Developing social well-being in new extra care housing

Findings
Informing change

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Extra care schemes provide care and support so that older people can live independently. They also aim to prevent residents feeling isolated by providing opportunities for social interaction. This research examined how social well-being developed in 15 new-build housing schemes supported by the Department of Health's Extra Care Housing Funding Initiative.

Key points

- Most residents felt well connected, valued social activities, and had made new friends.
- Communal facilities and organised activities need to be available when schemes open as they help residents interact.
- A wide range of social activities should be developed to provide for the diverse mix of residents. Those involved in running social activities found it gave them ownership of their social lives, supported their independence and encouraged others to join in.
- Adequate staff time and resources to support social activities are crucial, particularly at the start, but also over time as some residents become frailer.
- Extra care villages appeared well suited to more active older people, and may offer social advantages over smaller schemes for some people. However, villages may not always suit more dependent residents.
- Socially isolated residents were often in poorer health and received care, which sometimes made social involvement harder. When staff or volunteers were available to help residents move around the scheme, these barriers could be overcome. Schemes should ensure this support is in place and that care is as flexible as possible.
- Residents valued retaining existing links with the local community, as well as developing new ones. Centrally located schemes, or those meeting an existing local need for services, found it easier to build up these links.
- Extra care schemes' aims should be explained to prospective residents, particularly when the intention is to support diverse groups of older people (some with high care and support needs) or encourage local people to use the scheme's facilities.

The research
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Background

The extra care model aims to meet older people's housing, care and support needs while helping them to maintain independence within their own private accommodation. Communal and social facilities are often provided to help address social isolation and build a sense of community. Extra care schemes reflect key government policies that promote independence, control and person-centred care for older people.

Research into housing and care schemes for older people has tended to focus on single schemes, or on schemes managed by one provider. This study explored the social well-being of older people who moved into 15 newly-built extra care housing schemes which received funding under the Department of Health's Extra Care Housing Fund. The study sample comprised 13 smaller schemes and two village-style schemes, and interviews were carried out six months and twelve months after their opening.

Quality of life and social well-being

Residents were generally positive about the experience of moving to extra care housing. The combination of independence and security, coupled with opportunities for social interaction, was particularly valued.

> I've got my independence, but I can go across there and have company. You don't ever need to be alone here. (Resident from one of the schemes)

Two-thirds of the residents in the sample indicated that they had a good quality of life. The majority of residents enjoyed good levels of social well-being: around 90 per cent had made friends since moving; 85 per cent felt positively about their social life, and did not feel lonely; 75 per cent were fully occupied in activities of their choice and were not bored; and 70 per cent took part in an activity at least once or twice a week.

Villages and smaller schemes

Overall, people living in the extra care villages seemed to have higher levels of social well-being than those in the smaller schemes, although there was no difference in friendship formation. This difference in social well-being may have been because most village residents moved in without a need for care services, and so were likely to be in better health and less dependent. Villages appeared to suit more able, active older people very well, but the evidence was not as clear for those with some level of dependency.

There were some links between lower social well-being and worse self-perceived health and higher levels of dependency in the villages. There were also some indications of tension regarding attitudes to frailty and disability, with some residents being surprised that less active, frailer people had also moved in.

Communal facilities and social activities

Communal facilities available at the schemes were important for developing social well-being. Restaurants and shops played a key role in encouraging friendships to form, particularly when a scheme first opened. Communal lunchtime was an important opportunity for social interaction in many of the smaller schemes.

> The shop has been a catalyst to getting people integrating well together.
> (Staff member from one of the schemes)

Residents valued their social activities, which were a vital way of developing friendships – particularly in the smaller schemes. Residents cited friendship as the most important benefit of taking part in social activities and events, followed by mental stimulation. Their feelings about their social life were related to how often they took part in an activity or attended a social event, with more frequent participation linked to reports that their social life was 'good' or 'as good as it could be'.

Some schemes encountered difficulties in providing activities for the diverse range of people living there. Nonetheless, there was some evidence that even if certain activities were not to a particular resident's liking, they could still provide social interaction and promote the development of a community.

Resident-led activities

Active resident involvement was a key aspect of the 'user-led' approach taken by all the schemes to providing social activities and events. However, there was considerable variation in how this approach was implemented, depending on levels of staff and residents' involvement. Some schemes had a full-time member of staff responsible for coordinating social life, such as an activities coordinator. In other schemes, although they had no specific activities coordinator or similar, the care and/or support staff had some of their time specifically dedicated to supporting and facilitating the scheme's social life. In the remainder, the scheme manager was responsible for the scheme's social life, with widely varying degrees of resident involvement.

