

# Social Well-Being in Extra Care Housing: Main Findings

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# The project

- Aimed to:
  - Explore development of social activities and community during first 6 months
  - Identify differences in social climate and individual social well-being after 12 months
  
- 15 schemes:
  - 2 villages: 258 and 270 units
  - 13 smaller schemes: 35-64 units

# Methods

- 6 months after opening:
  - Interviews with 2 staff members per scheme
  - Interviews with 4-6 residents per scheme
- 12 months after opening:
  - Questionnaires from 599 residents
  - Interviews with 166 residents
  - 'Indicators' of individual social well-being
  - Social climate at scheme level

## Quality of Life & Social Well-Being (1)

- Residents valued independence, security and social interaction offered by ECH

*'I think more people should know about [extra care]. We get together and talk about all sorts of things, there's entertainment. And you've got a bell to push if you need anybody. It couldn't be better.'* (Female resident)

*'I would have thought it's the best answer to everything – you've got privacy but you've got activities that are there.'* (Female resident)

## Quality of Life & Social Well-Being (2)

- 2/3 rated QoL as 'good' or 'very good'
- 90% had made friends since moving
- 80% felt positively about social life
- 70% took part in an activity at least once a week
- 75% were fully occupied in activities of their choice

# Social Isolation (1)

- Some residents were socially isolated
  - More likely to be in receipt of care
  - Rated health as worse
  - Mobility problems a barrier

*'The biggest problem is needing the carers to get you to anything' (Female resident)*

## Social isolation (2)

- Some schemes were addressing social isolation
  - Support for people with mobility problems
  - Encouragement to participate
  - Support for people with memory problems

*'We've also employed [member of staff] whose job it is to work with people on a one-to-one basis, primarily people with memory problems, but will also work with people who maybe just need a bit of support' (Staff member)*

## Communal Facilities

- Communal facilities play important role in friendship development
- Restaurants and shops key; importance of lunchtime

*'The shop has been a catalyst to getting people integrating well together.'* (Staff member)

- Facilities should be operational when schemes open

## Social Activities

- Social activities valued by residents, and important for friendship development
- Friendship cited as most important benefit of participation
- Some schemes encountered difficulties in providing for diverse group of residents
- Wide range of activities should be developed soon after opening

# Resident-Led Social Activities

- All schemes took 'resident-led' approach
- Differences in residents' and staff involvement
- Benefits of resident involvement
- Resources to support social activities crucial

## Local Community Links

- Residents valued maintaining or building up links with local community
- Local context important in determining extent of involvement

*'What we do find is used quite a lot is the restaurant and shop, because in the local vicinity there isn't anything. So you get school children at school time that come and use it, and you get people in and out during the day.'*  
(Scheme manager)

- Mixed opinions from residents about others coming in to use scheme facilities, join activities etc.

# Villages and Schemes

- Overall, better social well-being in villages
  - Residents more positive about social life, less likely to report being lonely/isolated, participate more often, have more contact with friends
  - Villages may offer some social advantages
  - However, not a clear conclusion...

# Provision of Facilities and Activities

- Villages:
  - Have a wider range of facilities e.g. gyms, craft/hobbies rooms, bars
  - Have larger variety of social activities
  - Have more resources (funding, staff) to sustain such facilities and activities

# The Residents (1)

	<b>Schemes</b>	<b>Villages</b>
<b>Receiving personal care</b>	57%	7%
<b>Very low dependence</b>	49%	93%
<b>No cognitive impairment</b>	66%	99%

- Village residents less dependent than those in schemes

## The Residents (2)

- Findings suggest villages suit more able, active older people very well
- Evidence not as clear for those with some level of disability
  - In villages, some links between lower social well-being and higher levels of dependency
- Attitudes to frailty

## Attitudes to Frailty

*'The village seems to me to be becoming a nursing home rather than a retirement village, which was not expected before moving here.'* (Male resident)

- Schemes' aims should be explained to prospective residents

# Conclusions

- ECH can provide an environment supportive of social well-being
- Communal facilities and social activities were valued, and were important for friendship development
- Resident involvement in running the schemes' social lives was beneficial, but staff support is crucial both early on and over time
- Local community links were valued; location is important in facilitating these links
- Smaller schemes and villages have different challenges to overcome to promote social well-being