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Inclusive neighbourhoods

Promoting social inclusion in housing with care for older people

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Welcome and introduction from Chair

Professor Thomas Scharf
Professor of Social Gerontology at Newcastle University

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Dr Paul Willis

Associate Professor in Social Work and Social Gerontology, University of Bristol

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Background context

- Ageing population - the number of older people living in housing with care schemes is growing and expected to continue to rise.
- Gaps in knowledge about how these living environments support older residents from social minority backgrounds.
- The 'Diversity in Care Environments' (DICE) project is a three-year study funded by the Economic and Social Research Council in collaboration with ILC-UK and Housing LIN.
- Explored the social inclusion of older people from socially diverse backgrounds in HCS schemes in England and Wales.

- Social minority background = older people (60+ years of age) who identify with social characteristics that are sometimes marginalised or subject to discrimination, including:
  - People with physical and learning disabilities
  - People identifying as lesbian, gay, bisexual (LGB), trans
  - People identifying with black and minority ethnic groups
  - Members of minority religious groups.

How did we do the research?

Methods	Who were the participants?
Hardcopy questionnaire	Self-completed by residents - 3,693 distributed to three providers across 104 schemes. 741 questionnaires received from 95 schemes
Longitudinal interviews (adapted to remote interviews from	Series of interviews over 18 months with residents from minority groups (black and faith, disabled). 21 residents took part in at least 1 interview, 4 interviewed twice and 14 took part in all
Semi-structured interviews (adapted to remote interviews from	Staff at 8 housing schemes (n=21) Residents at 8 housing schemes (n=51, including 12 follow-up) Stakeholders – involved in commissioning, policy and advocacy work for older people

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Dr Brian Beach

Research Fellow, Institute of Epidemiology and Public Health, UCL

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Housing with care can reduce loneliness

Housing with care residents are less lonely than they would be if they were living in the wider community.

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Housing with care can facilitate social inclusion

62% of residents agree that there are positive opportunities to socialise in their schemes.

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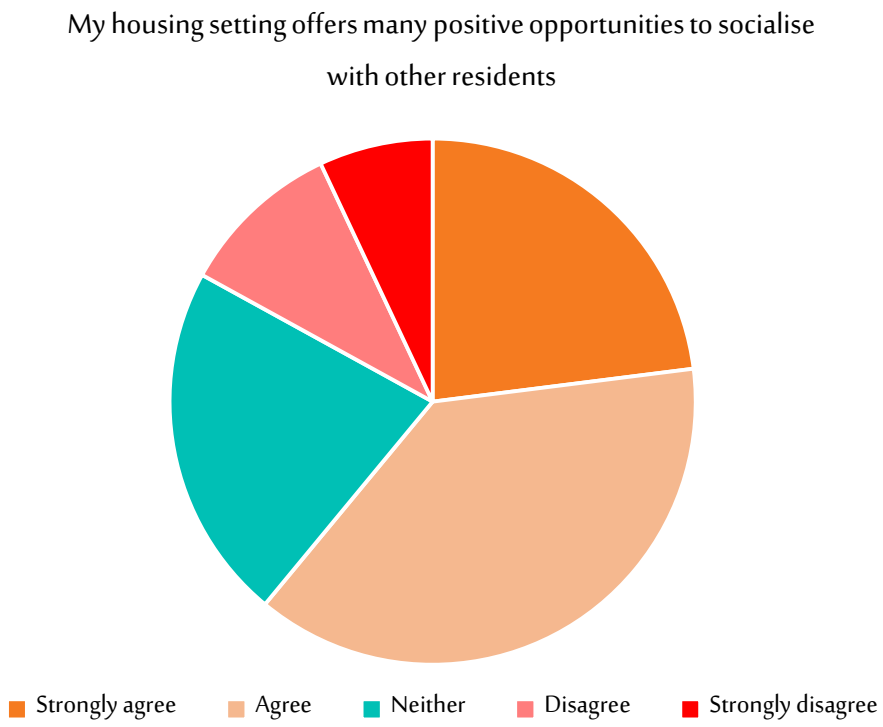

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Sources of discrimination in housing with care

1 in 8 residents have seen discrimination from other residents, which is more than twice as common as discrimination from staff.

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Have you seen discrimination...

... from staff?

... from residents?

