What role for extra care housing in a socially isolated landscape?

Here we summarise the main points of a report produced for the Housing Learning and Improvement Network which explores the likely impact of housing with care in helping to limit social isolation and loneliness from being an integral part of the ageing experience.

The report questions the ways in which living in extra care housing could lower the risk of social isolation and how this could in turn translate to lower dependency on state services.

Written for the Housing Learning and Improvement Network by
Dylan Kneale, Head of Research, International Longevity Centre.

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Introduction

Social isolation is an indicator of having poor quality or low density social networks – a form of social maladjustment that may stem from the exclusionary practices of others, but less commonly may reflect a personal desire for limited social contact. Loneliness is the subjective response to one's quality and/or density of social networks; being socially isolated is a direct risk factor for loneliness although not everyone who is socially isolated is lonely and vice versa. Social isolation and loneliness are emergent policy foci for the current government which views both as public health issues among older people. In January of this year, the Care Services minister Norman Lamb announced a duty on Local Authorities to measure loneliness and isolation:

> *"For the first time we will be aiming to define the extent of the problem by introducing a national measure for loneliness. We will be encouraging local authorities, NHS organisations and others to get better at measuring the condition in their communities. Once they have this information, they can come up with the right solutions to address loneliness and isolation."*[1]

The announcement has been widely welcomed by many experts in the sector including the Campaign to End Loneliness, the Association of Directors of Adult Social Services and SilverLine.[2] There now exists an opportunity to shape the direction of policy, and make a case specifically for extra care housing as type of 'intervention' that could help lower levels of social isolation and loneliness.

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[1] www.dailymail.co.uk/news/article-2261935/Loneliness-map-help-isolated-elderly-amid-concerns-effects-nations-health.html#ixzz2KWZbIijV

[2] www.thesilverline.org.uk/about-the-silver-line

Loneliness as a public health problem and extra care housing as an intervention?

For older people who move to extra care housing, there is emerging evidence that social lives and relationships strengthen, consequently lowering the risk of loneliness. Callaghan and colleagues' (2009) present findings from one of the most in-depth studies explicitly examining the impact of living in extra care housing on social wellbeing, and provides compelling evidence as to its efficacy.[3] They found that after twelve months of living in extra care, many residents reported that they had come to view new friends and neighbours at schemes as sources of social support, with 42% reporting that they would turn to friends in extra care housing for advice and help respectively, and 17 per cent reporting that they would turn to friends on the scheme for advice. However, apart from a handful of key studies[4], there is a dearth of literature that examines the impact of living in extra care housing specifically on social isolation and loneliness - the question of exactly how housing with care can affect levels of social isolation and loneliness is relatively unexplored.

How could living in extra care reduce loneliness?

'I think more people should know about [extra care housing]. ... It's far better than sitting by yourself. We get together and talk about all sorts of things, and there's entertainment. ...And there's always somebody around you; there's people next door, even if you can't hear them, you know there's somebody in the rooms. And you've got a bell on there to push if you need anybody. No, it couldn't be better.'

(Scheme resident, taken from Callaghan et al. (p14))

In Figure 1, we group the possible ways in which extra care housing could help to lower or offset social isolation and consequent loneliness into five groups. These are:

(i) Ethos: We group the ethos underlying extra care housing as being one set of explanatory factors for the role of extra care housing in lowering levels of social isolation and loneliness. Here we include the ambition of extra care being a home for life, independence, homeliness and flexible care as being underlying pathways through which living in extra care can lower levels of social isolation.

(ii) Design: Design factors, here, refer to the way in which extra care housing units are constructed, to the presence of facilities onsite, to the presence of communal areas within schemes, and also the way in which the immediate internal environment is designed, including the incorporation of new "care ready" technology.[5]

(iii) Activities: Activities are a crucial way that older people can build and maintain social networks with other residents, staff, and others beyond extra care. In extra care schemes, typically these include a wide selection of organised activities. However, even more mundane activities can become important sources of social interaction for residents.

(iv) Community: We group factors pertaining to the diversity of residents and staff, and the roles of staff and residents in creating and maintaining harmonious, inclusive and vibrant schemes under the grouping of 'community' factors. Virtually all studies on social wellbeing in extra care and similar developments describe the way in which staff in particular take steps to support residents to develop and strengthen social relationships.

