UNIVERSITY OF BIRMINGHAM

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‘Achieving closure’

Improving outcomes when care homes close

Ten top tips (from older people, families and social care staff)

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ageUK Let’s change how we age
directors of adass adult social services
CARE ENGLAND The voice of care
ENRICH Enabling Research in Care Homes
agewell sharing experience
scie social care institute for excellence

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Why care home closures matter

In the 2021 census, there were 278,946 people aged 65 years and over living in a care home in England and Wales, accounting for over 80% of all care home residents (Office for National Statistics 2023).

To contextualise this, in 2022-23, some 835,335 people received publicly funded long-term social care (NHS Digital 2023), so the care home population - although only part of what adult social care does - is a large and highly significant element of the adult social care system.

The Alzheimer's Society (2024) estimates that 70% of people in care homes have dementia or severe memory problems.

Care homes support their residents 24 hours a day and 365 days a year, so the nature of the service provided and the relationships that can be established may be even more fundamental and intense than in more short-term or episodic services. By definition, these are people's homes.

Despite all this, many homes close every year, whether through an emergency (such as a fire/flood); Councils or providers making strategic choices to develop new service models; the cost of maintaining a dilapidated building; an independent provider selling up/going bankrupt; or a regulatory intervention following the discovery of poor care. After a long period of austerity and a cost-of-living crisis, care markets are increasingly fragile - and the very logic of a 'market' implies that the risk of failure has to be real for there to be sufficient incentives to deliver appropriate care at the right price.

When homes close, the received wisdom is that older people's health suffers, with a risk of increased mortality (sometimes referred to in the US as "transfer trauma" – see Castle 2001, p.291). This is particularly apparent in various media accounts and policy discussions (see Fifield 2017 for both quotes below):

> *"If people have to move abruptly from the place they know as home it will obviously cause huge distress – and could also seriously undermine their health."*
>
> **Age UK**

> *"We know people die when providers fail and residents have to be removed."*
>
> **Local Government Information Unit**

However, others suggest that poorly conducted closures may cause significant damage, but that a well-managed process might sometimes be able to achieve slightly different results, at least for some people (see Holder and Jolley 2012 for further discussion; see also Glasby et al 2011, 2018).

Despite the importance of these issues, there is little formal evidence to guide closure processes, and we know very little about the experiences of older people and families, the experiences of care staff, longer-term costs and outcomes, the experience of social care leaders, and practical lessons around how to manage closures as best we can, usually in very difficult circumstances (Glasby et al 2018; Douglass et al 2023).

This lack of evidence is partly because it can be very difficult to carry out research in such sensitive situations (especially with emergency closures), but also because such events can generate significant political, legal, public and media controversy. Often, the temptation can be to manage the immediate situation as well as can be, and to try to carry out the closure(s) as 'under the radar' as possible, minimising the 'heat' and the potential criticism and distress that can be generated. While this is in one sense entirely understandable, it also runs the risk of failing to share good practice and lessons learned, so that each Council and provider can end up 'reinventing the wheel.'

In response, this guide is based on a national study which was conducted from 2021 to 2024 to explore what happens to older people and care staff when care homes close and how best to manage closures in a way that minimises negative outcomes for older people and their families (see 'About this study' at the end of this guide). The overall aim is to improve outcomes for older people and minimise the risk of harm by ensuring that future closures are planned and conducted in a more evidence-informed manner.

The guide takes the form of 'ten top tips' which emerged from our interviews with older people, families, care staff, social workers and managers during the closure process in four local authorities across England. At times we also draw on insights from an initial pilot which helped to shape the current study (Glasby et al 2018). We have tested these with our advisory board (including organisations such as Age UK, ADASS, Care England, CQC and the NIHR ENRICH network) and with older people with experience of drawing on care and support from older people's organisations such as the '1000 Elders' and Agewell.

1. Closures are inherently distressing

In all our case study closures – whether emergency or planned, and irrespective of how much notice people had – older people and their families were often very distressed

Our 'top tips' below focus on things that might reduce this distress slightly, or at least ease some elements of the process.

However, nothing in this guide should detract from the key finding that closures are inherently and inevitably distressing. In writing up our pilot study, in fact, we likened this, for some, to a process of bereavement or of psychological trauma.

While a lot of the focus is rightly on older people and families, the research and our original pilot suggest that closures are a source of significant stress, anxiety and pressure for everyone involved.

Anger, distress and frustration

"Yes, it has affected me emotionally. I had two days of crying for no reason, I couldn't have told you why, and it's just one of those things."

