



What role for extra care housing in a socially isolated landscape?

This report for the Housing Learning and Improvement Network explores the likely impact of housing with care in helping to limit social isolation and loneliness from being an integral part of the ageing experience. The report questions the ways in which living in extra care housing could lower the risk of social isolation and how this could in turn translate to lower dependency on state services.

The report also presents case studies that outline the mechanisms through which living in extra care housing reduces the risk of social isolation. It begins through reviewing current government standpoints on social isolation and loneliness.

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Introduction

Social isolation is an indicator of having poor quality or low density social networks – a form of social maladjustment that may stem from the exclusionary practices of others, but less commonly may reflect a personal desire for limited social contact. Loneliness is the subjective response to one's quality and/or density of social networks; being socially isolated is a direct risk factor for loneliness although not everyone who is socially isolated is lonely and vice versa. In addition, although most people will have experienced feelings of loneliness at some point in their lives, the type or degree of loneliness that has become a public health concern in recent times is associated with long-standing destructive and damaging patterns of behaviour, lower levels of societal participation, and poorer health outcomes.

There are several reasons to suspect why older people are at increased risk of social isolation and loneliness, and several mechanisms through which good quality housing with care could reduce levels of both. Furthermore, reducing levels of social isolation and loneliness by way of living in extra care housing could indirectly lower levels of dependence on state funded services. However, extra care housing, as with virtually all specialist models of housing for older people, may also introduce new forms of social isolation into the lives of residents not experienced by older people in general purpose housing. This is an issue explored further below.

Social isolation and loneliness in the policy spotlight

Social isolation and loneliness are emergent policy foci for the current government which views both as public health issues among older people. In January of this year, the new Care Services minister Norman Lamb announced a new duty on Local Authorities to measure loneliness and isolation:

“For the first time we will be aiming to define the extent of the problem by introducing a national measure for loneliness. We will be encouraging local authorities, NHS organisations and others to get better at measuring the condition in their communities. Once they have this information, they can come up with the right solutions to address loneliness and isolation.”¹

The announcement has been widely welcomed by many experts in the sector including the Campaign to End Loneliness, the Association of Directors of Adult Social Services and SilverLine.² As stated by Laura Ferguson, Director of the Campaign to End Loneliness, measurement is the first step in tackling the root causes of loneliness and social isolation:

“Loneliness is a major health issue. An effective measure of isolation and loneliness is an important step to improving the lives of the hundreds of thousands of older people who are chronically lonely. This national measure can only help those making local health and care decisions to prioritise loneliness as a health issue, and one that they will tackle.”³

While the government focus on loneliness and social isolation is undoubtedly welcome, some of the details that will take the announcement from beyond good intentions to making a substantial impact on older people's lives are yet to be released. For example, it is unclear how enforceable 'the duty to measure social isolation and loneliness' will be on Local Authorities, and in turn to what extent authorities will be expected to act upon this measurement. The announcement also only referred to English Local Authorities - the position in the other constituent countries on measuring loneliness is less clear, although other constituent countries may have initiatives in place aimed at reducing social isolation and loneliness. Scotland, for example, does provide some assistance to those feeling lonely through the government funded 'Breathing Space' helpline.⁴ In addition, further detail on the distinction between 'social isolation' and 'loneliness' would be welcome, from both the perspective of measurement and

¹ www.dailymail.co.uk/news/article-2261935/Loneliness-map-help-isolated-elderly-amid-concerns-effects-nations-health.html#ixzz2KWZblijV

² www.silverline.org.uk/about-the-silver-line

³ <http://mediacentre.dh.gov.uk/2012/11/22/loneliness-measure-to-boost-care-for-older-people>

⁴ www.nhsinform.co.uk/MentalHealth/Wellbeing/Feeling-Isolated-or-Lonely

intervention, given that these terms are used interchangeably in current Department of Health material on the issue.

While it may, perhaps, appear overtly sceptical to probe the announcement critically, the absence of accompanying detail means that we are yet to discover the full role and expectations of allied services in helping to reduce social isolation and loneliness, housing being one of these services. However, here we aim to view the absence of detail as an opportunity to shape the direction of policy, and make a case specifically for extra care housing as a type of 'intervention' that could help lower levels of social isolation and loneliness.

Loneliness as a public health issue and extra care housing as a public health intervention?

