

Early findings from the Collaborative Housing and Innovations in Care project (CHIC)

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About the project

In what ways might collaborative housing meet the social care and support needs of older people?

- Six case studies: three cohousing schemes and three other self-managed later-life housing projects
- In-depth case study research over nearly 3 years, with a longitudinal element, 100+ interviews, focus groups and other visits



Case studies: cohousing

Case 1: Hazel Lanes Cohousing South England



Completed in 2016

25 flats (1-3 bed)

~26 women, aged 50s-90s

17 owner-occupied + 8 socially rented,
community own company freehold

No formal care, mutual support

Case 2: Meadowridge Cohousing Eastern England



Completed in 2019

23 houses + flats (1-3 bed)

31 members, aged 50s-80s

All owner-occupied, community own company
freehold

No formal care, mutual support

Case 3: Sundial Yard Cohousing South West England



Completed in 2003

34 houses + flats (1-5 bed)

71 residents, intergenerational children-90s

Mostly owner-occupied + rented / lodgers,
community own company freehold

No formal care, mutual support

Key (early) findings

- Strong social organisation through shared activity, resource pooling and housing design
- A *preventative* health and wellbeing role
- Mutual support practices, **reduced need for longer hospital stays**
- NOT personal care, but goes further than intended – even palliative care
- Albeit there are practical and social limits to mutual support
- Advocacy / brokerage role around transition
- Family members retain an important role
- But also *receive* support from the community: “caring for the carers”

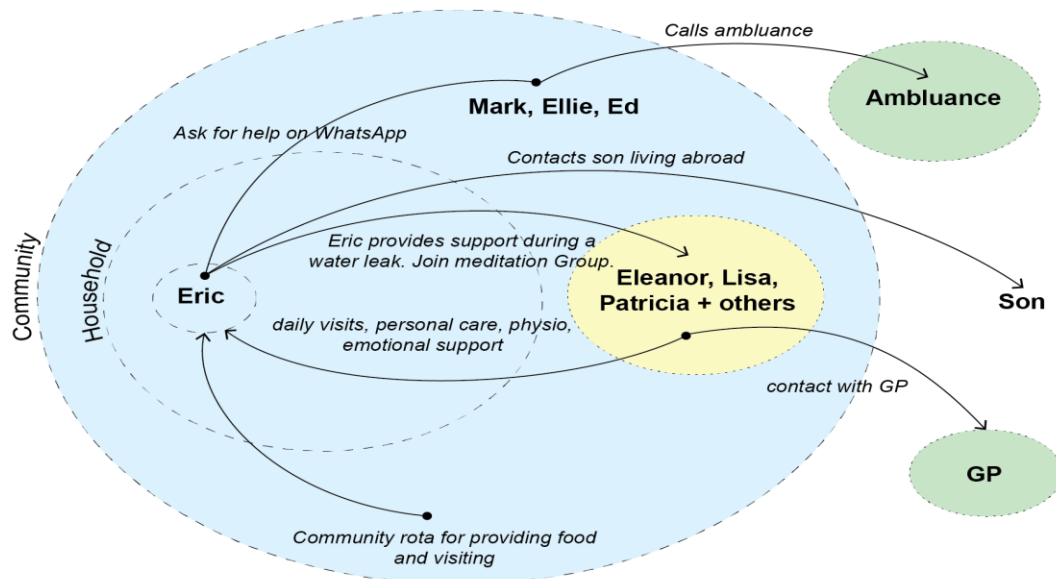
Timeline analysis: Eric, Meadowridge Cohousing

