Creating inclusive communities:

Promoting social inclusion in housing with care and support for older people

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The research team:

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Background

- Ageing population - the number of older people living in housing with care and support (HCS) schemes is growing and expected to continue to rise.

- DICE study - examining and identifying how housing providers promote inclusive environments within different types of schemes (inc. extra care, independent living, supported living etc.)

- Exploring the social inclusion of residents in HCS schemes in England and Wales - including residents from social minority groups.

  - Social minority = older people (60+ years of age) who identify with social characteristics that are sometimes marginalised or subject to discrimination, including:
    - People with physical and learning disabilities
    - People with lesbian, gay and bisexual (LGB) sexual identities and trans identities
    - People identifying with black and minority ethnic group
    - Members of minority religious groups.

What do we mean by social inclusion?

Applied to older people: 'optimising their opportunities to have meaningful relationships and roles in society despite (or because of) their age' (Warburton, Ng & Shardlow, 2013, p. 3)

Individual identities, beliefs and norms, characteristics and attributes

Built environment and neighbourhood location

SOCIAL INCLUSION

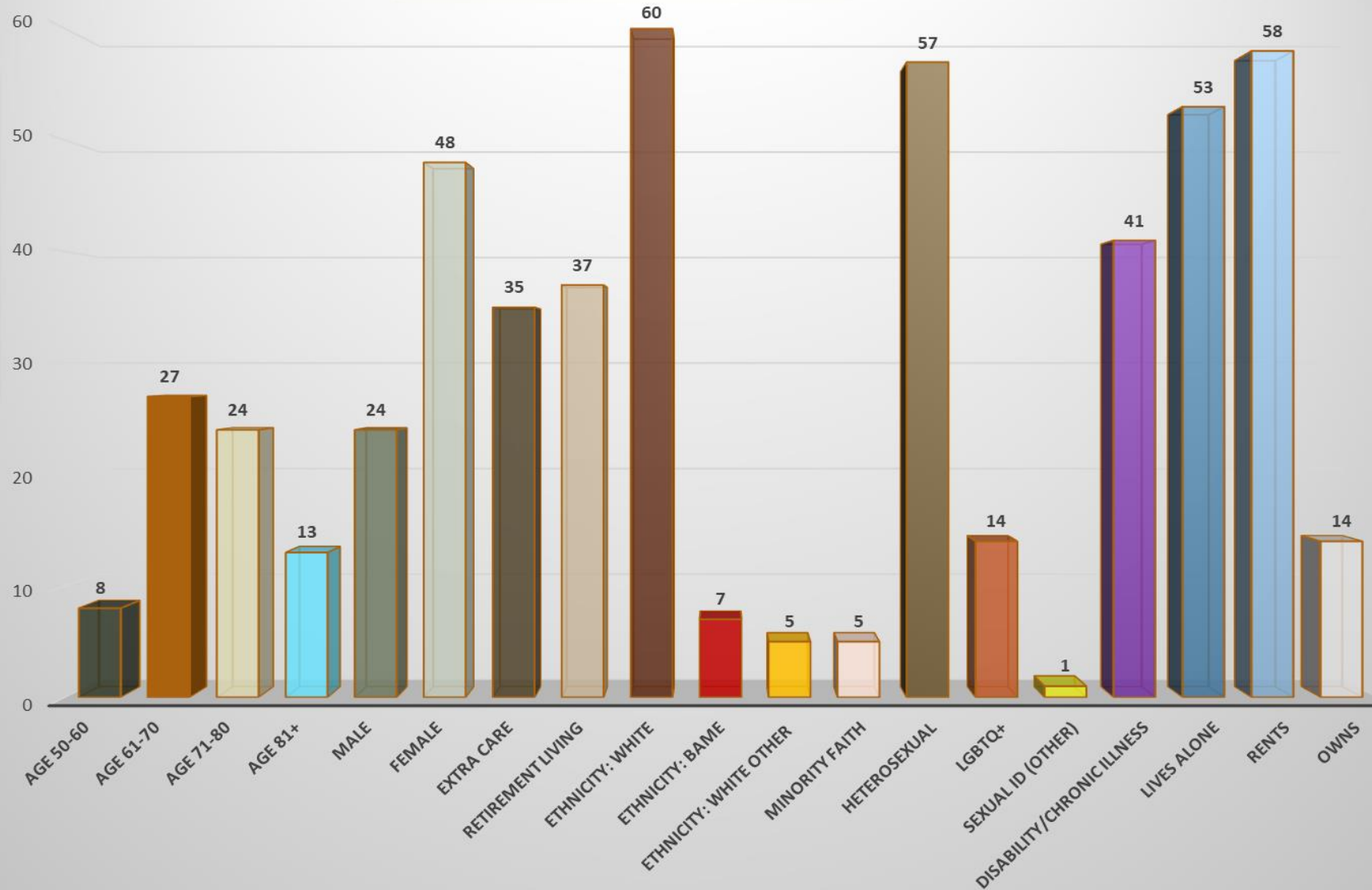Social environment and dynamics within schemes

Wider structural and policy factors

How did we do the research?

Methods	Who were the participants?
1. Hardcopy questionnaire	Self-completed by residents across Wales and England 741 questionnaires received from 95 schemes
2. Semi-structured interviews (adapted to remote interviews May 2020)	Staff at 8 housing schemes (n=21) Residents at 8 housing schemes (n=51, including 12 follow-up) Stakeholders – involved in commissioning, policy and advocacy work for older people (n=23)
3. Longitudinal interviews (adapted to remote interviews May 2020)	Series of interviews over 18 months with residents from minority groups (black and ethnic minority, LGBT, minority faith, disabled). 21 residents took part in at least 1 interview, 4 interviewed twice and 14 took part in all 3 interviews.

