Viewpoint 104

What collaborative housing offers in a pandemic: Evidence from 18 communities in England and Wales

Introduction

Collaborative housing projects (CH) are often seen as offering a more cooperative, sociable way of living that can have a positive effect on residents' health and well-being. The term is a deliberately broad one, encompassing cohousing but also other models such as housing co-operatives, community land trusts and other housing projects that are similarly resident-led and managed, and of a size and design to encourage social interaction.

As a research team, we've had a long-term interest in how the members of CH groups support and care for each other. But, with the impact of the Covid-19 pandemic starkly illustrating the reliance of older and vulnerable people on community and neighbourly support, we felt there was a need to capture the particular responses and experiences of CH groups. On one hand, we saw them as very well placed to give such support, given their collaborative and supportive approach. On the other, these practices are based on residents being physically close to one another, often sharing spaces and resources: situations potentially challenged by the restrictions necessitated by the pandemic.

The research was carried out in the summer of 2020, beginning with a small survey of respondents from 18 groups. It was then followed up with in-depth one-to-one interviews (by phone or video call) with 11 of those respondents. Three of the groups comprised older members only (all three of which were so-called 'senior cohousing' projects) while the remainder were intergenerational, with very varied mixes of generations.

Our work was funded by the National Institute of Health Research's School for Social Care Research, led by Professor Karen West, Senior Research Fellow NIHR/SSCR.[1] Although it stands alone as a small piece of research, it's also intended as a precursor to a larger project our team is starting on early in 2021, also involving the Housing LIN, examining the potential of CH for mutual support and informal care of older and vulnerable members more generally.

The challenges in adapting to lockdown and social distancing rules

While all the groups we heard from have some form of shared outside space where residents could meet up or might bump into each other on a daily basis, most of the communities also have at least one indoor space that's a key element of residents' life together – for meetings, sharing meals on a regular basis, or just hanging out and enjoying the company of other residents. Some of this activity was able to continue outdoors (aided by the exceptionally good weather through the first half of 2020) but all our respondents reported feeling the impact of having to distance from each other. Many respondents reported missing close contact with others in the group around less planned activity – not being able to pop in and out of each other's houses regularly was felt the most.

But there was also a notable divide: between communities in which members were able to retreat to their own individual homes, and those whose living arrangements were more communal. Six of the projects included at least some members living together as non-kin in a single house, and in several of these, the need for a member to shield or self-isolate was only possible at the expense of the living routines of the rest of the group. While the members worked hard to negotiate these challenges, their experiences highlighted the extent to which the normative assumptions of government lockdown rules are based on the idea of a nuclear household, and make no provision for the range of alternatives encompassed by CH (or indeed a variety of other extended forms of households).[2]

But describing these challenges tends to emphasise the negative. In fact, more often talked about was how membership of a CH community clearly offered most of our respondents a link to a wider world beyond a single household. This was generally through shared activities that were still possible in the common outside spaces – for some groups, entertainment such as film or music nights even remained possible in lockdown. Shared outside areas often became ersatz spaces for groups' indoor facilities that had generally been agreed could no longer be used. The design of one London housing co-op included a full-height, open-roofed atrium, whose series of bridges and balconies allowed the 50 or so residents to meet regularly while social distancing (also see associated Housing LIN guest blog by Dr Hannah Rumble entitled, 'Balconies and Community Space in Extra Care Housing: Covid-19 and creating HAPPI outdoor space'); a Saturday night singalong began which lasted beyond the first lockdown and (aided by the unique acoustics) became well known in the neighbourhood. The physical proximity of CH homes meant that group members could maintain social contact to an extent that mostly wasn't possible with family and friends elsewhere. Overall, 13 of the 18 survey respondents were clear that they had benefitted mentally and emotionally from being part of a CH through the first lockdown; a similar majority also reported not feeling significantly lonely over the same period.

Practical responses, care and support

Perhaps unsurprisingly, given the collaborative and self-managed nature of CH groups, there were numerous examples of practical support between members during (and beyond) the first lockdown, which included food shopping, picking up prescriptions, sharing grocery delivery slots, cooking for others and so on. But while there was evidence that these were just the kind of things being organised in non-CH neighbourhoods across the country, there was also evidence that CH groups were able or willing to go further, building on their pre-existing supportive relationships and organisational structures. The residents at one London-based housing co-op had organised care and support for a member receiving cancer treatment at a time (at least early in the lockdown) where formal social care services were often restricted. At a long-established cohousing project in rural Wales, support was organised for a founder member suffering with Alzheimer's, with the group drawing up a rota to provide an evening meal each day, taking turns to cook, and keeping a regular check to ensure that the fellow member was '... *safe, supported and had companionship*'. At one larger cohousing project in the west of England (with upwards of 80 residents), our

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[2]   In other research on Extra Care retirement villages we have also seen how rules to prevent household mixing in shared spaces like dining rooms precludes social contact between single residents.

respondent described how the help and support given to a member with Parkinson's disease had been stepped up during the pandemic, and which notably went beyond the previously agreed boundaries of informal care committed to by the group.