The epidemiology and aetiology of social isolation and loneliness

Social isolation has been found to be associated with poor quality of life and greater financial insecurity.⁵ Isolation is also associated with leading a less healthy lifestyle (including physical inactivity and smoking), and has been found to exert a biological impact through increased blood pressure and increased levels of inflammatory markers, the latter indicating the presence of underlying health conditions.⁶

Loneliness, the subjective response to the quality or density of social networks, is increasingly being viewed as a public health issue. In one US study, lonely older people were more likely to experience a decline in their abilities to carry out the activities of daily living (ADLs), to experience a decline in

mobility, and loneliness was also associated with a 45% increase in the hazard of death over a six year period between 2002 and 2008.⁷ Another study suggested that loneliness was both caused by, and a cause of, depression and functional limitations.⁸ UK studies also suggest that loneliness has a negative health impact through increasing the likelihood of adopting negative health behaviours and increasing the risk of damaging physiological changes occurring, including raised blood pressure⁹, as well as more generally reducing quality of life.¹⁰

If loneliness impacts physical health, and vice versa, then at its most basic level extra care housing could help to alleviate loneliness through its impact in decelerating the diminution of physical health usually associated with the ageing process¹¹; however, as we outline below, there is also a growing body of evidence that extra care housing also impacts in other ways to reduce the risk of social isolation and loneliness.

Extra care housing and its defining principles

Extra care housing can be summarised as ergonomically designed independent housing units that usually feature common spaces, facilities and care services. Defining extra care housing according to its constituent features is something of an inexact science, and the model is perhaps best summarised through three key tenets defined by some as: (i) flexible care, (ii) self-contained dwellings and (iii) homeliness.¹²

One of the most distinctive features, and indeed a key tenet itself, of extra care housing is the availability of 24 hour on-site care, something that is generally unavailable in the community care provided by Local Authorities. Thus, extra care housing is marked out as constituting independent

⁵ Kneale, D. (2012) *Is Social Exclusion Still Important for Older People?* London: International Longevity Centre

⁶ Shankar, A., McMunn, A., Banks, J., Steptoe, A. (2011) Loneliness, social isolation, and behavioural and biological health in older adults. *Health Psychology*. 30(4):377-385

⁷ Perissinotto, C. M., Stijacic-Cenzer, I., Covinsky, K. E. (2012) Loneliness in Older Persons: A predictor of Functional Decline and Death. *Archives of Internal Medicine*. 172(14):1078-1084

⁸ Luo, Y., Hawkey, L. C., Waite, L. J., Cacioppo, J. T. (2012) Loneliness, health, and mortality in old age: national longitudinal study. *Social Science & Medicine*. 74(6):907-914

⁹ Smith, A. E., Sim, J., Scharf, T., Phillipson, C. (2004) Determinants of quality of life amongst older people in deprived neighbourhoods. *Ageing & Society*. 24(5):793-814; Shankar et al (2011) *Ibid*

¹⁰ For example Smith et al (2004) *Ibid*

¹¹ See, for example Baumker, T., Netten, A. & Darton, R. (2008) Costs and outcomes of an extra-care housing scheme in Bradford. Joseph Rowntree Foundation: York www.jrf.org.uk/sites/files/jrf/2276-housing-care-costs.pdf

¹² Hanson, J., Wojgani, H., Mayagoitia-Hill, R., Tinker, A. & Wright, F. (2006) *The Essential Ingredients of Extra Care*. Health and Social Care Change Agent Team, London: Department of Health

housing with the provision of flexible care, which can be round-the-clock where needed, and successfully straddles the divide between general purpose housing and residential care.¹³

The emphasis on accommodation that enables older people to maintain their independence, with the provision of flexible and adaptive care, has proved popular with older people – there were an estimated 43,300 extra care properties in England in 2009, and the model is flourishing across the UK.¹⁴ At the time of writing, the Department of Health has yet to announce the allocation arrangements for the £300m capital fund to stimulate the development of mix of tenures of specialised housing for older and disabled people, including specialist housing designed to HAPPI principles. This is intended to help to redress some of the gaps in provision. An announcement is expected shortly.¹⁵

Loneliness as the problem, extra care housing as the solution?