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Some implications

- *Loneliness* is lower among housing with care residents than if they lived in the general community, and they are not at greater risk of *socially isolation* – no "ghetto-isation".
- Nearly two-thirds agree that schemes offer positive opportunities for *social inclusion*, though there is scope to make it less challenging or uncomfortable to participate.
- Close to 1 in 3 residents experience some exclusionary pressure, but *discrimination* from staff is almost a third the level of that from other residents.

Is housing with care inclusive for minorities?

Most residents from social minorities feel valued and included, but many anticipate or have experienced discrimination.

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> "I got rather annoyed with a couple of people who actually were very homophobic... I was very disappointed with some of the people's attitudes."

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Pockets of isolation amongst residents from minority groups

Residents with minority identities:

- Feeling disconnected from other residents based on personal interests and life-experiences
- Looking outward for social connections
- Active choices in not participating in scheme life

Boundary setting within schemes…

… on the basis of sexual, gender and ethnic identity

'I feel that I'm not complete here, because I seem to be like the only gay in the village, or that I know of. It's that sort of thing. It would just be nice if we could have more diversity in the scheme.'

(Resident, male, 73 years, identifies as gay, retirement living scheme)

'A lot of people call me coloured. I say, "No. It's black." Well, when I speak to them about saying about coloured, I say, "Ah. Don't even say that. I've got to tell you if you don't mind me saying, it's black, not coloured." They do, "Well, wouldn't coloured sound better than black?" "No, I'm black."'

(Resident, female, 65 years, ethnic minority background, extra care scheme)

Sources of exclusion on the basis of disability

- Social exclusion on the basis of cognitive and learning disabilities
- Physical disabilities – barriers in staff-resident communication and physical design
- Exclusionary views expressed towards residents with cognitive decline associated with dementia

'Too many people with high support needs which cannot be accommodated in independent living schemes'

'Because the residents' laundry is upstairs... the doors are so narrow. If they're in a wheelchair, they can't get into the laundry. So, one or two of them [residents] here do their washing in their flat, and I'll take it up and dry it.'

(Resident, female, 77 years, extra-care scheme)

Factors that facilitate social inclusion 1

Residents as active contributors:

- Supportive neighbours – welcoming, invitations to events, assisting others
- Locally connected - social connections already in the local community
- Active participation in scheme life – resident committees, gardening and green care, welcoming new residents
- Presence of onsite staff – knowing residents, encouraging involvement and participation
- Intimate connections with carers – noticing social withdrawal, checking in with residents

'Everybody was friendly. When I was moving stuff into the house, they came over. They introduced themselves. They said, "If you need anything, just give us a call." Everybody here is friendly. … No matter how old we are, we all just mix in together.'

(Resident, female, 65 years, independent living scheme)

Factors that facilitate social inclusion 2

Role of scheme staff:

- Residents valuing rapid and responsive staff
- Shared ethos of equality and equal participation amongst staff
- Noticing when residents are isolating themselves or socially withdrawn – actively responding
- Keep residents connected during lockdowns

'I think if you get to know a person they are never worried to, kind of, say the good, the bad and the ugly. It really annoys me when people say things like, 'Oh, I couldn't complain.' Why not? How do we learn if you don't complain?'

(Community services manager, retirement living scheme)

Factors that facilitate social inclusion 3

Scheme design and infrastructure:

- Balconies and garden patios - external spaces facilitating social interaction
- Importance of communal spaces on site - critical during lockdowns
- Informal communal areas where communal spaces are lacking
- Communal areas and rooms as occasional sites of resident conflict
- Digital infrastructure vital – texting and emailing, video calls during lockdowns

'There's a man underneath me that the first day we were in here he was laughing with my daughter, because he lives underneath and I've got a little Juliette balcony. ... she was quoting Romeo and Juliette and he was answering back. .... He found out I could cook and make cakes, so I've always given him a cake.'

(Resident, female, 91 years, extra care housing scheme)

Barriers to social inclusion & staying connected

- Lack of social activities and communal spaces
- Limited repertoire of scheme activities - some activities more appealing to (heterosexual) women
- Lack of staff onsite – barrier for residents requiring additional support to attend events
- Formation of dominant resident groups – creating 'no-go' zones for some.