(v) Improved Health/ Functional Ability: Here we group factors that describe the way in which living in extra care housing can help support better health outcomes, such as a lower levels of hospitalisation or slower functional decline, which can in turn enable residents to better maintain (and build) their social connections.
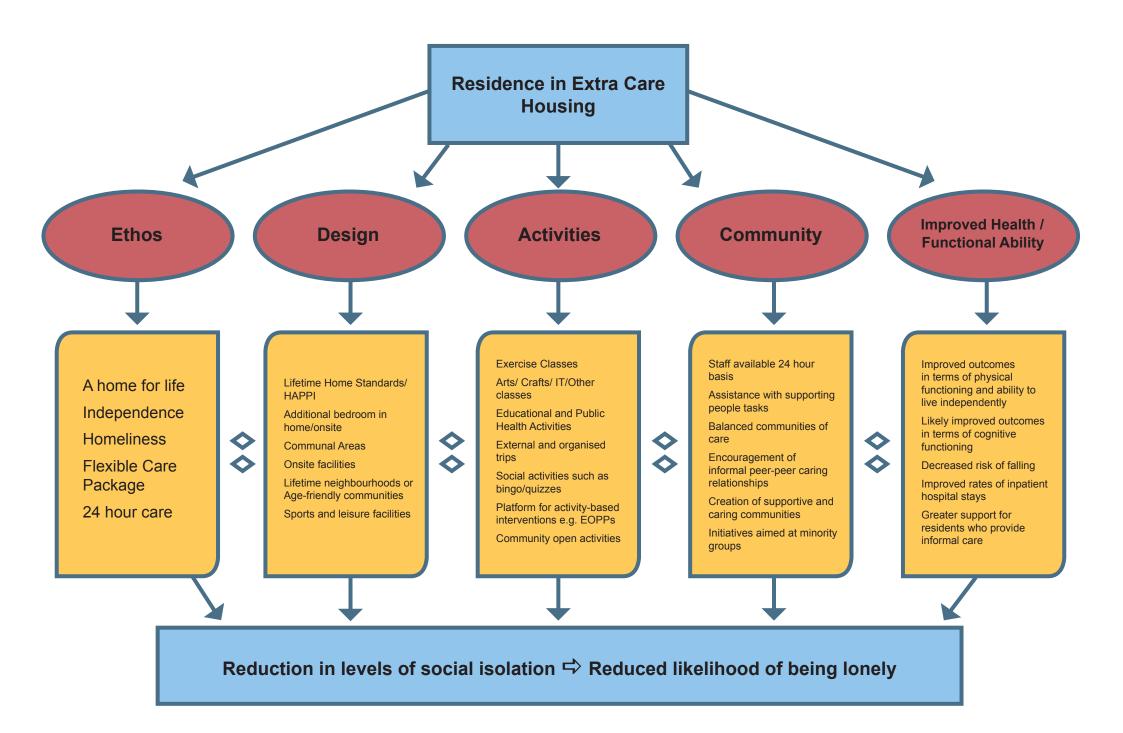
We also present a case study illustrating these pathways in Figure 2.[6]

[3] Callaghan, L., Netten, A. and Darton, R. (2009) *The Development of Social Well-being in New Extra Care Housing Schemes*. York: Joseph Rowntree Foundation

[4] For example Pannell, J., Blood, I., Copeman, I. (2012) *Affordability, choices, and quality of life in housing with care*. York: JRF; Croucher, K., Bevan, M. (2012) *Promoting supportive relationships in housing with care*. York: JRF; Callaghan et al. (2009) Ibid

[5] Best, R and Porteus, J. (2012) *Housing our Ageing Population: Plan for Implementation*. All Party Parliamentary Group on Housing and Care for Older People

[6] Case study kindly provided by Knowsley council's extra care housing commissioning team

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                        │  Residence in Extra Care │
                        │         Housing          │
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Residence in Extra Care Housing

Ethos

Design

Activities

Community

Improved Health / Functional Ability

A home for life

Independence

Homeliness

Flexible Care Package

24 hour care

Lifetime Home Standards/ HAPPI

Additional bedroom in home/onsite

Communal Areas

Onsite facilities

Lifetime neighbourhoods or Age-friendly communities

Sports and leisure facilities

Exercise Classes

Arts/ Crafts/ IT/Other classes

Educational and Public Health Activities

External and organised trips

Social activities such as bingo/quizzes

Platform for activity-based interventions e.g. EOPPs

Community open activities

Staff available 24 hour basis

Assistance with supporting people tasks

Balanced communities of care

Encouragement of informal peer-peer caring relationships

Creation of supportive and caring communities

Initiatives aimed at minority groups

Improved outcomes in terms of physical functioning and ability to live independently