For older people who move to extra care housing, there is emerging evidence that social lives and relationships strengthen, consequently lowering the risk of loneliness. Callaghan and colleagues' (2009) present findings from one of the most in-depth studies explicitly examining the impact of living in extra care housing on social wellbeing, and provides compelling evidence as to its efficacy.¹⁶ They find that among almost 600 residents of extra care housing who had been resident for twelve months, over four-fifths (82%) described their social life as 'good' or 'as good as it can be'. Three-quarters reported that their time was filled with activities that they chose to do, while less than one-in-ten said that they hadn't made any friends

at the scheme and only six per cent reported that they never met up with friends (within and beyond the scheme). At 12 months, many residents reported that extra care housing staff had become an important source of support for residents, with 63 per cent of residents saying that they would turn to staff for advice and help respectively, while almost three-in-ten (27%) said that they would confide in extra care housing staff. Similarly, at twelve months many residents reported that they had come to view new friends and neighbours at schemes as sources of social support, with 42% reporting that they would turn to friends in extra care housing for advice and help respectively, and 17 per cent reporting that they would turn to friends on the scheme for advice. Such gains in social life matched the expectations of residents on moving to extra care housing – over two-thirds of residents moving into extra care housing expected their social life would improve and that they would socialise more, thereby enhancing their 'environmental richness'.¹⁷

Other studies have also concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing.¹⁸ Recent research emphasised that the vast majority of residents in extra care housing are satisfied with their quality of life, with the presence of staff enabling residents to participate in activities being one mechanism identified as reducing social isolation.¹⁹ Others have looked explicitly at the role of extra care providers in promoting social support within extra care schemes, and outline the principles of what organisations can do to promote supportive communities.²⁰ Furthermore, extra care housing has become a platform for trialling innovations around improving residents' quality of life and social wellbeing including, for example,

¹³ Riseborough, M. & Fletcher, P. (2008). *Extra Care Housing: What is it?* www.housinglin.org.uk/library/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it.pdf

¹⁴ Bäumker, T., Callaghan, L., Darton, R., Holder, J., Netten, A., Towers, A. (2012) Deciding to move into extra care housing: residents' views. *Ageing and Society* 32(7):1215-1245

¹⁵ www.gov.uk/government/news/300-million-to-create-homes-for-independent-living

¹⁶ Callaghan, L., Netten, A. and Darton, R. (2009) *The Development of Social Well-being in New Extra Care Housing Schemes*. York: Joseph Rowntree Foundation

¹⁷ Bäumker, T., Callaghan, L., Darton, R., Holder, J., Netten, A., Towers, A. (2012) Deciding to move into extra care housing: residents' views. *Ageing and Society* 32(7):1215-1245

¹⁸ Callaghan et al (2009) *Ibid*; Dutton, R. (2009) *"Extra care" Housing and People with Dementia*. London: Housing and Dementia Research Consortium.; Croucher, K., Hicks, L. & Jackson, K. (2006) *Housing with Care for Later Life*. Joseph Rowntree Foundation: York; Pannell, J., Blood, I., Copeman, I. (2012) *Affordability, choices, and quality of life in housing with care*. York: Joseph Rowntree Foundation; Housing LIN (2004) *Dray Court Enhanced Extra Care Scheme Evaluation Report*. London: Housing Learning and Improvement Network

¹⁹ Pannell et al (2012) *Ibid*

²⁰ Croucher, K., Bevan, M. (2012) *Promoting supportive relationships in housing with care*. York: Joseph Rowntree Foundation

among people with dementia.²¹ A recent review discussed several other interventions aimed at strengthening social support that have taken place within extra care housing schemes, including many aimed at reducing feelings of isolation among residents from minority groups, residents with special needs, or residents who would otherwise be viewed as 'not fitting in'.²²

However, apart from a handful of key studies²³, there is a dearth of literature that examines the impact of living in extra care housing specifically on social isolation and loneliness, and more generally on quality of life and social support, particularly within private sector, or so called 'lifestyle' extra care housing developments. The evidence that does exist is consistent in suggesting that extra care housing can help to reduce levels of social isolation and loneliness - but the question of exactly how housing with care can affect levels of social isolation and loneliness is relatively unexplored. Are there, for example, features of the care provided or the design of the accommodation that could directly or indirectly help to lower levels of social isolation and loneliness? In the next section, we outline potential mechanisms through which living in extra care housing could impact upon isolation and loneliness, and progress to speculate on the likely impact of these on the use of public services. If proponents of extra care housing are to make a case for the impact of extra care housing as a 'public health intervention' in helping to reduce isolation and loneliness, identifying the mechanisms through which this could happen is a crucial first step.

How could living in extra care housing reduce loneliness?

