Thinking about Stigma in Housing, Health and Social Care Delivery

Implications from the Intersectional Stigma of Place-Based Ageing (ISPA) Project Evidence Review

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In Partnership with

INTERSECTIONAL STIGMA OF PLACE-BASED AGEING (ISPA)

SUMMARY OF THE ISPA EVIDENCE REVIEW

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Stigma increases barriers for older and disabled people

The first year of the ISPA project has focused on conducting a full evidence review of the academic literature around place, age and disability, exploring and understanding stigma ([see the ISPA year 1 overview](#)). This briefing shows how stigma can lead to increased barriers to services, exclusion, and negative experiences, particularly for older and disabled people. We show that people can be impacted by stigma in different ways (intersectional stigma) particularly across age, disability and place. We also highlight important implications for housing, health and social care practitioners, and recommendations for practice.

Executive Summary

Stigma is linked to housing, built environment, neighborhood and place, and particularly impacts those with experiences of disability and ageing. The briefing highlights the negative impact of stigma at a personal and societal level. This must be considered in the implementation of policy and practice.

Why is stigma important to housing, health and social care practitioners?

This document shows that:

1. Stigma is often intensified for excluded groups.

2. Stigma is particularly important to the lived experiences of older people and disabled people.

3. Inclusive design is a key part of helping older people and disabled people to feel included.

This briefing extracts the key points from a wider evidence review process that will be outlined in our linked journal article next year. This gives more detail regarding the evidence review methodology and sources.

This briefing looks to extract the key points for housing, health and social care practitioners specifically to show the power of stigma, its impact on older and disabled people and how we can tackle it within policy and practice.

What is Stigma?

Stigma is a set of negative beliefs held against people based on their characteristics, such as age, disability or social class. Stigma sometimes happens in personal relationships, with people holding negative beliefs or discriminating against other people they know.[1] This could include labelling other people, shaming them, blaming them or using negative stereotypes.

It's also important to acknowledge that stigma can come from institutions like the government, the media or policymakers. For example, stigma against certain groups, such as migrants, disabled people or homeless people, can be worsened or even encouraged by cuts to public services, or used to justify these.[2]

Stigma is often then repeated by stigmatised groups themselves, through a process sometimes called 'self-stigma' with feelings of shame and self-blame.[3] This can affect self-confidence, as well as social and employment opportunities.[4]

Who is affected by stigma?

Stigma particularly affects groups who are already excluded from society in other ways, and stigma can make this exclusion worse.

Social class and poverty can be linked to stigma. For example, people receiving social security are often considered by the wider public, the state and some institutions as being irresponsible; blame is directed at individuals for not finding work or not budgeting household costs.[5] Welfare or social security recipients often then experience stigma, as well as a limited willingness to help from people in positions of power.

Where people live and how these environments are designed and managed can also contribute to stigma. Often, this is based on neighbourhoods, and can be linked to stigma around poverty or social class. People may hold negative views about specific areas and the people living there, blaming them for wider social problems which they aren't ultimately responsible for.[6] These problems could include a lack of jobs, accessible amenities or support services.[7]

In other cases, the type of homes people live in can also contribute to stigma, with studies showing how certain tenures or types of home – including social housing, accessible and inaccessible housing – can contribute to stigma.[8]

All of these factors can be intensified for older persons and disabled people. For example, studies show that a lack of investment in housing can make stigma worse for older people living there, making homes less age-friendly.[9]

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Stigma for older persons and disabled people

As we've seen, place and the built environment and how these are offered can lead to stigma for older persons and disabled people.[10] So how can we understand stigma based on place, ageing and disability together?

Limited evidence has explored disability and ageing issues together. This does not reflect the reality of world-wide ageing populations; the fastest growing age band in the UK are people 85 years and over.[11] Also, these are not homogenous groups – not all disabled people are older people and vice versa. This means work is still needed to reduce the stigma around disability in relation to ageing.[12]

Ageing populations also mean increasing numbers of people who have age-related impairments/health conditions which can impact upon daily living tasks.[13] A decline in mobility is also linked to older disabled peoples' sense of isolation and reduced quality of life.[14] **Often, inaccessible recreational spaces, buildings and neighbourhoods exclude individuals with mobility or mental health impairments.**[15]

There are also challenges around a lack of public transport links, accessible parking spaces or inadequate provisions for harmful weather conditions, as well as irregular pavement smoothness, lighting levels or kerb cuts.[16] Significantly, older persons' and disabled peoples' feelings of personal safety, especially if they are visibly disabled, can result in negative effects.