"She just wants to die now – to put it bluntly – when back in shall we say the weeks before the closure notice she was a happy person, content with her lot."

"It didn't feel very dignified… in the first place, the upset, that distress that my Mum – and I'm sure other residents went through – that they're going to have to move at their age, I mean, my Mum's 81, some of the other residents were over 100, so having to move at that time of your life is not nice, particularly when they've been told 'oh the care home's closing, you're going to have to move in the next six weeks', that's very real isn't it?"

"I just think at the time she was upset, quite upset, she couldn't understand why she couldn't go back there."

"I woke up this morning and I'm there saying to myself 'What do I do? I've got to start all over again'."

Amongst the wide range of people that might be involved in a closure, this might include:

- Care staff who know and like residents, are committed to providing the best possible care and might well be losing their jobs and feeling very uncertain about the future.
- A care home owner, who might be passionate about what they do, retiring after a lifetime of providing care and/or losing their livelihood due to an enforced closure or bankruptcy.
- Teams of social workers with large 'caseloads', who might have to cancel almost all their other work and leave other people in difficult circumstances to concentrate on the closure. They may or may not agree with the initial decision to close the home, might be called into action at very short notice and may feel very angry and anxious on behalf of the people they are trying to support. Even where they agree with the closure, there can still be real ambivalence.
- Senior managers and team leaders having to make very difficult decisions, sometimes in very tight timescales, aware of the implications this could have for people's well-being, and in legal, financial and political terms.

Put simply, most closures should only ever be a last resort when we're sure that they're the 'least worst' option – because the process and reality of closures can have such a huge emotional and practical impact on everyone involved.

This means that anyone responsible for overseeing a closure or designing a closure process needs to think about and recognise the importance of time, good communication, support and opportunities to debrief etc. for a range of people – including older people, families, care home staff and managers, Council staff and any other people involved who might also find the process distressing and difficult. Many of these themes are picked up in the rest of this guide and in other 'top tips' below.

Feelings of ambivalence

In our pilot study, a social worker – who was supportive of the strategic modernisation taking place – was nonetheless concerned about specific individuals. An extract from this report said (Glasby et al 2018, p.88):

Although broadly supportive of the closures, some assessors expressed concerns about the immediate impact on current residents, with one person describing a situation in which a resident in their 90s had been constantly packing and repacking their things since being told that the home was closing, despite the fact that it was not due to close for a number of weeks. While this assessor understood that community-based services might work better for some people, they also wondered how the changes would impact on residents with complex needs. While concerns here were typically framed in terms of outcomes for residents, the use of the word 'immoral' in the quote below suggests a personal toll on the individual assessor as well:

> *'[The] experience is very traumatic for individuals, they are disorientated and confused. Sometimes it felt, well, immoral.'*
>
> **Social Worker**

2. Care workers matter too

Although most of our research focuses on the needs and experiences of older people, we've been amazed and appalled by how little previous research has focused on the needs of care workers (see Douglass et al 2023 for a summary of and key gaps in the prior evidence).

When homes close, care workers could well be losing their jobs and worried for the future, at the same time as trying to support distressed residents – sometimes in situations where the relationship between the care home owner and the local Council may be very adversarial and hostile.

That so few previous studies have focused on the needs and well-being of care workers seems little short of scandalous. While not wanting to distract from the needs of older people, we've made this the second of our 'ten top tips' to emphasise how important it is not to take for granted the contribution of care workers but to pay proper attention to their needs.

In this research, we asked care staff about their experiences – both of supporting residents during closures and of the impact on their own health and well-being. We also followed people up around six months after closure to find out more about what had happened to them and their families in the mean time.

We have produced a guide to care home closures aimed specially at care staff. However, for present purposes, we found that:

- Staff could see some closures coming for a long time, but the final announcement of the closure could still be a real shock. Sometimes there were lots of rumours in advance, which some people found very unsettling. Other closures seemed to come completely out of the blue, leaving people very distressed and worried.

- Sometimes, a decision to close a home wasn't communicated well, leaving staff uncertain what was happening next, worried for residents and unsure about very practical issues to do with things like pay.

- The attention paid to the needs of care staff could vary significantly. In one of our sites, someone said:

> *"They've all been in. Regional managers. Area managers. Our manager, the Deputy Manager. Brilliant support from everyone. Always asked us how we feel. We've had meetings. We had the initial group meetings and then we all had individual meetings to ask how we felt about it, if we had any issues, if there were anything we wanted them to help us with. You know they have been very supportive. We can't say that they haven't."*

However, in other care homes staff reported feeling excluded and being left in *"limbo-land:"*

> *"I think they just let you get on with it. They just think that's part of life and that's it."*

Another person said:

> *"Don't know anything, don't know what's going on, don't know when the home's closing, don't know anything about our redundancy, no one's made a point of talking to the staff or informing them of what's going on."*

This left people feeling "devastated", "really sad" and "angry", with one person describing the situation as "heart-breaking."

