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Care Services Improvement Partnership CSIP

Housing LIN

Social Well-Being in Extra Care Housing

This factsheet explores social well-being and how it can be promoted in extra care housing, whether for rent, shared ownership or for sale. It is aimed at those involved in commissioning, planning, designing, providing and managing extra care housing. It has been developed alongside a directory of social well-being, which can be seen at http://www.icn.csip.org.uk/housing/index.cfm?pid=531&catalogueContentID=2777

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Promoting social well-being in extra care housing

See the directory of social well-being at
http://www.icn.csip.org.uk/housing/index.cfm?pid=531&catalogueContentID=2777

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1. Introduction

There has been a renewed emphasis on later life issues in recent years, largely in response to the fact that an increasing proportion of the electorate is aged 50 or over. Partnership, choice and control are at the heart of the policy agenda, along with a rights based approach to challenging discrimination, particularly through human rights legislation and the increasing emphasis on evidence based policy and outcomes. Well-being is clearly an important issue for public policy as fundamentally it is at the heart of what older people want from the lives they lead as well as an outcome from the services they receive. Extra care housing is regarded as offering such a service in a 'housing with care' setting, largely because it is seen as a way of promoting choice, independence and well-being for older people in accommodation of their choice.

The overall aim of this factsheet is to explore the factors that can promote social well-being in extra care housing. It is based on a study of social well-being funded by the Joseph Rowntree Foundation and carried out by Simon Evans and Sarah Vallelly, [1] along with evidence from a range of other research and literature sources.

2. Defining social well-being

Social well-being is difficult to define. In the research and other literature the term 'well-being' is often used interchangeably with 'quality of life' and a definition is rarely offered. Numerous tools have been developed to measure well-being and quality of life, but it is important to recognise that concepts such as these mean different things to different people at different times in their lives. Any measure must therefore take into account what is important to the people to whom it is being applied. This is an approach that has been adopted by Bowling [2], Riseborough and Jones [3] and Owen [4] among others. The World Health Organization has produced the following definition of quality of life, which is widely used:

> *'An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, and standards and concerns. It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, and their relationships to salient features of their environment.' [5]*
> (World Health Organization, 1993)

For the purposes of this factsheet, social well-being will be viewed as the part of overall well-being that relates to social contact and relationships. A detailed discussion of definitions of quality of life and well-being can be found in a literature review carried out by Evans and Vallelly.[6]

3. Social well-being and extra care housing.

The human rights agenda and an increased awareness of age discrimination have promoted a social model of ageing. This has led to demands that any barriers preventing older people from participating fully in society on equal terms should be removed. In addition, under the Disability Discrimination Act 2005 housing associations are required to make 'reasonable adjustments' to ensure that disabled

people are not treated less favourably for a disability-related reason. This has implications for social well-being in that all activities or facilities provided in rented housing schemes must be inclusive. Indeed, social inclusion for older people is promoted by a raft of government policies, including the National Strategy for an Ageing Society [7], Opportunity Age [8], the Commissioning Framework for Health and Well-being [9], and Sure Start to Later Life [10]. Local Area Agreements, partnerships between central and local government and local service providers, all emphasise social well-being for older people. While this factsheet focuses on social well-being, it is of course impossible to separate this from a range of other aspirations for later life, including independence, dignity and active ageing.

4. Factors in promoting social well-being

The research literature suggests a number of factors that can support social well-being. For example, a survey of people in London aged 65 or over found that the most important factors in quality of life included good social relationships, access to help and support and taking part in social activities. Another survey asked older people which of eight categories were most important to their quality of life [11]. The most frequent response was social relations, followed by health, activities, functional ability, well-being, personal beliefs and attitudes, living in their own home and personal finances. The authors concluded that social relations, functional ability and taking part in activities influenced the quality of life of older people at least as much as their health status. A recent report by Age Concern, *Promoting Mental Health and Well-being in Later Life,*[12] identifies five key areas that influence mental health and well-being in later life: discrimination, participation in meaningful activity, physical health, poverty and relationships. Social isolation (the absence of meaningful relationships and a lack of social contacts) is identified as a strong risk factor for poor mental health. This work emphasises the importance of supporting older people to take advantage of opportunities for meaningful activity, social interaction and physical activity. Owning independence in retirement, a report by Gillian Dalley, highlights the role of housing for well-being in older people, alongside that of health and social care [13].