Likely improved outcomes in terms of cognitive functioning

Decreased risk of falling

Improved rates of inpatient hospital stays

Greater support for residents who provide informal care

Reduction in levels of social isolation ⇨ Reduced likelihood of being lonely
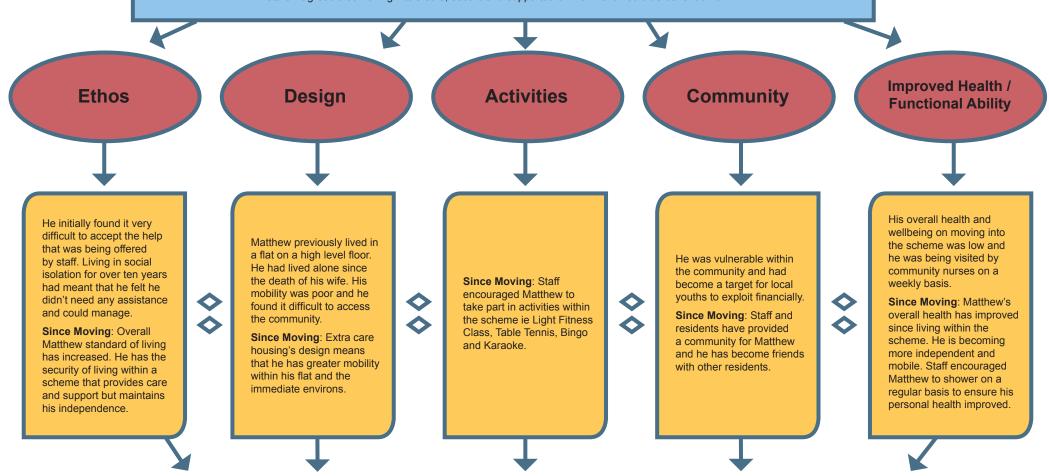
Matthew's Story

Matthew had lived alone since the death of his wife. Matthew had a spell in hospital due to his ill health. Knowsley health staff visited Matthew's property to ensure that he would be safe and secure after leaving hospital. The staff found that the condition of the property was very poor. Matthew had not been able to clean the flat for a long period due to his ill health.
Matthew agreed that moving into a safe, secure and supported environment would be beneficial for him.

Ethos

He initially found it very difficult to accept the help that was being offered by staff. Living in social isolation for over ten years had meant that he felt he didn't need any assistance and could manage.

Since Moving: Overall Matthew standard of living has increased. He has the security of living within a scheme that provides care and support but maintains his independence.

Design

Matthew previously lived in a flat on a high level floor. He had lived alone since the death of his wife. His mobility was poor and he found it difficult to access the community.

Since Moving: Extra care housing's design means that he has greater mobility within his flat and the immediate environs.

Activities

Since Moving: Staff encouraged Matthew to take part in activities within the scheme ie Light Fitness Class, Table Tennis, Bingo and Karaoke.

Community

He was vulnerable within the community and had become a target for local youths to exploit financially.

Since Moving: Staff and residents have provided a community for Matthew and he has become friends with other residents.

Improved Health / Functional Ability

His overall health and wellbeing on moving into the scheme was low and he was being visited by community nurses on a weekly basis.

Since Moving: Matthew's overall health has improved since living within the scheme. He is becoming more independent and mobile. Staff encouraged Matthew to shower on a regular basis to ensure his personal health improved.

Reduction in levels of social isolation ⇨ Reduced likelihood of being lonely

Matthew was very reluctant at first but within a few weeks he had met and become friends with other residents within the scheme. He attended the Christmas dinner put on by the residents within the scheme, it was the first time he had spent Christmas day with people for over ten years. Matthew now calls the numbers in bingo and attends all Tenant Meetings. Matthew states that he now feels that he has friends that he likes to spend time with and help out and become part of the community.

Future changes and challenges to the role of extra care housing in lowering social isolation

Extra care housing may have an impact on reducing levels of social isolation, although current and future challenges and changes may compromise this role. Potential solutions are also outlined in the main report. In short:

1   Maintaining balance of care needs

Typically, developers and managers aim for equal proportions of residents with low, moderate and high care needs; with part of the rationale for maintaining this balance being the fostering of a vibrant and active community.[7] Indeed, the reduction in social isolation and loneliness has been attributed in part to the development of mixed dependency communities. Due to an overall shortage of extra care housing, many providers and managers are facing challenges in maintaining a balance of care needs across schemes. Schemes may find increasing levels of conflict, isolation and loneliness for those with higher support needs in environments where other residents are unhappy with the profile of residents' needs. Schemes may also find it difficult to replicate the peer caring relationships that develop between those with higher and lower support needs without sufficient numbers of residents with lower support needs.