'I think more people should know about [extra care housing]. ... It's far better than sitting by yourself. We get together and talk about all sorts of things, and there's entertainment. ... And there's always somebody around you; there's people next door, even if you can't hear them, you know there's somebody in the rooms. And you've got a bell on there to push if you need anybody. No, it couldn't be better.'

(Scheme resident, taken from Callaghan et al. (p14))

Living in extra care housing may lower levels of social isolation and loneliness, but what are the constituent features that enable extra care housing to fulfil this role – what are the mechanisms and pathways by which people become less lonely or socially isolated; are these unique to living in extra care housing and what are the potential impacts on use of state services? In this section, we map out some of the possible ways in which living in extra care housing could lower levels of social isolation and loneliness. In Figure 1, we present a framework of the mechanisms through which living in extra care housing could potentially lower levels of social isolation and loneliness. Here, we group the possible mechanisms into five main components that summarise the way in which extra care housing could help to lower or offset social isolation and consequent loneliness.

Our framework refers to the role of extra care in lowering social isolation more than it does the role of extra care in lowering loneliness; this is because our framework refers to the way in which extra care housing can help to develop meaningful social connections²⁴ - loneliness may still occur among some who may otherwise be deemed as having sufficient meaningful social connections. Furthermore, this is not a framework to explain levels of isolation or loneliness within extra care housing, which would also include personal characteristics and a number of other factors²⁵

²¹ Brooker, D. J., Argyle, E., Scally, A. J., Clancy, D. (2011) The Enriched Opportunities Programme for people with dementia: a cluster-randomised controlled trial in 10 extra care housing schemes. *Aging & Mental Health* 15(8):1008-17

²² Croucher & Bevan (2012) Ibid

²³ For example Pannell et al. (2012) (Ibid); Croucher and Bevan (2012) Ibid; Callaghan et al. (2009) Ibid

²⁴ Masi, C. M., Chen, H-Y., Hawkey, L. H., Cacioppo, J. (2011). A Meta-analysis of Interventions to reduce loneliness. *Personality and Social Psychology Review*. 15(3):219-266

²⁵ For example Callaghan et al (2009) Ibid; Kemp, C.L., Ball, M.M., Hollingsworth, C., Perkins, M.M. (2012). Strangers and friends: residents' social careers in assisted living. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 67(4):491-502

– this framework only outlines the potential role of extra care in lowering social isolation (and consequent loneliness). We group the potential mechanisms under the main headings of: (i) ethos; (ii) design; (iii) activities; (iv) community; and (v) improved health and mobility; and recognise that there is substantial overlap between these.

(i) Ethos: We group the ethos underlying extra care housing as being one set of explanatory factors for the role of extra care housing in lowering levels of social isolation and loneliness. Here we include the ambition of extra care being a home for life, independence, homeliness and flexible care as being underlying pathways through which living in extra care can lower levels of social isolation.

The absence of these factors has been linked with isolation and loneliness by gerontologists for a number of years; for example Townsend's seminal work on care homes (1962)²⁶ provided early evidence of the way in which institutional environments which inhibited independence could lead to a lack of privacy and dignity, and increase isolation and loneliness from the wider community and from other residents. The emphasis on maintaining independence and homeliness in extra care housing settings may be expressed in a variety of ways, for example in allowing residents to maintain old lifestyles such as keeping a pet or helping residents to decorate their home according to their taste, but may still have implications for levels of social isolation and loneliness, as we outline in table 1. The 'ethos' of extra care can also have a significant impact on the way in which extra care schemes are run, staffed and managed, particularly compared to other models of housing for older people, where the presence of staff, in well-run schemes, can add to a sense of community, continuity and inclusivity. Staff can also help to directly broker meaningful social connections among residents.

(ii) Design: Design factors, here, refer to the way in which extra care housing units are constructed, to the presence of facilities onsite, to the presence of communal areas within schemes, and also the way in which the immediate environment is designed, including the incorporation of new

technology. The design of extra care housing can be thought of as providing the tools and space for residents to develop social relationships. As mentioned in the recent inquiry report by All Party Parliamentary Group on Housing and Care for Older People²⁷, design factors have a direct impact on levels of social isolation in their own right – for instance the design of extra care schemes is intended to maximise older people's mobility, which can directly help older people maintain social connections with other residents and beyond. But the design of extra care housing also indirectly impacts on levels of social isolation through other ways (see figure 1). For example, incorporating features such as grab rails, motion detectors and easily accessed alarms, or telecare, can help to lower the incidence of falls among older residents, which in turn can ensure that residents are better able to maintain and develop their social connections. New technology may be an increasingly important means of lowering social isolation and loneliness and may be integrated to the design of extra care housing schemes. New technology is likely to occupy a more prominent role among new generations of internet savvy older people in helping to maintain social relationships and is already a feature in the design of many "care aware" schemes through, for example, the provision of computing equipment and space to use these resources (as well as the provision of IT training (see activities)).

