The Social Well-Being of Residents in Extra Care Housing in England

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Context

- UK Government has identified need for partnership between health, housing and social services for the development of successful community care services (Cm 4169, 1998)
- Increased emphasis on personalisation of services, placing individuals at centre of process of bringing housing, health and social care together – aims to give people greater choice and control over the services they receive (DCLG, 2008)
- Recent policy has also focused on well-being and social inclusion (ODPM, 2006); social isolation recognised as risk factor for poor mental health in old age (Lee, 2007)

Extra care housing (ECH)

- Concept, not type of housing: range of models
- Development of sheltered housing, with legal rights of occupation
- Aims to meet housing, care and support needs of older people, while helping them to maintain independence in own private accommodation
- Communal facilities and social activities often provided – aim to address social isolation and promote community
- Financial investment by UK Government
- An alternative to care homes?
- Significant recent growth in ECH, from 21,000 dwellings in 2003 to 37,600 in 2007 (DH, 2003; EAC, 2007) – but ECH only forms small proportion of total amount of specialised accommodation for older people in England
- Evidence base for ECH growing, but still limited. PSSRU currently carrying out research into 19 ECH schemes

Social well-being

- Area of quality of life (QoL) involving social relationships, social participation, social networks, social support
- Older people indicate that social factors are crucial to good QoL in older age (Age Concern, 2003)

Theoretical model of social well-being in extra care housing
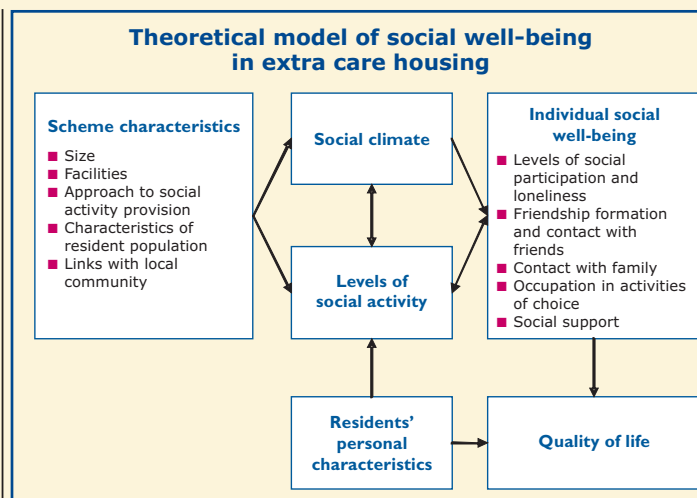
- Participation in social activities beneficial to well-being as can help develop and maintain social networks and relationships (Litwin and Shiovitz-Ezra, 2006)
- Social activities valued by older people in ECH (Evans and Vallelly, 2007)

Project aims

Project focused on first year after ECH schemes opened and aimed to:

- Explore the development of social activities and community during first 6 months
- Identify differences in social climate and individual social well-being after 12 months

Methods

- 6 months after opening:
  - Interviews with 2 staff members, 4-6 residents per scheme
  - Included questions on how schemes were beginning to develop a social life; resident and staff involvement; facilitators and barriers to participation
- 12 months after opening:
  - Questionnaires from 599 residents, interviews with 166 residents
- 'Indicators' of social well-being:
  - feelings about social life and loneliness
  - friendship formation and contact with friends
  - social activity participation
  - social support
- Social climate: levels of cohesion, conflict and independence
- Background data:
  - Physical functioning, cognitive functioning, service receipt

The schemes

- 15 ECH schemes in total (i.e. 15 of 19)
  - 2 extra care villages (258 and 270 units)
  - 13 smaller schemes (35–64 units)

The residents

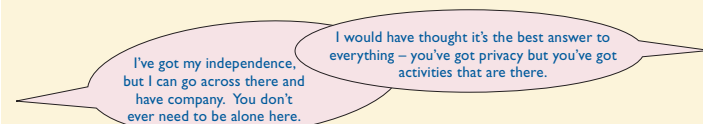|	Schemes (n=205)	Villages (n=394)
Average age	78	77
Female	62%	64%
Married	33%	54%
Receiving care	57%	7%
Very low dependence*	49%	93%

*Dependency was measured using the Barthel Index of Activities of Daily Living (Mahoney and Barthel, 1965), with scores ranging from zero (maximum disability) to 20 (minimum disability). Scores of 17-20 equate to 'very low dependence'.