There is widespread consensus that social networks and social interaction are key to a good quality of life and psychological and social well-being. Godfrey *et al* [14] concluded that interdependent relationships were the essence of ‘ageing well’ because of the way in which they meet older people’s needs for intimacy, comfort,

support, companionship and fun. Some research literature even goes as far as suggesting that higher levels of social engagement are associated with lower mortality rates[15] and decreased risk of developing dementia[16]. A range of explanations have been suggested for the association between social interaction and well-being. For example, a study by Berkman *et al*.[17] concluded that social contact can provide older people with a meaningful social role and promote a sense of purpose and attachment. Wiggins *et al*.[18] suggested that the negative impact of past events and experiences, as well as that of the immediate environment, can be ameliorated by the quality of the social contact that older people experience and how close they feel to the people around them. It is the intimate relationships which are most important in terms of sense of well-being and, crucially, many of these are with family and friends from outside someone's housing setting. A study by Hawkley and colleagues in sheltered housing concluded that residents who were socially isolated and lonely find it harder to deal with stress, partly because they enjoy poor quality sleep and are less likely to seek help from others [19]. Older people living in sheltered housing developments enjoy high levels of companionship and support and thus experience improvements in their health and well-being. It is also important to note that, while housing with care settings may be conducive to developing friendships for some, there is some evidence that they can be more challenging for less socially adept residents, including people with cognitive impairment and mental health problems.[20]

This factsheet focuses on some of the ways in which extra care housing can support social interaction and the social networks on which it is based, both within and beyond the immediate housing scheme. A study of social well-being by Evans & Vallelly[1] identified five main aspects of extra care housing that can support residents to maintain their existing friendships and develop new ones:

- Activities and facilities;
- The built environment;
- The role of family carers;
- The culture of care and dignity;
- Connections with the wider community.

This factsheet will explore each of these in turn, while also drawing on a wider research literature.

4.1 Activities and facilities

For many residents (both tenants and leaseholders), the friendships and acquaintances that they develop within their extra care housing scheme are the basis of their social lives and their opportunities for social interaction often focus on organised activities. In rented extra care and sheltered housing bingo remains one of the most popular activities in, but it is important to offer a range of innovative and creative activities to cater for diverse interests and preferences. There is evidence to suggest that overall activity level is positively associated with well-being and life satisfaction for older people and that activities engaged in for social reasons are more closely linked to well-being than other types of organised activity [21]. There is also some evidence that the impact of social activities may be greatest for people with physical frailties. A range of potential benefits of specific activities for social well-being has been explored, including singing[22], activities involving humour[23], gardening [24] and volunteering [25]. Physical activities can also have a positive effect on subjective well-being and social relations for older people. [26]

It is important to provide and facilitate activities that are adequately funded and cater for a range of interests and abilities. Where housing with care is supported by local authorities, good practice in this respect can be standardised through the specification of activity requirements in care contracts. Research has also found that in some care settings few activities are provided for people with dementia, who also have little meaningful interaction with staff.[27] This highlights the need to take into account a range of ability levels when planning activities so that all residents can have the opportunity to take part. Men are often at high risk of isolation in extra care housing, partly because there are relatively few of them but also because they tend to be reluctant to take part in organised activities. Some schemes have addressed this by encouraging the provision of appropriate activities. For example, Winton Court in Gateshead has established a men's group that meets regularly and includes activities such as pool and darts. This is also open to residents in the local community and is extremely popular.

The way in which activities are organised can also be important. Two main models were explored in the 'social well-being' project: staff organised and tenant organised. In the 'staff-organised' model the role of organising activities is usually carried out either by care staff in their spare time or by a part time paid Activities Co-ordinator, funded by the local authority or the housing provider. In the user-led model a committee of residents takes responsibility for organizing activities and excursions.

This has the advantage of allowing residents to hold fund raising events, which is particularly valuable given the difficulty that housing associations often experience in providing sufficient funds to pay for an appropriate range of activities. The committee in one scheme had been so successful in this respect that they were able to pay for all the residents to have a meal at a local restaurant.

Retirement housing providers are becoming increasingly aware of the need to promote well-being for their residents and some have introduced specialist services to address the issue. For example, the Extra Care Housing Charitable Trust has introduced a well-being programme [28], which supports residents to regain as much independence as possible and to be proactive in managing their own health. The service is based on providing health screening, information and advice to all extra care residents as well as the local community. Specialist advisers carry out wellbeing assessments and enable residents to make informed decisions about their lifestyle and health. In addition, resident volunteers act as well-being ambassadors who help with activity groups and events. An evaluation of this service, which is free to residents, found increased access to health services, improved quality of life and higher levels of participation in activities and social events.

Extra care housing schemes provide an increasingly wide range of on-site facilities. These can include shops, restaurants, communal areas, hairdressers, beauty salons, gardens, day centres, fitness suites, internet access and guest rooms. Facilities play an important role in providing venues and opportunities for social interaction and the development of friendships. On-site shops and restaurants are particularly important in this respect because of the opportunities they provide for casual social encounters. Eating together has been identified as a crucial social activity for older people in general and also for residents with dementia. [29] On-site facilities can also promote social interaction and well-being by attracting people from the local community into extra care housing schemes. Restaurants and shops are particularly important in this respect and in some schemes these facilities can only be commercially viable with sufficient custom from local residents.