- People's personal circumstances really matter - many people lived locally (and could walk to work), were on low incomes (and so couldn't

afford additional travel costs) and had other commitments such as childcare or other unpaid carer responsibilities. These all limited people's choices around subsequent employment when the home closed.

- Some people received very limited information about crucial financial and employment issues (such as outstanding wages, redundancy payments, references etc.):

> *"I'm just devastated that it's closing and I'm just a bag of nerves. And I am worried sick. I just want to know what we're expected to get [final settlement – redundancy, wages, holiday pay, etc.]. You know if somebody give you a figure and told you a date, you would feel more secure. You're not secure because you haven't got a date and you haven't got a figure. You haven't had nothing. You've had a letter and that's it."*

Some people also found it difficult to apply for new jobs, particularly if they'd been working in the same role for many years, and would appreciate practical support with hearing about vacancies, writing applications and interview skills. Other people were not sure exactly when the home would close, so when they could start a new job.

- Above all, lots of people felt that a closure was a bit like a bereavement – they loved their job, had close relationships with residents and found the closure really traumatic:

> *"I'm going to miss all of them. Sorry, it's a cliché, but we are a family. If one person's got a problem, we've all got a problem and it's dealt with and we all chip in… Because the staff aren't here just to get paid, they're here because they really care. They [staff] really do care about these residents which is hitting them hard."*

> *"I've worked here for nearly twenty years, and that's half my life. So I've had my children here. I've had relationships and yeah, it's a big part of me."*

> *"It's heartbreaking… it's horrible to see someone you've built a relationship to go into another home, whereas you don't know what's going to happen or how they're going to be treated in that home, just it's really hard."*

This was even worse in situations where a member of care staff had experienced multiple closures over time:

> *"Because I thought here we go, because I've been in a couple of homes and it had been the same way, a closure, and I just thought oh, I'm going down the same route again."*

This all makes it really important that:

- Councils, care home owners and managers support care staff as best they can, emotionally and in terms of their future employment and financial well-being. Having the opportunity to create memories and say good bye to colleagues, friends, residents and families might also be really important – helping to create 'closure' in the face of closure, as it were.

- Care workers know it's OK (and indeed important) to pay attention to their own health and well-being. We're often not very good at this, because we focus on looking after other people. But here it's really important – both to ensure that we're as OK as possible, and also so that we can provide good support to residents.

3. Time matters

Of all the factors that might be at play during a closure, time seems the most fundamental.

Some closures might happen as a result of a process that lasts for many months or even years, while others can happen very rapidly, within days or even hours. In our case study sites, for example, the closures we studied ranged from about three months (from announcement of closure to the final day of the move) to residents having to move out the same day (although many closures were the results of potentially years of negotiation and ongoing dilemmas prior to the final decision to close).

In all these situations, time was a crucial (and often scarce) resource:

"It did make me think, you know, the deadline of one day to the next to get people out. I felt was just a bit unrealistic and a bit harsh … If you've been told you've got to leave the next day, they hadn't visited any of the homes ... I just think that more notice would have been better… I just felt it was a bombshell."

Social Worker

"I think they could have…I mean, I know we were given 90 days, which people say 'oh, that's a long time' – it isn't a long time when you've got to get social services involved, you've got to get another care home, you've got get her and her stuff there, you've got to feel that you feel happy about it and she will be."

Family

"I think for me it was the quickness of it all in the end, you know. I think by the Friday afternoon there were conversations around what fire and safety had discovered and said and they wanted everybody out by the Wednesday. Well, that's a huge task because, you know, you've got to find places, people have got to be happy with what you've found them…"

Social Worker

In one of our case studies – albeit we hope it's an extreme example – the legal decision and authorisation came through late on a Friday afternoon/early evening, and everyone had to leave that night. Participants spoke of residents in their night clothes with their possessions in bin liners having to walk out to taxis in the dark and in the rain to be taken to a new home (which of course was temporary, so led to an imminent second move):

"It was raining and dark and these little ladies and men was coming in their nightgowns, freezing cold, on their own, with a social worker half an hour behind them, petrified. At one point, it was when the two come in, two people come in a minibus, a male and female, and one female was petrified so we had to go in and literally sit next to her in the taxi and say 'look, come on, you're alright, we'll look after you'… trying to help these two, reassure them that we're good people, we'll help."