Overall, people living in villages were less dependent than those in schemes, and were more likely to be married.

Findings

Benefits of extra care housing

Residents valued combination of independence, security and social interaction offered by ECH

I've got my independence, but I can go across there and have company. You don't ever need to be alone here.

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

QoL and social well-being

- 2/3 rated their QoL as 'good', 'very good' or 'so good, it could not be better' on a 7-point scale – few rated their QoL badly
- QoL related to indicators of social well-being (better QoL related to better social well-being)
- Indicators of social well-being:
  - 90% had made friends since moving
  - 80% felt positively about social life, and did not feel lonely
  - 75% were fully occupied in activities of their choice, and were not bored
  - 70% took part in an activity at least once or twice a week

Communal facilities

- Communal facilities important for facilitating social well-being
- Restaurants and shops important in encouraging friendship development, particularly when schemes first opened
- Communal lunchtime was an important venue for social interaction in many schemes

Social activities

- Social activities valued by residents – friendship and mental stimulation cited as most important benefits of participation
- Some difficulties providing activities for wide range of people living in ECH; but even if activities not to an individual's personal taste, could still promote social interaction and development of community
- Most popular activities:
  - Smaller schemes: social gatherings (e.g. coffee mornings), games (e.g. bingo, cards), entertainment and events
  - Villages: Exercise, games, arts and crafts

Resident-led social activities

- A 'resident-led' approach to social activity provision was widely adopted, with varying degrees of resident and staff involvement across the schemes
- Having dedicated activities staff was beneficial after opening, but was not associated with better individual social well-being at 12 months, possibly because social activities and friendships had become established by this stage
- Active resident involvement in running social activities was beneficial, giving residents more control and ownership over social lives, encouraging other residents to participate, and providing a satisfying role for those on residents' committees
- Levels of independence were highest in schemes where residents took the lead
- Residents who took the lead were more likely to have lower levels of physical dependency
- Beneficial to encourage resident involvement from an early stage. However, crucial to have adequate staffing and resources to support them, both after opening and also over time as levels of frailty increase

Villages and schemes

- No difference in levels of friendship formation in schemes and villages
- People living in villages had higher levels of social well-being than those in smaller schemes, according to other indicators of social well-being
- However, may be linked to the fact that most village residents moved in without a need for care, so likely to be in better health and less dependent. Villages appeared to suit more able, active older people very well, but evidence not as clear for those with some level of dependency
- In villages, worse self-perceived health and higher levels of dependency linked to lower social well-being

Social isolation

- Generally positive picture, but a minority of residents were 'socially isolated and often lonely' or 'sometimes lonely'
- These people were:
  - Less likely to be married
  - More likely to be in receipt of care
  - More likely to rate health badly
- Barriers to social participation included:
  - Health and mobility problems
  - Care receipt at specific times
- However, examples of good practice in overcoming these barriers:
  - Staff/volunteers employed to move residents around schemes
  - Care staff time built in to assist residents to participate

Local community

- Residents valued links with local community
- Location of schemes was related to the extent of involvement that had developed. Schemes benefited from being at the centre of a community
- Mixed opinions from residents about local people coming in – important that schemes make potential residents aware of intentions regarding links with the local community

Conclusions

- Many of the ECH residents in our sample, in both villages and smaller schemes, had experienced good levels of social well-being
- The communal facilities and social activities available in ECH schemes helped to encourage this
- Extra care villages seemed to support more able, active older people very well, but evidence not as clear for those with some level of dependency
- A minority of residents were socially isolated and lonely. Schemes need to ensure that resources are in place to support and encourage social participation for these residents

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