All extra care housing schemes have a communal lounge and these are often the most popular area for socialising. Some schemes also have smaller ‘pod’ lounges, which are situated near to residents’ flats and take the form of separate rooms or areas adjoining corridors. These are often popular with residents and can be important in creating a feeling of ownership and belonging. Access to gardens and

other outdoor spaces is increasingly seen as important.[30] The potential benefits of outdoor spaces are wide reaching and include opportunities for physical exercise, provision of a different social environment, sensory stimulation, access to plants and wildlife and the therapeutic effects of gardening. If appropriately designed they can also allow residents to continue to pursue the gardening activities that many have developed before moving into extra care housing.

4.2 The built environment

There is a widespread consensus concerning the importance of the built environment for people in housing with care settings, particularly those with physical and cognitive impairments. Some studies have linked the design of housing with care settings to quality of life and a range of factors have been identified as important. These include choice and control, a sense of community, physical comfort and personalisation.[31] There is also a growing body of evidence to indicate that the design of buildings and public spaces can have a considerable impact on levels of social interaction among neighbours. In the 1950's a study by Festinger et al [32] found that the physical arrangement of houses and the paths between them was a major factor in determining friendships between residents. Similarly, Fleming et al[33] reported that communal areas in residential buildings had considerable potential to foster or inhibit social contact, depending on their position and design.

One design feature often found in extra care housing and other similar settings, such as retirement villages, is an indoor street or mall. This provides a central route through the scheme along which a range of facilities are sited. This style of design can help to create a safe, dry and level environment that maximises accessibility and allows residents to move around the scheme and meet each other for both formal and casual social encounters. There are additional potential benefits in terms the opportunities for exercise that walking provides and enabling access to on-site facilities, thereby supporting independence.

Accessible design is of particular importance in housing with care settings, where many residents are likely to use walking aids. At a very basic level, if people can't get around easily they have fewer opportunities for social contact and are at greater risk of isolation. Many extra care housing schemes incorporate appropriate features, such as corridors wide enough for electric scooters and ramp access into the garden. Additional design features can promote social contact for residents with dementia by supporting way-finding and orientation. A range of features that are commonly used

in extra care housing include colour-coding, architectural landmarks and specialist signage.

There is a trend towards mixed tenure in extra care housing and some other settings, particularly retirement villages. This is largely driven by the government's sustainable communities agenda[34] and associated changes in planning requirements. There are interesting debates to be had about the relative advantages of 'zoning' systems, whereby different tenures are clustered in different parts of the scheme, and 'pepper-potting', in which tenures are evenly distributed. Another recent development is the implementation of 'tenure-blind' design, whereby it is not possible to visually distinguish different types of tenure. A recent study of a retirement village highlighted some of the ways in which spatial layout can impact on social interaction across clustered tenures[35]. However, it is important not to focus solely on mixed tenure as a way of increasing social interaction among diverse populations. Mixed use of land for purposes such as place to live, shop and take part in recreation and leisure can also encourage social encounters among people of different ages and incomes. [36]

Further information on design principles in extra care housing is available in factsheet 6 in this series and for additional information on mixed tenure arrangements see technical brief no. 3 on the Housing LIN website.

4.3 The role of family carers

It is hard to over-estimate the importance of family carers to many people living in housing with care settings and there is considerable evidence that they provide extremely high levels of support.[37] The practical, emotional and social support that they provide is crucial and in many cases enables residents to remain living independently for much longer than would otherwise be possible. For many residents, visits from family members are their main form of social interaction. This means that those with no close relatives or whose families live far away can be at greater risk of social isolation. A review by Croucher et al [38] concluded that more intimate and confiding relationships are most important in terms of maintaining a sense of well-being and that these are generally with family and friends from outside the housing setting. In addition, for some residents going beyond the boundaries of the scheme is only possible when relatives come to take them out.

The level of social and other forms of support provided by family carers makes it essential that they are encouraged to be involved in schemes. This can be achieved

in a number of ways, including having good quality and affordable guest accommodation and inviting family members to take part in activities and events. Good communication between staff and families is also a key factor. For example, some schemes have a group of 'friends', including relatives and former staff, who hold fund raising events, help with outings and other events and produce a regular newsletter.