Bed Manager, receiving residents at a new care home after an emergency closure elsewhere

Clearly, anything we can do to avoid a situation like this feels a good thing to be doing.

Although the importance of time seems self-evident, it's also a complicated issue, with few easy answers:

- Some people wanted as much notice of a closure as possible, so that they could try to come to terms with it emotionally and start working through the practical implications. This included a range of different staff, who would welcome as much notice as possible to help them plan their work.

- Time is extremely limited in an emergency in particular, so there may be other things we have to focus on if a closure is happening very rapidly (see below for discussion around 'choice and control', 'support for people with dementia', 'getting the basics right' and focusing on the so-called 'little things').

- Sometimes it isn't possible to communicate that a closure may be a potential implication – either because decision-makers don't know the likely outcome yet, or because there are complex legal issues involved. Where a home's finances are difficult, then word getting out makes it more likely that the home might close (for example, if shareholders or other investors in a company became nervous about their investment) – creating a real risk of creating a self-fulfilling prophecy. Equally, if somewhere is experiencing major staffing difficulties, then rumours of a potential closure being considered will only make it harder to recruit and retain sufficient staff, and the closure more likely.

- Planned timescales can sometimes change, often through no fault of anyone directly involved – for example, if there are delays in planning permission or construction of a new building. In these situations, decision-makers may communicate an initial set of timescales, then have to re-communicate an updated plan as the world changes. Sometimes, this can be caused by factors even further removed from adult social care – for example, if a major international/economic change prompts changes in interest rates or the cost of raw materials, then current plans can be forced to change very quickly. However, these changes can have a significant impact on residents – as one family member said: *"Well, she wasn't happy at all, because each time it got postponed…none of them were happy. Some of them were really quite distressed."*

- While most people wanted more time, some people said that having too much time made residents even more anxious and nervous, and felt like simply dragging out the inevitable/ prolonging the agony.

- Not everyone's needs and preferences are the same. For example, some people wanted to know that the closure would take place in a restricted and defined amount of time, while others wanted the time for the process to be at the pace of individual residents.

Lots of the other 'top tips' in this guide require time to do well – so time is clearly very important. However, they also speak to things that we can try to do, regardless of how much time there is, and to trying our best to work at the pace of the different individuals involved.

4. However much you're trying to communicate, it's never enough

In our original pilot, we concluded that however much you try to communicate, it won't be enough – but that this shouldn't stop us from trying.

In both the pilot and our current research, timely, meaningful communication was crucial to everyone involved – and a perception of poor or even non-existent communication (whether seen by others as 'fair' or not) could be devastating. When communication wasn't good, people felt betrayed, left in the dark, uncared for and overlooked – and all kinds of rumours about what was going to happen or not, and what might really be motivating decision-makers, could fill the vacuum.

This was partly about the process of closure. However, it was also about the extent to which people felt involved and engaged (or at least communicated with) around the original decision to close the home in question. For some people in a planned closure, for example, they felt that decisions to close had essentially been taken without their involvement, and they didn't feel able to get beyond this ever after – any chance of a positive relationship and ongoing discussion was simply dashed:

> *"I've spent £275,000 in the first care home… And they haven't even got the courtesy to let me know that there was a problem, so that's very distressing... It would have been nice to have known if there was problems, what would possibly happen. And there were none of that."*
>
> **Family**

> *"Oh, a little bit disappointed because I felt they probably knew about this a lot earlier than we were told, because we were told it was a fait accompli. I felt that they must have known this was coming for a while."*
>
> **Family**

Of course, communicating well can be difficult when individuals within a group have different preferences, experiences and needs – and having regular and multiple forms of communication may well be best.

However, this can be particularly challenging - but also are more important – in situations where people are living with dementia or have particular communication needs:

> *"[It was] quite clear quite [after a meeting to formally communicate] a number of them had difficulty grasping it – some had no idea what was going on. [Person X] with her hearing loss after the presentation – if you can call it that – said to one of the managers who'd been sent – 'can you go over all that again, I don't understand it'."*
>
> **Family**

We also found that information was valued when it was provided in different ways and formats, both saying/telling and written/with illustrations and pictures. One resident, for example, had the

information about closure (where she was going, what room she was going to have and the date) in her notebook and this had been written by a member of care staff for her, thereby helping with clarity and consistency of communication.