(iii) Activities: Activities are a crucial way that older people can build and maintain social networks with other residents, staff, and others beyond extra care. In extra care schemes, these can include daily activities such as arts and crafts, ceramics, computer, internet and email training (IT), gardening, woodwork, health & well-being advice, Tai Chi, wheelchair aerobics, social events and entertainment such as karaoke and bingo, as well as less frequent events such as a 'Festival of Choirs', 'Garden in Bloom' competitions, 'Come Dance with Me' competitions, sponsored walks, talent shows and fashion shows.²⁸ However, even more mundane activities can become important sources of social interaction for residents. For example, Callaghan and colleagues (2009 p21)

²⁶ Townsend, P (1962) *The last refuge: a survey of residential institutions and homes for the aged in England and Wales*, London: Routledge and K. Paul

²⁷ Best, R. and Porteus J. (2012). *Housing our Ageing Population: Plan for Implementation*. All Party Parliamentary Group on Housing and Care for Older People

²⁸ Taken from the Extra Care Charitable Trust: www.extracare.org.uk/extracare-communities/activities.aspx

describe how one resident viewed meal times as important in providing social interaction:

“It’s fun really, the meal is at 12.30 but we all start coming at 12.00, which I think indicates that we like the social activity, and those who have time stay for a cup of tea. It’s the social event of the day really. It’s one of the best things for all of us, cooking a main meal is beyond us; you do get one really good main meal.”

A substantial body of literature on social isolation and loneliness among older people, regardless of type of housing, finds that activity based interventions are often the most effective in reducing isolation and loneliness.²⁹ It is perhaps through the extensive and diverse programme of activities available at most extra care schemes that living in this form of housing is most likely to lower levels of social isolation and loneliness – other factors in Figure 1, such as the ethos (encouraging independence), design factors (including the facilities and space to run activities), community factors (generally supportive communities incorporating a substantial degree of peer support) and improved health could be considered to be facilitating the impact of activities, although alternatively may have an impact in their own right.

(iv) Community: We group factors pertaining to the diversity of residents and staff, and the roles of staff and residents in creating and maintaining harmonious, inclusive and vibrant schemes under the grouping of ‘community’ factors. ‘Community’ factors have obvious implications for the quality and density of older resident’s social interactions and relationships – virtually all studies on social wellbeing in extra care and similar developments describe the way in which staff in particular take steps to support residents to develop and strengthen social relationships. ‘Community’ factors also include the innovative approaches trialled across schemes to develop inclusive communities. A number of approaches are described in Croucher and Bevan’s (2012) review including, for example, developing groups and networks for minority groups (for example Anchor’s Older LGBT group) and developing culturally appropriate facilities for

older residents from ethnic minorities (for example Methodist Homes Housing Association’s provision of specialist facilities to cater for Afro-Caribbean older people).

(v) Improved Health/ Functional Ability: Here we group factors that describe the way in which living in extra care housing can help support better health outcomes, such as a lower levels of hospitalisation or slower functional decline, which can in turn enable residents to better maintain (and build) their social connections. Health and functional ability are found to be key factors for preventing social isolation and loneliness in the literature and interventions aimed at improving both mental health and physical health can reduce older people’s feelings of loneliness and social isolation.³⁰

Using case studies kindly provided by Knowsley council’s extra care housing commissioning team³¹, we outline how our framework can help to capture different elements of a resident’s journey resulting in lower social isolation and loneliness (Figures 2 and 3). Matthew’s journey shows how the extra care housing ‘offer’ helped him rediscover his ability to form social connections and become less isolated (Figure 2). This ranged from the **design** of extra care housing, being a low rise property that was accessibly designed allowing him to negotiate the immediate environment, to the **community** where the support provided by staff to improve his personal hygiene so that he wasn’t excluded from social networks. Belinda’s story similarly shows how the facilities included in the **design** of extra care schemes, including a guest suite, helped her settle into extra care initially, while the **community** of staff supported her to develop her basic skills, which allowed her to overcome social exclusion and participate in the scheme’s **activities** including her favourite activity of bingo. She is now regarded as playing a crucial role in the social life of the scheme and helps new residents to overcome their problems (Figure 3).