Participants' Characteristics

Number of Participants

Category	Value
AGE 50-60	8
AGE 61-70	27
AGE 71-80	24
AGE 81+	13
MALE	24
FEMALE	48
EXTRA CARE	35
RETIREMENT LIVING	37
ETHNICITY: WHITE	60
ETHNICITY: BAME	7
ETHNICITY: WHITE OTHER	5
MINORITY FAITH	5
HETEROSEXUAL	57
LGBTQ+	14
SEXUAL ID (OTHER)	1
DISABILITY/CHRONIC ILLNESS	41
LIVES ALONE	53
RENTS	58
OWNS	14

RESIDENT INTERVIEWS

**Longitudinal Participants
 n = 21**

**Completed following:
Wave 1 only = 3
Wave 1 & 2 = 4
All Waves = 14**

**Cross-Sectional:
Participants n = 51**

Total participants N = 72

Factors that facilitate social inclusion and connections 1

- Shared identities – 'newbies' together
- Supportive neighbours – welcoming, invitations to events, assisting others
- External connections - social connections already embedded in the local community
- Active participation in scheme life – resident committees, gardening and green care, welcoming new residents
- Presence of onsite staff – knowing residents, encouraging engagement and participation, seeking involvement
- Close connections with carers – noticing social withdrawal, checking in with residents

Everybody was friendly. When I was moving stuff into the house, they came over. They introduced themselves. They said, "If you need anything, just give us a call." Everybody here is friendly. … We all go to the pub next door for our birthdays. We book a table, we go and have a meal, and a natter and a laugh. No matter how old we are, we all just mix in together. (Resident, P4, female, 65 years, independent living)

Factors that facilitate social inclusion and connections 2

Social significance of physical design:

- Balconies and garden patios - external spaces facilitating social interaction
- Importance of communal spaces on site
- Critical in lockdowns – breaking social isolation
- Informal communal areas where communal spaces are lacking
- Communal areas and rooms as exclusionary spaces – conflict with resident sub-groups
- Digital infrastructure vital – texting and emailing, video calls during lockdowns

There's a man underneath me that the first day we were in here he was laughing with my daughter, because he lives underneath and I've got a little Juliette balcony. ... she was quoting Romeo and Juliette and he was answering back. He said he'd be our Romeo and that sort of silly thing. This is five years ago. He found out I could cook and make cakes, so I've always given him a cake.

(Resident, E2, female, 91 years, extra care housing)

Barriers to social inclusion and connection

- Lack of social activities and communal spaces
- Some activities more appealing to (heterosexual) women
- Lack of staff onsite – barrier for residents requiring additional support to attend events
- Tension in encouraging resident involvement versus respecting residents' independence
- Formation of dominant resident groups – creating 'no-go' zones for some.

There's no community structure here. There's no social avenue. People talk to certain people. …. Now, I hadn't been long moved in here and I'd known everybody, and I thought I was pretty well tight with most people. I wasn't invited [to resident social].… That's all it is, basically. It's a 'them' and 'us'.

(Resident, P14, transgender female, 60 years, identifies as transgender, retirement living)

Boundary setting between residents 1

Residents with minority identities:

- Feeling more isolated
- Looking outward for social connections
- Active choices in not participating in scheme life

Boundary setting within schemes
– on the basis of sexual, gender and ethnic identity

I feel that I'm not complete here, because I seem to be like the only gay in the village, or that I know of. It's that sort of thing. It would just be nice if we could have more diversity in the scheme. And that then might help with some other people's attitudes, because they'll say, "Oh, there are all these other people that are different to me." You know what I mean?

(Resident, P11, male, 73 years, identifies as gay, retirement living)

A lot of people call me coloured. I say, "No. It's black." Well, when I speak to them about saying about coloured, I say, "Ah. Don't even say that. I've got to tell you if you don't mind me saying, it's black, not coloured." They do, "Well, wouldn't coloured sound better than black?" "No, I'm black."

(Resident, A9, female, 65 years, ethnic minority background, extra care housing)

Boundary setting between residents 2

Boundary setting on the basis of disability

- Exclusion on the basis of cognitive and learning disabilities

- Physical disabilities – barriers in staff-resident communication and physical design

- Exclusionary views expressed towards residents with cognitive decline associated with dementia

"Too many people with high support needs which cannot be accommodated in independent living schemes".

From senior management, yes [I feel respected], but not from local management. For example, I kept having to ask the manager, so I said to them, "Look, you have a monthly newsletter, but you've never asked anybody if it's okay, if it's accessible to them." So, I said, "In future, can I have the newsletter in large print, please?" Or, "Can you send it to me in a text format that is…? Or an audio format that I can… To do it." That was very, very difficult. I was told that I may not actually get that.

(Resident, P19, male, registered blind, 62 years, identifies as gay)

Some recommendations

For housing providers and staff

- Investment in staff on site as they are fundamental for building and maintaining an inclusive environment and promoting inclusion across staff practices
- Provide continuous training on social inclusion and accumulated disadvantage across the process of accessing housing with care.
- Early and proactive engagement with residents belonging to minority groups
- Consult with residents to involve them in the design of HCS schemes (with extra support for people for communication difficulties)
- Investment in communal areas and the social value of diverse activities on site that are inward *and* outward facing
- Ensure all HCS schemes have the correct digital infrastructure.

What next?

➢ Launch event online 27th January 2022 with ILC-UK

➢ Residents' launch in Bristol early 2022

➢ Learning resource for staff – podcasts and accompanying learning materials

➢ Practice briefing for managers and staff

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More information about the study

Visit the website:
https://www.bristol.ac.uk/sps/research/projects/promoting-social-inclusion-in-housing-schemes/

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Thank you
for listening!

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