No matter what approaches to formal communication are in place, our research suggests that older people are likely to get the bulk of their information through informal discussion with care staff – and that the way care staff talk about the closure may well have an impact on how older people perceive it. This makes communicating well with care staff even more important – both for their own well-being, but also because of the crucial role they have as trusted intermediaries with older people and families.

However, the opposite can also be true – especially in situations where the closure is very adversarial in nature or where the management or owners of the home are in dispute with the Council. In the quote below, it was felt that the home owners did not really communicate with staff either, so that care workers were left stuck in between residents and the home, trying to be as supportive as possible, but probably feeling equally blind-sided:

> *"We actually felt one of the few lucky ones that our Mum made it out alive just because of how [the care provider] did it, it was brutal, it was just horrific, honestly the company were not interested at all."*
>
> **Family**

A further issue is whether staff find out about a closure before the residents (when whispers may reach the residents and cause alarm) or whether staff are told at the same time as residents and then have to deal with their own upset and shock, which in turn might add to the distress for residents.

Overall, there are no easy answers here – but it is important that decision makers and local leaders think through these issues in advance, so that the approach to communication is as planned, meaningful and accessible as possible, even if it won't work for everyone and might need to be regularly revisited and refreshed.

5. People value having as much choice and control as possible

Often people felt that they had no control over the initial decision to close their home, making choice and control over what happens next even more fundamental.

The issue of time, discussed above, can then affect how much choice is possible during the closure process itself – for example, if there is no time to explore alternatives, visit, wait for a vacancy etc.

Ideally, possible choices might include:

- Opportunities to consider (including visits if desired) a range of different care homes before deciding on a final destination.
- Choices around the location of the new home.
- Choices around the costs of a new home, in situations where people (and/or families) are paying for or contributing to the cost of their care.
- Any scope for existing friends and/or staff (who want to do so) to stay together.
- Opportunities to contribute to the layout/ decoration of a new building or to the choice of furniture (in situations where a new building is being planned).

While the focus should be on the older person, it should also include family considerations:

"So it was 'find a care home', obviously quite local because of getting there and back, and obviously with her being elderly we could be called – and we have been called in the night or early hours of the morning – to get there quickly – and you can't do that if it's a fair distance or anything."

Family

While choice and control are meant to be key features of the adult social care system, there are a series of factors which can make these extremely limited in practice – whether through a lack of time to find a new home, staffing and funding difficulties, limited availability in some geographical areas or the issue of 'top-up' fees if a new home costs more than the local authority would usually pay.

This is uncomfortable reading, but some front-line workers described the realities as they saw them:

"I think some families had a bit of an unrealistic expectation… They seemed to think that they had a bit of a choice, if you like over where they could go and they were giving me lists of things that they wanted in the new care home… Although there's a choice, it is limited."

Social Worker

"The capacity in care homes in our area is very tight and then we have issues with third party top-ups and all this kind of thing as well and it all becomes quite difficult, finding people that will accept certain people and all this... They had to be out of the care home on the Wednesday and I think the last ones left on Thursday lunchtime… We had to take what we could get as well really because there wasn't an option for them to stay where they were."

Social Worker

In emergency closures, there may sometimes need to be a move to a temporary placement, and then a second move to a permanent home – which is seldom what people might want if they had a genuine choice.

6. Focus on the 'basics'

Even in very difficult circumstances, people valued workers who were compassionate and empathetic, and who communicated well:

"But the staff here have been marvellous with us. They've tried to reassure us, tried to help us in any way they could."

Older Person

"Yes, [the social worker] made a huge impact on getting [name] into [new care home] and getting me there to look at it. She seemed right on it that morning she called me. I know when I'm talking to somebody who doesn't want to be there and somebody who genuinely cares and she did… And I think it's key you get a good, caring social worker which I got in [name]."

Family

Overall, the three main things that seemed to be valued were:

- Good communication skills and regular contact – sometimes even knowing that there has been no recent progress can be helpful, even if there is nothing else to communicate
- Empathy and providing reassurance
- Taking practical action

Sometimes, however, key 'basics' might be lacking. For example, one family member felt they'd simply been told to find a new home, when a local professional would be much more likely to know what was available and what might be suitable for the older person in question:

"I think more specialist help and assistance would be very useful. For instance, I asked, is there a list of… care homes at a certain price level, and nobody could supply me with one, which I thought was ridiculous. And if there is one, they didn't know about it. So yeah, if somebody's got a list like that, they should make it public. Help like that would have been useful really. Somebody who knows the care homes in the area and has been to them all and can say well this one might suit you better because – that would be really good."