Having staff dedicated to organising social activities was valuable in the early stages of a scheme's development, as more activities were set up sooner after opening than in schemes without such staff. However, twelve months on from opening, individual social well-being was not associated with the presence of dedicated social activities staff. This may have been because social activities and friendships were established by this stage.

Residents who helped to run social activities found it beneficial: it gave them more control and ownership over their social lives, encouraged other residents to join in, and provided a satisfying role for those on residents' committees. It is important to note, however, that residents who took the lead were more likely to have lower levels of physical dependency. Some schemes faced challenges in achieving a truly 'user-led' approach; the most notable barrier was the frailty of some of the residents. Although it was beneficial to encourage residents' involvement from an early stage, it was crucial to have adequate staffing and resources to support them in this role. This would apply not just at the beginning, but also over time as levels of frailty increase.

Social isolation

Despite this generally positive picture, a minority of residents stated that they were 'socially isolated and often lonely' or 'sometimes lonely'. Those in this group were more likely to be receiving care services, and rated their health as worse. In addition, residents who were socially isolated were less likely to be married, and more likely to be living in one of the smaller schemes than in the villages. However, across the whole sample there was little difference in levels of social well-being for men and for women.

Residents mentioned some barriers to social participation, including health and mobility problems, and receiving care at particular times. Good practice that overcame these barriers included some schemes employing additional staff or volunteers to help residents to move around as needed. Alternatively, some schemes built in time for care and support staff to assist residents to take part.

Local community

Residents generally valued maintaining or building up links with the local community, but lack of accessibility and appropriate transport proved a barrier for some to getting out.

The location of schemes was important in determining the extent of involvement that developed. Schemes benefited from being at the centre of a community, and providing a needed local service such as a shop or cafe/restaurant.

However, residents had mixed opinions about local people coming into the schemes to use facilities. It is important for schemes to make potential residents aware of their intentions regarding links with the local community.

> We're going to have a doctor's [surgery], and that will make a big difference, we'll be having the estate coming in. And the café … I think the idea of just coming in unless there's a reason or an invitation to come in, may not be very easy to accept. (Resident from one of the schemes)

Conclusion

In interpreting the findings, various limitations need to be considered. Two-thirds of those who completed a questionnaire at twelve months lived in the two villages, and the majority of these were likely to have been in relatively good health. Hence the research may have under-represented the views of the frailest people living in extra care housing.

The findings suggest that extra care housing may facilitate social well-being for older people, but the relationship between aspects of the extra care environment, residents' individual characteristics and social well-being is clearly complicated. Although the findings indicate that the extra care setting facilitates social well-being, the analysis is based on comparisons between schemes and between specific sub-groups of residents within schemes. Multilevel analysis, taking account of variations within and between schemes simultaneously, would provide a more comprehensive picture of schemes as a whole. In addition, as the project focused on newly opened schemes and the development of new communities, further work would be needed to examine social well-being in these schemes over time. Nonetheless, this study suggests that extra care housing can provide an environment that supports social well-being.

About the project

The study was carried out between May 2006 and May 2009 by researchers at the Personal Social Services Research Unit at the University of Kent. It explored social well-being among older people moving into 15 new extra care housing schemes allocated capital funding in the first two rounds of the Department of Health's Extra Care Housing Fund initiative (2004–6). The sample comprised 13 smaller schemes, with 35 to 64 units, and two village-style schemes, which had 258 and 270 units respectively. The schemes were developed to support residents with a range of disability levels, as well as to provide facilities and services for members of the local community.

The project focused on the first year after each scheme opened, and aimed to identify how the schemes had begun to develop community and social activities during their first six months. Following this, differences in the schemes' social climate and individual social well-being one year on from opening were identified. Data was collected in two stages. At six months, exploratory interviews were conducted with 75 residents and 26 staff to discover their approach to providing social activity and to identify facilitators and barriers to participation (including social and design factors) in order to build up a picture of each scheme's social life. At twelve months, questionnaires were received from 599 residents; follow-up interviews were conducted with 166 of them. The aim at this stage was to find out about the social climate of the schemes and measure individual social well-being.

For further information

The full report **The development of social well-being in new extra care housing schemes**, also published by the Joseph Rowntree Foundation, is available as a free download at www.jrf.org.uk

For further information on the Department of Health's Extra Care Housing Funding initiative, visit www.tinyurl.com/m3tcyc

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