

Birmingham care home closures achieved positive results for older people

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A major study of the closure of care home beds across Birmingham has shown that for the majority of older people affected the process did not have a negative impact on their lives. 77% of respondents suggested that life had got better or stayed the same as a result of resettlement



[Read the full report: An Evaluation of the Modernisation of Older People's Services in Birmingham - Final Report \(PDF\)](#)
[\(/Documents/college-social-sciences/social-policy/HSMC/publications/2012/older-peoples-services-report.pdf\)](#)

The authors from the University of Birmingham's Health Services Management Centre (HSMC) examined Birmingham City Council's closure of 14 local authority care homes (offering accommodation for around 237 older people) and linked day centres, as well as the transfer of services to new special care centres and other forms of residential care. Extra Care Housing to support more independent living was also offered as an option for individuals.

Professor Jon Glasby who led the study comments: *"With the recent collapse of Southern Cross the issue of managing resettlement of older people has come into sharp focus. This was one of the largest closures of local authority care homes in Europe, so many of the lessons from Birmingham apply elsewhere.*

The received wisdom is that closing services and moving older people elsewhere can be very risky.

Whilst the closure of homes in Birmingham was distressing at times for staff and service users, our results suggest that you can minimise potential negative impacts by planning resettlement well and carrying it out sensitively. Where outcomes were less than optimal to start off with, you might even be able to improve things for some people. Given that the older people in our study were all one year older and frailer at the end of the research, the fact that most things hadn't got any worse and that some had improved seems a major achievement."

The key findings collected one month and one year after resettlement showed that for most people the process did not have a negative effect on their lives.

The majority of respondents suggested they felt valued and were happy with the control they had over their life at all stages of the study.

A number of respondents reported an increase in health related quality of life (59% people in care homes and 42% in day centres) and a further 31% (care homes) and 46% (day centres) reported a decrease.

42% of respondents from each setting suggested that life had got better following the resettlement programme and a further 35% suggested life had stayed the same.

Of the 19% who suggested life had got worse following changes, around half suggested this was due to deterioration in their actual health rather than due to the services at their current care home.

The authors make a series of recommendations based on the experiences in Birmingham for other authorities carrying out similar processes:

Preparation and strategy: Having a clear strategy and policy that could be easily articulated to stakeholder groups was seen as important. This was particularly apparent with the policy around day centre closure, which was less clear and for many it felt like an 'add on' to residential home closures.

Engagement and involvement: Involving key stakeholders upfront in initial decisions about services is important to success. Anxiety and stress is often increased when service users are facing a perceived loss or change to services, and it is important that people feel able to influence what happens to them during resettlement, even if they cannot influence the original decision to close a service.

Implementation and operational capacity: Giving service users adequate assessment is crucial to making sure new services are effective. A key strength of the Birmingham process was a dedicated group of assessors with time and space to carry out detailed assessments, get to know people well, work closely with care staff and provide information and reassurance.

Professor Glasby adds: *"Closing homes is never something to be embarked upon lightly – but this study suggests that the risks of a major decline in quality of life can be reduced and that some positive outcomes can be achieved if the process is conducted well. This needs high levels of respect, communication and empathy, as well as plenty of time and space to follow good practice.*

There are lessons other local authorities in similar situations should look to learn for the future." HSMC

The Health Services Management Centre, based in the **School of Social Policy** (<http://www.birmingham.ac.uk/schools/social-policy/index.aspx>), is one of the leading centres specialising in policy, development, education and research in health and social care services in the UK. HSMC's prime purpose is to strengthen the management and leadership of these services and to promote improved health and well-being.