Family

7. Pay detailed attention to people's individual needs

Everyone involved recognised that additional support might be needed for people with particular care and support needs, perhaps arising from dementia or some form of sensory impairment. Other people don't speak English as a first language, or may have complex family situations (see also 'Tip 8' below).

"The lady that I dealt with was ninety-four. She had dementia, hearing, sight loss, other physical problems. And she'd been at [place 1] since 2016. She was a very particular lady and she liked to spend most of her time in her room. But she liked her care in a particular way. And obviously the carers at the home were familiar with how she liked her care. So I think it's had a very big impact really on her, having to move."

Social Worker

(See also below for discussion of the 'little things')

In our pilot (in a planned series of closures), social workers were on site for a significant period of time before and during the closure, to get to know residents and their individual needs really well. Independent advocacy was also available to people living with dementia and interpreting services were available where needed.

However, even where significant additional support was available, closures prompted complex questions around issues of capacity and consent. For example, one family member said:

"And obviously, well, we didn't ask her, we told her that we were going to have to move her at the last minute, because we didn't want her fretting about it and something happening."

Family

While lots of families might well make a similar decision when faced with such a difficult situation, this nonetheless raises important questions that may well require significant time and very skilled support to work through with everyone involved.

Another very important issue was the need for careful support with orientation in the new home for people living with dementia or sight loss. In our study, for example, one person took a wrong turn in an unfamiliar building, had a bad fall and ended up with a long hospital stay.

8. Don't 'exploit' families – and make sure that people don't lose out if they don't have family nearby

Many families were keen to be involved in helping the older person to move – but often didn't feel as if they were given a choice, and wondered what might have happened if they hadn't been there. Older people also frequently looked to their families to provide advice, reassurance and practical support.

This probably creates something of a dilemma for adult social care services – how to work with and support families to be involved (where this is what the older person and the family both want), without running the risk of 'exploiting' the good will of families or making assumptions about family relationships. This can be especially difficult in emergency situations or very tight timescales, when the temptation can be to leave people who seem to have access to family support to draw on this in the first instance and concentrate on people without such support.

This latter issue was highlighted above all others by a group of older people with whom we worked to sense-check our emerging findings (known as the '1000 Elders' group). For them, so much of the current system assumes that someone has a family nearby who is able/willing to offer support. Their advice was that this is not necessarily the case for large numbers of people, and that services shouldn't assume that family support is always available or necessarily even desirable, depending on the circumstances.

Family experiences

"I think there could have been more of a support structure, but I think in one way we were lucky because I mean I used to work in education, I'm quite good at organising and sorting things out, so I had an advantage. I think it would have been very difficult for somebody who was not quite so, what's the word, pushy probably… because there was no system set up, it was just you need to find somewhere else, or the social worker will find somewhere. I didn't think that was very good because I want the best sort of place for my mother as possible."

"See the problem is, I actually live in [distant location] and my mother is a hundred miles away so it's not that easy to get involved."

"I just spent hours and hours on the phone trying to make some headway with it all. I'm sort of in my bedroom now where our office is as well and I'm just picturing myself sat at the desk, as I did, and just trying desperately to get Mum somewhere that she'd be happy and content and cared for."

9. The ‘little things’ make a difference

In situations where people often felt they had little choice – and given this is meant to be someone’s ‘home’ – the so-called ‘little things’ (which of course aren’t little at all) made a significant difference.

Part of this was around attention to detail from individual workers, and good communication between the previous home, the social worker and the new home:

“So yeah, it does help to have that knowledge of the residents, and like I said it’s so important, things with them, the tiny little idiosyncrasies like someone will like their handbag with them always, or someone doesn’t like custard on puddings but likes trifle. So tiny little silly things that need to be reinforced to wherever they’re going, so it’s a stress-less as possible for those residents.”

Social Worker

These are described as ‘idiosyncrasies’ and ‘tiny little silly things’ (other people who had particular preferences and things they like a certain way described themselves as ‘fussy’) – but these apparently everyday things definitely matter.

These ‘little things’ are something we can perhaps do something about, even if individual staff can’t influence overall policy or closure decisions.

As part of this, the receiving care home may also play a crucial role in generating a welcoming atmosphere for those arriving, making people feel welcome and helping them to adapt:

“But the staff, as soon as we arrived they have been very caring… by the time I left her she was in communal areas [singing] Yellow Submarine and The Wheels on the Bus and stuff, you know, with other people.”

Family

10. It might get worse before it gets better (but it can sometimes get better)

We interviewed people while they were waiting for their home to close and before they moved to a new service – so quite possibly when they were feeling at their most distressed and at their very worst.