Type of Care	When	Event	
	Five years ago	<u>Wife</u> died, and son lived abroad. Eric lived on this own. Involved in community from an early stage. Involved in finding the site.	
Mutual Support	2019 Dec 2020	Moved into the site. <u>Eleanor</u> and <u>Lisa</u> moved to scheme, Eric supports them when they have a leak in their flat and moved into the common house. Go to meditation group together. They become good friends.	
	Mar 2020	The Pandemic begins.	
	<i>*Trigger event</i>	<u>Mark, Ellie and Ed</u> call an ambulance for Eric after he had been experiencing terrible pain. Diagnosed with lung cancer during lockdown.	
		Group provide support for Eric but it becomes a strain on the group. <u>John and Patricia</u> (retired doctor) support Eric after a fall. Members of the <u>group</u> provide meals and visits by a rota. <u>Eleanor and Lisa</u> provide daily visits, help getting out of bed, physio, emotional support.	
		<u>Eleanor and Lisa</u> are in contact with <u>Eric's GP</u>	
	6 weeks before death	Eric contacted his <u>son</u> , who travels from abroad to move in with him for the rest of his illness. This was a relief to community. There is a delay to getting appropriate levels of care due to lockdown. <u>Eleanor / Lisa</u> coordinate contact numbers and relevant care services with <u>son</u> .	
		<u>Group</u> continue to support with rota, food and visits.	
		<u>Care workers</u> come in to provide daily care for Eric, however the care isn't always suitable.	
	Formal Care		<u>Eleanor/Lisa</u> continue to play an important advocacy role for arranging care and supporting Eric. <u>Eleanor, Lisa and Patricia</u> all have had previous healthcare roles, but make a clear distinction in interviews that they are not Eric's carers.
		March 2021	Son arranges Hospice Care for Eric with the support of <u>Eleanor and Lisa</u> . Eric died during the transfer to the hospice – he was at home until the last day.

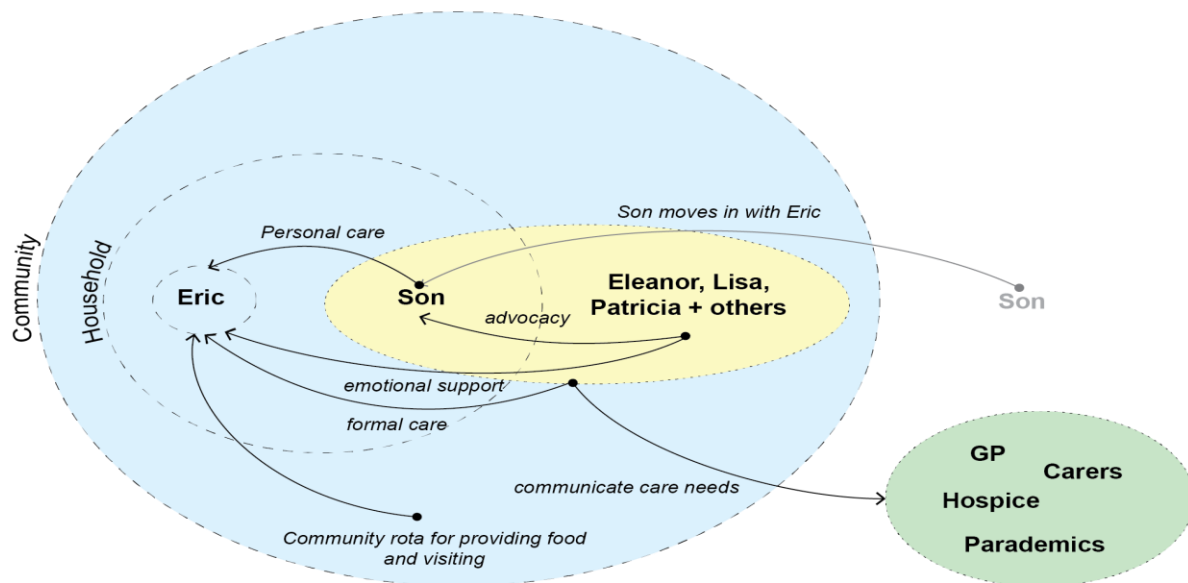
Care network analysis:

Eric, Meadowridge Cohousing

Before Family is involved



After Family is involved



Conclusions and further questions

The cohousing model clearly offers many benefits as a place to age, as an intentional neighbourhood. Mutual support extended further – and into different areas – than we expected. But ...

- A reluctance to *plan* for future care needs as groups?
- Could schemes benefit from a tailored external service, that provides practical support / personal care?
- ... and even advocacy support, especially for those without family?
- Could 'succession' planning be improved, to avoid the whole community ageing as a cohort?

This presentation summarizes independent research by the National Institute for Health Research School for Social Care Research.

The views expressed in this presentation are those of the author(s) and not necessarily those of the NIHR SSCR, the National Institute for Health and Care Research or the Department of Health and Social Care.