'There's no community structure here. There's no social avenue. People talk to certain people. .... Now, I hadn't been long moved in here and I'd known everybody, and I thought I was pretty well tight with most people. I wasn't invited [to resident social].... That's all it is, basically. It's a 'them' and 'us'. '

(Resident, female, trans, 60 years, retirement living scheme)

Key messages from stakeholders

- Growing demand for a range of age-friendly and inclusive living environments.
- Older people's housing needs and aspirations should be driving national housing policy.
- Current lack of integration of housing priorities and planning across national social care, health and equalities policy.
- Current restricted choices - many private developers and providers unwilling to enter the market for publicly provided HCS.

Recommendations 1

For national government

- Provide financial incentives to make proposals for new housing with care schemes more attractive to potential developers and providers, such as more grant funding for specialist housing and to encourage more older people to move into these schemes
- Improve coordination between different Government Departments on housing with care policy, including setting up a Housing with Care Task Force – recommended by the Associated Retirement Community Operators (ARCO)

Recommendations 2

For local government

- Promote access to independent information and advice on the housing options available to older people in their local area
- Work with providers and designers to create inclusive, age-friendly design and equality standards that are subject to continual review and monitoring
- Standards to include inclusive design features based on the HAPPI design principles and equality principles in line with the Equality Act 2010 (such as requirements for resident forums and for training on the lifetime inequalities experienced by people from social minorities)

Recommendations 3

For designers and architects

- Integrate social inclusion into the built environment of HCS schemes – external and internal communal spaces; importance of a good digital infrastructure
- Involve older people in the design of schemes, particularly disabled adults and people with care and support needs

Recommendations 4

For housing providers, scheme managers and staff

- Listen to and gather the views of residents about their experiences of scheme life - identify practices that hinder social inclusion
- Actively involve residents in decisions on future plans for schemes, especially people at greater risk of exclusion
- Prioritise the location of staff on-site, rather than off-site, to build consistent and durable relationships with residents
- Set expectations for new residents to contribute to a culture of inclusion and encourage residents to reflect on what it means to be a ‘good neighbour’

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Diversity in Care Environments (DICE)
Launched on Thursday, 27 January 2022, the resources on this webpage are based on findings from the Diversity in Care Environments research study, conducted by the School for Policy Studies, University of Bristol, in collaboration with the International Longevity Centre-UK and the Housing Learning and Improvement Network.
About DICE
Watch a short film explaining the study
Podcasts
Listen to the experiences of 5 older people
Vignettes
Read 4 short fictional stories
Other useful resources
Access further information and related documents
More about DICE
Find out more about the project
Launch event
Watch the launch and access slides
The research team
Learn more about the team
Contact
Make contact and link with the team
ACKNOWLEDGEMENTS
The resources on these webpages are based on findings from the Diversity in Care Environments (DICE) research study, conducted by the University of Bristol, in collaboration with the International Longevity Centre-UK (ILC) and The Housing Learning and Improvement Network.
The study and related resources were funded through a research grant from the UK Economic and Social Research Council (UKRI), grant reference ES/R008634/1, January 2019 to January 2022.
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A resident's perspective

Carol Beaumont

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Baroness Barker

Vice Chair of the APPG on Housing and Care for Older People

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Jeremy Porteus

CEO of the Housing Learning and Improvement Network (Housing LIN)

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DIVERSITY IN CARE ENVIRONMENTS

Jane Ashcroft CBE

Chief Executive, Anchor Group

International
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Abdul Ravat

Co-Founder of the National Ageing Well in BAME Communities Network

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Q&A

Please submit your questions to panellists via the Q&A tab

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Closing remarks

Professor Thomas Scharf

Professor of Social Gerontology at Newcastle University

International Longevity Centre UK

Coalition for Life-course Immunisation

Hitting new heights: Improving vaccination uptake among patients with chronic conditions across Europe

Date: Thursday, 3 February 2022
Time: 1.00pm – 2.30pm GMT (2.00pm – 3.30pm CET)
Chair: Dr Daphné Holt (CLCI)
Speakers: MEP Cyrus Engerer, François Houÿez (European Organisation for Rare Diseases), Mariano Votta (Active Citizenship Network), Sibilia Quilici (Vaccines Europe), Susanna Palkonen (European Federation of Allergy and Airways Diseases Patients' Associations), Patrick Swain (ILC)

Register at ilcuk.org.uk/events

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Thank you

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