This was also the case in our pilot study – but twelve months later a number of people reported similar levels of health and well-being (despite being a year older and frailer) or sometimes even better health and well-being. This led us to conclude that – if existing services are less than optimal and if you manage it well – then sometimes you can close homes in a way that doesn't make it much worse for most people in the medium-term, and might even improve outcomes for some people. However, this is most likely in situations where there is a well conducted, planned closure and where people move to new purpose-built accommodation (with better facilities) and as a whole group of residents/ existing staff so that relationships are maintained. This is very different from the other types of closure we saw.

Our original pilot was also comparing outcomes during the closure process, when people were already very upset and distressed, with outcomes 28 days and one year later - so it is not a comparison with outcomes before people knew their home was closing.

In the current study, we have limited long-term outcomes data. However, this suggests that people's quality of life might reduce over the short-term, but – in the case of well-planned and well-conducted closures – could then begin to recover and even improve (for some people) in the long-term.

We also had a number of reports of potential benefits in people's new homes – although this was typically family members or social workers commenting on their perceptions of how older people had settled, and was often an anecdotal or informal impression.

From these very limited insights, it seems possible that, despite the inevitable and inherent distress of closures (and depending very much on the context), it may sometimes be possible to manage these processes in a way that doesn't make things worse for some people, and might even make things better for some.

An earlier article described this as a 'game of two halves' (Glasby et al 2018, pp. 78-79 and 96) where:

> *"Care home closures may thus be a 'game of two halves', with inevitable distress during the closure but, if done well, with scope for improved outcomes for some people in the longer term… Things might get worse before they get better, and those planning care home closures may need to hold their nerve en route. In our experience, success can often look like failure part way through, and [the Council] could easily have talked to older people, families and care staff during the closures and concluded that it was going to be too detrimental to continue. In fact, the opposite seems to have happened [in our initial pilot study]: without understating the sense of anxiety and distress caused part-way through the process, many people's lives either stayed the same or improved – and this seems a significant achievement."*

This might provide some hope – but also creates a dilemma – for Councils and providers facing potential closures. On the one hand, they will be overseeing a process which causes significant distress. However, if you manage it well, and if what comes next is better than what went before, you might be able to help people through these negative experiences and feelings without making it much worse for some of them in the longer-term.

Perceptions of how some people settled

"Given how 'durable' he is, and yes, he lacks mental capacity, and definitely now he's not as mobile as he used to be, he settled into there, very quickly; very quickly."

"I haven't heard of anybody who was actually really upset by it. Some have lived there a long time, and we were thinking oh, how are they going to take this. But they've all seemed to get through it fairly well."

"As it happens, where Mum is now is so much nicer and the staff I would say are even nicer."

"I think she'll like it very much because she's always been somebody who likes the best of everything, she's liked cruises and I think when she gets in her new, posh room, she'll think she's on a cruise."

"I think as it happens it's Mum's experience, although she was confused for a little while, on the whole she does seem to be in a better place, so I'm just glad and relieved that it's all worked out for the best."

However, this assumes that the initial service needed to close, that a closure is planned and well-conducted, that what comes next is an improvement, and so on. It's also likely that feelings of anxiety, bewilderment, loss, and being out of control aren't just forgotten but might have a longer-term impact, irrespective of how things turn out more generally.

With this in mind, it's hard to avoid the conclusion that closing homes should only ever be a last resort, when we've exhausted all other options and when we go into the process fully conscious of the distress it might cause.

If in doubt, planned closures with sufficient time built in to work at the pace of individuals are also always likely to be preferable to emergency closures.

Above all – and without minimising the distress involved – this guide and our broader research focuses on some of the things that we can think about and do to try to make a positive difference, even if we can't always control whether or how a home closes.

Table 1: Overall design

Research question	Approach
What is the pattern of care home closures nationally, how are they undertaken in different Councils and what do Councils consider to be best practice when supporting older people at such potentially stressful times?	Background literature review, national survey of Directors of Adult Social Services, supplemented by national CQC data from 2010-21
How do older people experience closures, what impact does closure have on health and quality of life, and how can any negative impacts be reduced?	Four case study sites: ▪ Interviews with key stakeholders (commissioners, managers, Healthwatch and broader health partners) ▪ Interviews with older people, families, care staff and social work assessors during the closure process ▪ Outcomes (EQ-5D, ICECAP-O and outcomes from literature on what older people value about care services) at initial assessment, 28-day review and one-year follow up (before, during, after relocation)
What impact do closures have on care staff and local care markets, and how can negative impacts be reduced?	▪ Survey of care staff (ProQOL) before and after closures, supplemented with in-depth individual interviews ▪ Interviews with local authorities and care home providers
▪ What are the costs and consequences of closures?	Cost consequence analysis of all financial costs as well as impact on a wide range of outcomes