4.4 The culture of care and promoting dignity

The overall approach towards resident well-being and dignity within any housing with care setting is largely determined by the policies of provider organisations and the experience and attitude of scheme managers and other staff. For some residents care staff are the main source of social contact, particularly those who have little or no regular contact with family and friends. This means that the system of care working in operation can be extremely important. For example, some schemes operate a key worker system, whereby one or two care staff regularly support each resident, while other schemes deploy staff more flexibly. There is also a high level of use of agency workers in some schemes. The key worker system appears to offer more opportunities for the development of a relationship between residents and staff and can therefore contribute towards their social well-being. This can be particularly important for residents with dementia who may need the continuity that this system provides.

The opportunity for staff to interact with residents on a social basis can also be influenced by other aspects of the system of care. For example, some schemes operate a task-led system, whereby care staff are only able to visit residents for the time it takes to carry out the tasks outlined in their care plans. This is sometimes closely monitored and staff are required to sign in and out whenever they visit a resident's flat. Any additional support can only provided if residents pay an extra fee. In some areas social services are now charging for the personal care they provide by the minute, which is likely to place further restrictions on the time that care staff can spend socialising with residents. In contrast to this, a more person-centred approach allows time for social interaction between residents and staff and also means that staff are able to support residents in accessing activities and facilities both within the scheme and beyond it in the local community. A relationship-centred approach has been advocated by some practitioners.[39] This places great importance on the healing potential of the relationships between carers, care receivers and their communities.

Arrangements for providing support vary considerably across different types of housing with care and even within extra care housing provision. All Department of Health supported extra care housing includes 24 hour waking cover. However, in some other models staffing during the evenings and at weekends takes the form of lower, emergency level cover. This can place considerable limits on the opportunities for residents to use facilities and attend social activities at these times. This is particularly the case for residents with impaired mobility or dementia, who are often accustomed to be being escorted around the scheme. It is also important to ensure that residents with dementia are supported to have an independent social life through a realistic approach to risk. This can be a challenge to staff, most of who do not have specialist training in supporting people with dementia. There is also an important role for assistive technology in this respect. For example, remote motion detectors can alert staff if someone leaves the scheme at night or doesn't return to their flat at the expected time.

For further information on the philosophy of extra care housing and on assistive technology, see factsheets 1 and 5 in this series.

4.5 Connections with the wider community

For many residents, the friendships they develop with other people living in the housing scheme provide their main opportunities for social interaction. However, the 'social well-being' project highlighted the fact that connections and networks in the wider community can also be crucial. This supports the findings from studies in other care settings.[30,40] These wider social contacts range from long-standing friendships, to membership of groups and associations, and casual encounters while using local amenities and services. One participant in the social well-being study described her experiences of taking part in a local 'befriending' scheme:

> *"I am taken to somebody's house for tea. They take people in my position, an elderly person that doesn't get out, and the drivers are all voluntary. In the summer they have got beautiful houses, we sit out in the garden and, you know, strawberries and cream and all that."*

Residents also reflected on the enjoyment they obtained from watching changes take place in the local community and receiving visits from groups of local school children as part of an inter-generational project.

For residents who no longer drive, the opportunity to engage with the wider community can depend on a range of factors, including the availability and accessibility of transport, the quality of pavement access for electric scooters and other walking aids, and the support of care staff. The quality of the local environment is often crucial. For example, conveniently placed pedestrian crossings and public seating make it much easier for residents to get out and about. Location is another factor to take into account in terms of enabling social contact with the wider community. Schemes in rural areas are less likely than those in an urban setting to be within easy reach of shops, banks and other amenities, particularly for tenants who are physically frail. These challenges are often exacerbated by the fact that public transport provision can be particularly problematic in rural areas. This is not to suggest that a rural location is necessarily a bad thing. Residents who live in rural schemes tend to come from the local area and may therefore already feel part of a close knit community. However, it is another factor to be taken into account when planning and developing a scheme.

5. Conclusion

Social well-being is an important issue for people living in extra care housing and should be considered in the commissioning, planning, design and management of extra care housing. Some residents are at particular risk of social exclusion, including those who have recently moved in, people who don't receive regular contact from family or friends, people who have impaired mobility, people with dementia and single men. It is important to identify residents in these groups and to offer them appropriate support.

Accessible design throughout a housing scheme is central to promoting social interaction for all residents. For many residents the friendships they develop within the scheme forms the core of their social lives. However, the opportunity to develop and maintain a social life that is independent of the housing scheme is also crucial. This means facilitating residents to engage with the wider community through, for example, accessible design and convenient transport. Finally, not all residents want high levels of social interaction. Some enjoy spending most of their time in their own flats and it is just as important to support this choice as it is to provide opportunities for interaction. One of the key features of extra care housing is that residents have the legal status of assured tenants or as leaseholders, including the right to their own personal space. As one participant in the 'social wellbeing' study put it:

"Well, its cosy and its mine. I feel as though its mine. I'd rather be here than anywhere else. It's my domain and I can run around in the nude if I want to. Yes, I like it here. "

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