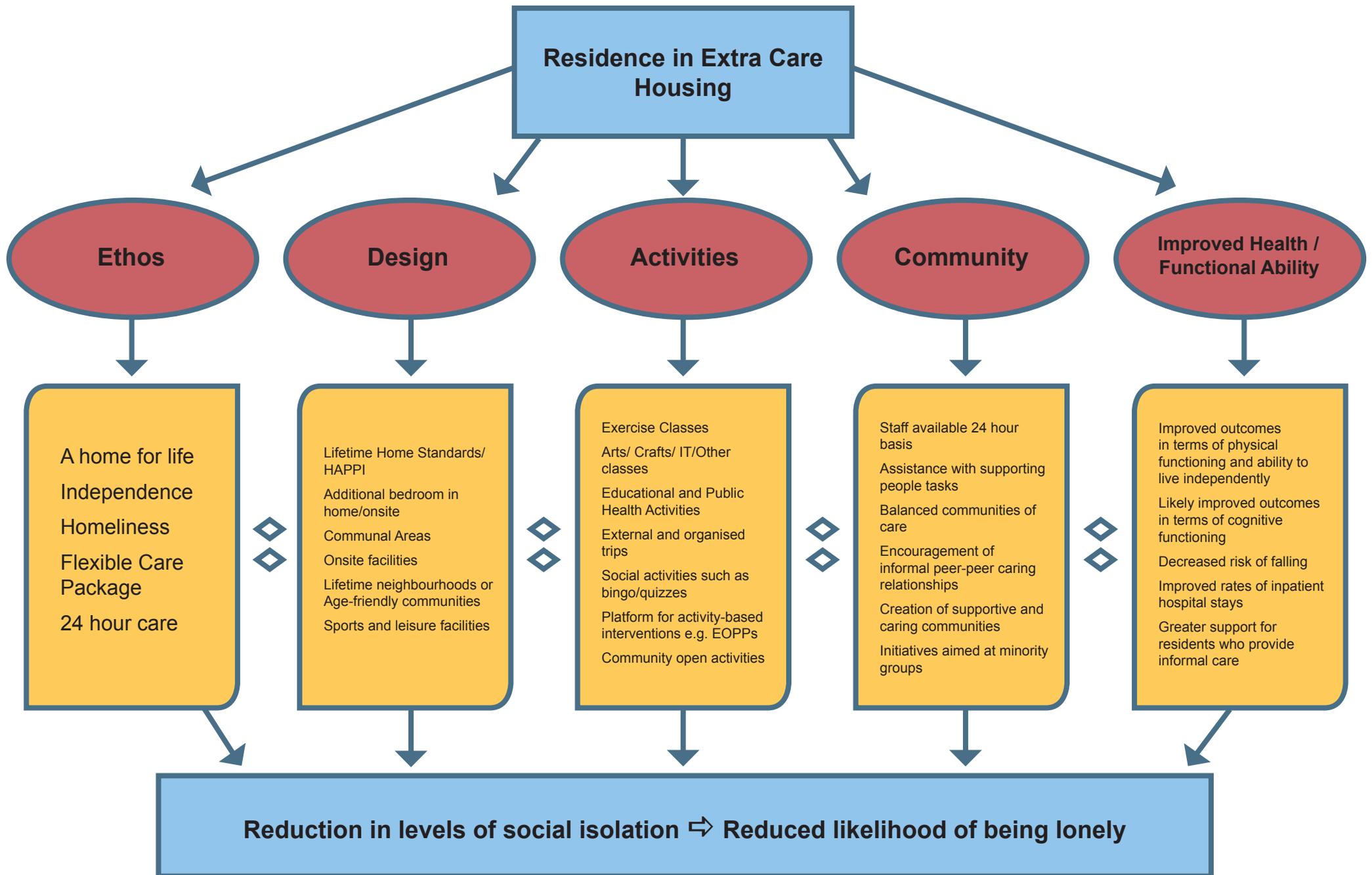
Clearly, living in extra care housing is likely to impact on social isolation and loneliness in multifarious ways – the frameworks presented here