	Outcome
	Understanding the nature and scale of the issues at stake, so as to contextualise other parts of the research. Our previous experience is that local experience and processes are typically not shared with others, so this is an opportunity to make existing themes and issues more visible
	Understanding of impact on older people, and initial recommendations for improvements to the closure process from the perspective of older people, families, care staff and social work assessors
	Understanding the impact on care staff/care markets and ways to reduce negative impacts
	Comprehensive estimates of the financial costs associated with home closures and a preliminary quantification of the impact on health and well-being of residents, families and staff (and all affected); a framework to identify the gaps and key areas of uncertainty in the evidence required which will provide direction and focus for appropriate data collection in the future; and an analysis plan that can be used to predict the impact on outcomes for all associated with home closures and suggestions of ways to mitigate these impacts
	Lessons learned will be shared via clear/accessible guidance and free training resources to improve outcomes for older people and reduce negative impacts, supported by key implementation partners, to ensure that future closures are planned/conducted in a more evidence-based manner

About this study

In 2018, Glasby et al published what appeared to be one of the only in-depth UK studies of the process/outcome of care home closures (the pilot for the current study and guide). Following longstanding debates, Birmingham City Council embarked on the 'modernisation' of older people's services, closing all Council care homes and any day centres physically co-located on the same site, reassessing all service users and developing alternative services. Given Birmingham is often said to be the largest Council in Europe and also had a relatively high number of in-house services, this was believed to be the most substantial closure programme in the UK and quite possibly in Europe, involving 29 care homes and 6 linked day centres. Birmingham is also one of the most ethnically diverse cities in Europe, and includes a mix of affluent and more socially deprived areas, so its care services cover a complete cross-section of society.

Aware of the complexity of these service changes, Birmingham commissioned an independent evaluation to explore the potentially different perspectives of older people, families, care staff and social work assessors (Glasby et al 2018), as well as the outcomes experienced by older people. During the demise of what was then the UK's largest care home provider, Southern Cross, the same team worked with the Association of Directors of Adult Social Services to help Councils facing the potential closure of some 31,000 beds (Glasby et al 2011).

Unlike a number of previous accounts, the Birmingham study focused on the lived experience of older people and families, on outcomes that matter to older people and a combination of people's experience during the closure and longer-term outcomes. Crucially, the pilot suggested that – contrary to popular opinion – care home closures (if well managed and if previous services were less than optimal) might be able to proceed in a way which minimises the risk of negative outcomes for many residents, and possibly even improves outcomes for some people. While this is highly significant, this was a single closure programme, developed over many years – so may not be representative of closures more generally.

To build on this, the current study was funded by the National Institute for Health and Care Research (NIHR 201585) and took place between 2021 and 2024 (see www.birmingham.ac.uk/achievingclosure for full details).

The study asked:

- What is the pattern of care home closures nationally, how are they undertaken in different Councils and what do Councils consider to be best practice when supporting older people at such potentially stressful times?
- How do older people experience closures, what impact does closure have on health and quality of life, and how can any negative impacts be reduced?
- What impact do closures have on care staff and local care markets, and how can negative impacts be reduced?
- What are the costs and consequences of closures, and the key data required to make this estimation? Can we develop a modelling framework to drive appropriate data collection for future home closure prediction to mitigate adverse outcomes?
- How can future closures be planned and conducted in a more evidence-based manner, so that outcomes for older people are improved and negative impacts reduced?

These questions have been answered through the approaches set out in Table 1.

Research sponsorship was provided by the University of Birmingham research governance team, and ethical approval provided by the South Central – Berkshire NHS Research Ethics Committee (IRAS project ID: 297258; REC reference: 21/SC/0165).

The views expressed here are those of the authors and people taking part in the study – they do not necessarily represent those of the NIHR or the Department of Health and Social Care.

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How to get more information

If you want to know more about our research, please go to:
www.birmingham.ac.uk/achievingclosure.

This website will have all our research, reports, guidance and training videos, including:

- A research report
- Links to academic articles and blogs we have written
- A copy of this guide, based on 'ten top tips' from older people, families and social care staff
- A training video for anyone who is interested (and for care staff who may not always have access to free training materials)
- A guide for care staff
- A guide for older people and families

Some of the academic articles may be in journals which charge for access. However, everything else is free to anyone who is interested.

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