2   Keeping the innovation momentum

Extra care housing has now become a platform for innovative practice in reducing social isolation and loneliness – many of these innovations are specific to individual providers, or even in some cases, specific schemes. The challenge in keeping the momentum in innovation is three-fold: (i) firstly in ensuring that innovations are effectively evaluated and that learning points are collected; (ii) secondly, developing and implementing innovative approaches requires funding and the allocation of resources; (iii) ensuring that good practice in lowering levels of social isolation and loneliness is effectively communicated across the sectors.

3   Leaving it too late

A failure to attract 'younger' older people to extra care housing can create more socially isolated communities. This can affect both the balance of care needs, but it can also lead to increased feelings of isolation and loneliness among those who do move at a 'younger' age, who may find themselves surrounded by neighbours who they feel that they have little in common with and that belong to another generation.

4   Outreach and Overcoming the Barriers in Moving

It could be argued that those who are socially isolated and lonely in general purpose housing are those least likely to move into extra care housing in the first place. Without strengthened outreach activities, this situation may continue as the status quo. Living in extra care housing could have the most substantial effect in reducing social isolation and loneliness among individuals who are initially more likely to experience social isolation or loneliness.

5   Big Society

The Big Society represents devolution of powers from central government to the hands of local people and voluntary groups. This includes enabling members of the public to join together and run services and the development of community hubs as shared spaces for activities and engagement, including intergenerational activities. The challenge for extra care housing is to be able to play a full part in providing shared spaces for residents and the wider community, and to enable the delivery of services within these spaces, which can help to lower levels of social isolation among residents through integrating extra care schemes into the wider community.

6   Ensuring a diversity of available tenures and affordable housing

Many housing providers aim to provide a mixture of units of different tenures within schemes to ensure that extra care housing communities are representative of the diversity of wider general purpose housing. Furthermore, planning

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[7] Darton, R., Bäumker , T., Callaghan, L., Holder, J., Netten, A., Towers, A. (2012) The characteristics of residents in extra care housing and care homes in England. *Health and Social Care in the Community*. 20(1):87-96

guidance actively supports creating mixed tenure communities of all kinds, which could suggest mixed tenure extra care communities may be more numerous in the future. However, these vary in terms of success in creating harmonious communities, and divisions can occur in terms of community dynamics based on tenure type, leading to some older people facing social isolation and loneliness.[8]

There is also the increasing challenge in providing extra care housing that is affordable for older people, particularly those who are not affluent, but who also do not qualify for means tested benefits:

> *"We have a particular concern about the 'nearly poor' i.e. those older people who are just above the benefits threshold but have limited income even if they are (modest) home owners. Rising costs within HWC (Housing with Care) may mean that this group are either priced out of HWC if they are not eligible for any benefits or they simply see HWC as an option that they can't afford".*
>
> Response of an Extra Care Commissioner, taken from Copeman and Pannell (2012).[9]

Older people across all income groups should be able to access extra care housing simply from a perspective of equality and fairness. An inability to access extra care housing may place some older people at risk of social isolation and loneliness through either inappropriate movements to unsuitable housing or through remaining in less suitable forms of general purpose housing with little ability to develop or maintain their social networks. Within extra care housing environments, a lack of provision of affordable housing within schemes can only lead to less diverse social environments where the opportunity to build meaningful social connections is reduced.

7   Inability to meet diverse client needs

As the composition of the older population diversifies in terms of interests, ethnicity, marital status, living arrangements, religion, to name but a few, it may become more challenging to provide environments that minimise social isolation and loneliness for all residents.

8   Funding climate

The current funding climate of austerity is one in which developers and commissioners are looking for ways of creating efficiencies. Some may be rightly questioning whether all elements of communality in extra care housing schemes are necessary and actually work. However, although such questions are timely and justified, changes to the model should not be implemented without a deeper understanding and further research of how the different constituent elements of extra care housing improve outcomes in terms of social isolation and loneliness, in addition to a broader set of outcomes.