In the smaller groups of ten to twenty members (and where the members had known each other often for many years), it was relatively simple to identify such needs and organise accordingly. But we noted several examples in larger groups – in particular housing co-ops – of communities using their existing administrative structures to ensure members' needs were addressed; in more than one case a membership welfare spreadsheet was adapted to identify these; groups often seemed able to organise responses more quickly and equitably than the arguably more ad hoc and uneven responses of the wider community.

Sometimes the formal and informal co-existed, and built upon pre-existing social infrastructures. In the larger co-op noted above (where a member was receiving cancer treatment), our respondent felt that while the management committee had responded well initially around practical issues such as restrictions on common spaces and cleaning rotas, it had done little in terms of care and support at a more personal level, and that individual members had stepped in on a more ad hoc basis (albeit we were not able to tell how inclusively this had worked for all members). In other groups, responses similarly took the form of care relationships formed directly between members in smaller groups or bilateral arrangements. At one senior cohousing project, the members quickly established a 'lookout system' where three or four residents kept '... *a watchful eye on the wellbeing of that group*' for each other, with some single members even making bilateral agreements to join social bubbles together. Another, intergenerational cohousing project in the north of England established a buddy system to check in on the health and wellbeing of others, building on a previous system created to help new members adapt to living in the community.

As perhaps with other non-CH neighbourhoods, there was also a sense that support activity during the early period of the pandemic had reminded many members of the value of their communities, which had previously been taken for granted. Some groups went further, collectively reassessing group values and their importance: one co-op member for instance described how collective organisation had continued beyond the (first) lockdown, with residents discovering how much individual time this had freed up for them individually, to some extent a rejuvenation of their collaborative ideals.

Finally, it is worth noting that, in contrast to the care relationships implicit in the government's (somewhat arbitrary) rule of self-isolation for those over 70 during lockdown, the relationships of care in the groups we spoke to were less defined by chronological age. One resident of a planned housing project (a scheme physically comparable to cohousing, built in the 1960s) admitted during an interview that residents had assumed that the handful of founder members – now in their 80s and 90s – would need support, whereas in reality several residents in middle age had needed to isolate or had other specific care needs. A co-op member in her late 60s described how she was supporting her grandchild (aged 21) who had moved in, in order to shield due to a chronic health condition. And while there were of course many reports of older members needing to self-isolate and/or receive support, there was little focus on age or generation by our respondents (including in the senior cohousing groups). In fact, our initial survey question about support 'between the generations' drew no significant responses at all relating to older people, with most interpreting it as meaning adults supporting children.

The limits and potentialities of care

It should be acknowledged that the groups we spoke to were not always a panacea in terms of care during the first lockdown. For the northern England group noted above who established a buddy system, respondents indicated that relationships of care did not extend equally to every member, and that reaching out to some vulnerable members remained 'a work in progress' according to one interviewee. Some of the supportive relationships with other members were impacted severely by the restrictions previously noted: the most striking example was from a respondent from the housing development built in the 1960s (as a form of cohousing) was especially notable as having struggled with feelings of isolation as she cared for her family including her disabled son. While the family was severely affected by the disruption to formal care services for her son during the first lockdown, she spoke as much about the negative impact on established relationships of *emotional* care, i.e. neighbours who would previously have come into her home to help calm her son.

Yet at the same time, it's important not to make direct comparisons with housing managed by others that includes some element of formal care provision. The pandemic aside, it was never the intention of CH groups to be a replacement for social care needs; indeed, some groups (cohousing especially, as noted above) had in the past discussed and agreed the limits of what might be offered. Further, projects such as housing co-operatives and community land trusts may have originated from different aims altogether, primarily local provision of affordable housing. In a context of diverse values and motivations like CH, the range and extent of care provision will vary in relation to those, and can shift over time. Indeed, the pandemic has for some groups seen either an informal overstepping of the boundaries of care previously agreed, and also an occasion to think more carefully about policies concerning care.

For us as researchers, one striking illustration further suggesting CH communities' commitment to a broader notion of care was that several groups (mainly housing co-ops but also at least one cohousing project) offered or extended financial support to its members as the crisis impacted individual incomes. One respondent from a small Welsh co-operative, whose group renegotiated its members' rents in line with a temporary relaxation of the co-op's mortgage terms, described how for them such support was not based on a written rule that they do so, but came out of a shared commitment to finding ways of supporting each other as an underlying principle. At another co-op, an existing policy around financial support for struggling members became a key element in the group revisiting (and potentially expanding) their modes of cooperation.

Note

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 25,000 housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population. Recognised by government and industry as a leading 'ideas lab' on specialist/supported housing, our online and regional networked activities, and consultancy services:

- connect people, ideas and resources to inform and improve the range of housing that enables older and disabled people live independently in a home of their choice

- provide insight and intelligence on latest funding, research, policy and practice to support sector learning and improvement

- showcase what's best in specialist/supported housing and feature innovative projects and services that demonstrate how lives of people have been transformed, and

- support commissioners and providers to review their existing provision and develop, test out and deliver solutions so that they are best placed to respond to their customers' changing needs and aspirations

To access a selection of related resources on other forms of community-led and collaborative forms of housing and care, check out the Housing LIN's CollaborAGE Directory at:
https://www.housinglin.org.uk/collaborage/

And for more information about how the Housing LIN can advise and support your organisation on community-led approaches to shaping your 'offer' for an ageing population, go to:
https://www.housinglin.org.uk/consultancy/

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