vary in definition and type in relation to the physical level and standard of care provided. This makes the evaluation of this multi-faceted model of housing difficult. This literature review detailed the range of benefits of housing with support schemes to residents including maintaining high quality of life, independence, health and reducing loneliness. It highlights the impact on health care such as reductions in the number of GP visits, length of stay and delayed discharges from hospital and ambulance call outs and highlighted relevant information regarding cost effectiveness. In general, however, evidence of impact is limited, and it has been described as a model where “practice knowledge runs far ahead of both policy and academic or research expertise and evidence” (Gibb & McCall, 2023).

ALONE and its partners could make a valuable contribution to knowledge about housing with support schemes through an impact assessment of Ireland’s demonstrator housing with support scheme at Richmond Place.

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