²⁹ Cattan, M., White, M., Bond, J., & Learmouth, A. (2005) Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society*. 25:41-677

³⁰ Cattan et al 2005 (Ibid)

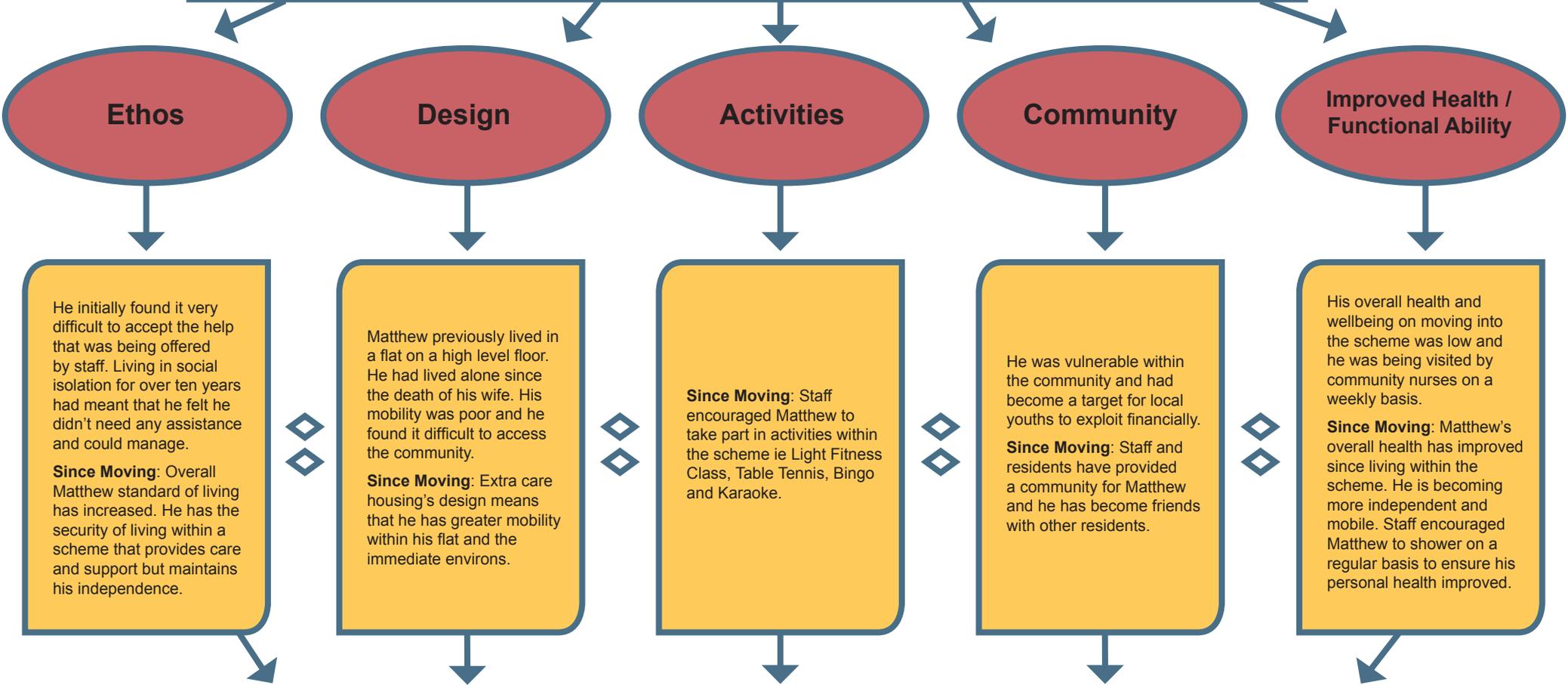
³¹ We would like to thank Stephanie Hollingsworth for providing these case studies.

attempt to summarise these. As an example, we provide further details of some of the pathways through which the ethos of extra care housing could be associated with reducing social isolation for residents, and the way in which this could translate to lower reliance on public services (table 1). For instance, a key tenet of extra care housing is independence – allowing residents to develop and maintain social networks, with assistance from staff if needed, can help lower feelings of social isolation and consequent loneliness. In turn, this could lower reliance on public services through the association between reduced isolation/loneliness and better health. However, the lower levels of social isolation experienced through living in extra care housing also means that residents may be less likely to use public services because they are: (i) supported by staff and other residents in seeking information early-on about potential concerns before complications develop; (ii) able to seek a second (informed) opinion about the services that would best suit their needs, potentially reducing unnecessary referrals; (iii) less likely to use public services explicitly aimed at reducing social isolation and loneliness; (iv) are less likely to misuse services not directly intended to reduce social isolation for developing social connections (e.g. the GP).