9   Opportunities and challenges in the Care and Support Bill

The new Care and Support Bill is currently, at the time of writing, being debated in the House of Lords, with many of the details yet to be confirmed. From the perspective of extra care housing and its potential role in reducing social isolation and loneliness, the Care and Support Bill offers opportunities and challenges. The focus of the Bill on the wellbeing of older people, expressed in part through an emphasis on personal budgets that could theoretically allow older people access to services that transcend traditional forms of social care (but will still improve social care outcomes and wellbeing), represents good news for both the extra care housing model and the challenge in reducing social isolation. However, there remain issues with the Bill. These include challenges around the eligibility of older people to access social care as well as deciding an appropriate threshold level of wealth (including housing wealth) at which older people would have to pay for their own care. It is also unclear whether specialist housing for older people would be exempt from such a calculation. In addition, other critiques have also been levelled at the Bill and in particular, the Bill is said to lack focus on prevention. In addition, clause 3 of the Bill places a duty on Local Authorities to carry out integration of services. However, policy-makers have resisted calls for this integration to be prescriptive on including housing as a joined up service with social care, despite

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[8] Evans, S. (2009). 'That lot up there and us down here': social interaction and a sense of community in a mixed tenure UK retirement village. *Ageing and Society*, 29(2), 199

[9] Copeman, I., Pannell, J. (2012) *Can self-funders afford housing with care? A guide for providers and commissioners*. London: Housing Learning and Improvement Network. www.agenda-efa.org.uk/site/wp-content/uploads/2013/01/HLIN_JRF_Affordability_Guide.pdf

many calls to do so, stating that such a prescription would stifle innovation among Local Authorities. Such a response is somewhat unconvincing, but does throw down the gauntlet to those interested in promoting the benefits of extra care housing to produce localised evidence of the benefits on older people's outcomes in terms of social care, health and wellbeing.

10 Capitalising on the current landscape

Intuitively many, if not all, of the pathways outlined earlier through which living in extra care housing could lower the risk of social isolation and loneliness are plausible. Additionally, there is emerging (although not currently conclusive) evidence that extra care housing is associated with better social wellbeing, which is likely to positively impact social isolation and loneliness. However, we remain largely ignorant of which constituent ingredients of extra care housing lead to better social isolation and loneliness outcomes for older people, the magnitude of these associations, the variation across scheme types and funding models, and the way in which resident characteristics interact with these to produce different outcomes. At the moment, we are in a position only to suggest the frameworks through which these associations could exist, although we are unable to quantify (or qualify) these pathways in more concrete terms. In the absence of a more extensive body of evidence, it is challenging for the model to capitalise on the policy interest in reducing levels of social isolation.

Conclusions and summary

In this report, we outlined some potential ways in which living in extra care housing could help to lower levels of social isolation (reducing the risk of loneliness) and summarised these under the broad categories of: (i) ethos; (ii) design; (iii) activities; (iv) community; and (v) improved health/mobility. We illustrated the way in which all of these factors can come together to improve resident outcomes in terms of social isolation through case studies. Matthew's story, for example, highlighted the way in which the extra care housing environment: (i) enabled him to better access facilities and maintain social relationships through incorporating **design** features that help facilitate older people's mobility, (ii) enabled him to maintain his autonomy but not at the risk of social isolation, through an **ethos** that includes independence (iii) helped him **to improve his health** and mobility allowing him to better maintain his social relationships and develop new social ties (iv) offered a range of **activities** that allowed him to develop new social networks (v) offered a supportive **community** where staff were experienced in helping to broker social relationships, particularly among those who might usually have difficulty with 'fitting in'.

However, what we have presented here is merely a starting point. If the extra care housing model is to be made available to greater numbers of older people, confirming its usefulness to policy-makers as an intervention in the emerging health and social care debates is essential. Proving the effectiveness of extra care housing in lowering levels of social isolation and loneliness is, however, a task for both private and non-profit providers; in doing so this will show that extra care is not only good for physical health, it's also a fun place to live. At the moment it is highly likely that extra care housing is good for social isolation and loneliness – but will health policy-makers take us at our word?

Acknowledgements

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network. For more about ILC-UK, visit www.ilcuk.org.uk

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults.

For further information about the Housing LIN's comprehensive list of online resources on housing and opportunities for shared learning and service improvement, including site visits and network meetings in your region, visit:
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The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please do contact us.

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Housing Learning & Improvement Network
c/o EAC,
3rd Floor, 89 Albert Embankment
London SE1 7TP
Tel: 020 7820 8077
Email: info@housinglin.org.uk
Web: www.housinglin.org.uk
Twitter: @HousingLIN