For instance, they may experience low self-confidence, physical/mental health harm, reduced opportunities for exercise or anxiety of shared spaces, such as those between pedestrians and mobility scooters.[17] People who use assistive mobility aids can also face the added challenges of a lack of wayfinding, hills and sloped pathways.[18] **All of these examples show that places and spaces we take for granted as 'ordinary' and every day can contribute to disabling and stigmatising people.**[19]

Inclusive design

How can future housing policy and practice help address the exclusion of older persons and disabled people? An important solution is inclusive design. This means designing services or environments which enable 'broadest range of people in the widest range of circumstances to promote maximal inclusion'.[20] Inclusive design also shifts the onus for making things accessible from the individual to society.

Universal design can mean many different things. It could be:
•   Providing information about neighbourhoods and areas.
•   Assisting older persons and disabled people who use mobility aids.
•   Adapting homes and buildings to make sure they are accessible, with features such as walk-in showers.[21]
•   Welcoming disability affirming staff.[22]
•   Ensuring excluded groups are listened to and involved in decision-making about public services and place-making.[23]

At the moment, these processes aren't always put in place. For example, evidence shows older persons and disabled people often need to educate themselves about local home adaptation processes. A lack of awareness of these processes can result in stigma, with older persons and disabled people perceiving themselves as a 'burden' for friends or family.[24] **Universal design makes sure institutions are responsible for accessibility, not older persons or disabled people.**

Community-based living

Another important solution is community-based living. At the moment, community-based living is often viewed as helping people out of hospital and into retirement or care homes, with these retirement or care homes settings then being viewed as stand-alone islands and not integrated into communities. Instead, community-based living should focus on strengthening community support services and networks.[25] **Overall, universal design and community-based living policies and practices will create an inclusive society.**

Summary

What are the key points from our review?

- Stigma is widespread, and is felt in personal relationships and is linked to policy.

- Stigma and 'disabling processes occur in seemingly ordinary spaces'.[26]

- Lack of investment in community services/networks, as well as accessible amenities, in a neighbourhood can have a negative and stigmatising impact on excluded groups.

- Housing academics, policymakers and practitioners need to recognize and explore further the impact of disability and ageing upon lived experiences and service provision.

- Universal design and community-based living are cornerstones of inclusive policies and practices across the housing sector.

Recommendations

What can housing, health and social care practitioners do to make a difference to stigma?

Here are some key goals in three areas of service:

Strategic goals
- Plan for accessible housing developments, services and support

- Listen to and act upon the voices of older persons and disabled people

- Work with partners in different organisations, sectors and disciplines

Operational goals
- Promote an inclusive culture

- Promote attitudes and practices in line with the social model of disability

- Build accessibility into all frontline services and communication at earlier stages in the design and delivery process

Identity goals
- Understand disability as an aspect of everyday life

- Ensure people aren't made to feel different if they are older or disabled

- Ensure people feel empowered when accessing support

Intersectional Stigma of Place-Based Ageing (ISPA) Project

This review emerges from Work Package 4 of the ISPA project. It involved a rapid systematic review of current evidence relating to stigma, place, disability and ageing. Overall, 41 papers were reviewed that met our search criteria, which focused on OECD countries and peer-reviewed research published from 2010 onwards.

The ISPA project is an ambitious 5-year participatory mixed method study that will explore and understand how the stigma attached to where people live can intersect with experiences of disability and ageing. This will provide nuanced insights into the structures and systems that drive exclusion and allow us to tackle the inequalities experienced by older disabled adults. Do visit https://www.youtube.com/@ispaproject for an audio and visual overview.

We aim to develop interventions related to home and environmental modifications that encourage interventions for inclusive approaches within housing, health and social care delivery. This in turn supports people to age well within homes and communities across England, Scotland, and Wales. The project is funded by the Economic and Social Research Council (Ref: ES/W012677/1) and runs from September 2022 to September 2027.

The Intersectional Stigma of Place-Based Ageing (ISPA) Project is a collaboration between the University of Stirling and the University of St Andrews, Newcastle University and University of Bristol. We are also partnered with the Housing Learning and Improvement Network (Housing LIN) and Scottish Federation of Housing Associations (SFHA).

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