Matthew's Story

Matthew had lived alone since the death of his wife. Matthew had a spell in hospital due to his ill health. Knowsley health staff visited Matthew's property to ensure that he would be safe and secure after leaving hospital. The staff found that the condition of the property was very poor. Matthew had not been able to clean the flat for a long period due to his ill health. Matthew agreed that moving into a safe, secure and supported environment would be beneficial for him.



Reduction in levels of social isolation ⇨ Reduced likelihood of being lonely

Matthew was very reluctant at first but within a few weeks he had met and become friends with other residents within the scheme. He attended the Christmas dinner put on by the residents within the scheme, it was the first time he had spent Christmas day with people for over ten years. Matthew now calls the numbers in bingo and attends all Tenant Meetings. Matthew states that he now feels that he has friends that he likes to spend time with and help out and become part of the community.

Belinda's Story

Belinda lived in an overcrowded property. The property was a three bedroom in her sole name. The property was inhabited by Belinda, her son, her daughter; son in law, and two granddaughters aged 18 and 12. Belinda was sleeping on the sofa in the home as she was unable to get up the stairs. Belinda is unable to read or write and relied heavily on her family for assistance with medication, finances and personal administration. Although she lived with her family she was isolated from her peers and was withdrawn.

Ethos

Belinda was very anxious about moving in and mentioned to staff that she would not need much furniture as she was used to sleeping on the sofa and eating the 'chippy' every night for dinner. **Since Moving:** Staff at the scheme worked with Belinda and encouraged her to purchase furniture and decorate the apartment. Belinda agreed and started to buy furniture for the apartment and within one week the property was transformed.

Design

Belinda during the first week requested that her grandchildren stay during the transition phase. The design of extra care facilitated this request, and Belinda's family were able to stay with her while she settled in.

Activities

Previously, Belinda had a poor and unvaried diet, and ate take-away from the local 'chippy' daily. **Since Moving:** Belinda eats every day at the bistro with her friends and takes part in all of the daily activities within the scheme.

Community

During the first week of her staying within the scheme, Belinda did not interact with other residents and her home was very basic. **Since Moving:** Staff encouraged her to come into the communal living area and talk with the other residents. Belinda agreed and now she is a popular member of the community.

Improved Health / Functional Ability

Belinda's overall health and wellbeing on moving into the scheme was low and she was visiting her GP weekly. **Since Moving:** Staff encouraged Belinda to enrol on 'Smoking Cessation'. Belinda reduced the amount of cigarettes smoked by 80% and she aims to have stopped completely during 2013. Belinda's health has improved; she no longer requires the level of medical attention she previously needed.

Reduction in levels of social isolation ⇨ Reduced likelihood of being lonely

Prior to moving into the scheme, Belinda had no aspirations and lived day to day in poor conditions including having a poor diet and being unable to read and write. Since moving she has changed a number of aspects of her life, including improving her literacy and diet. Belinda is a popular member of the community - She eats at the bistro with her friends daily, and takes part in all of the scheme's activities. She has set up a bonus ball lottery fund with other residents and hosted the karaoke evening. She is a vital member of the community within the scheme and moreover, she has encouraged other vulnerable tenants living at the scheme to be more involved.

Ethos of extra care housing and pathway to reduced risk of social isolation

Home for Life: Remaining in same home allows for the development of long-term relationships, higher quality social networks and higher density social networks to develop through having a more stable community.

Possible indicators: Resident turnover; Measures of density and quality of social networks; Number of referrals to residential or institutional care.

Independence: Independence and active ageing supports better physical and mental wellbeing among residents enabling older people to develop new and maintain existing social relationships, leading to higher density and better quality social networks both with other residents and staff, but also with members of the community in general purpose housing. This independence represents supported independence – for those tasks that an older person cannot complete alone, help is at hand.

Possible indicators: Measures of social, psychological and physical wellbeing; Measures of density and quality of social networks, both within schemes and beyond; Perceptions of social support from staff and other residents; Measures recording activities and socialising.

Flexible care (+ 24 hour care): Helps extra care housing become a home for life for residents and affords independence to residents (see above). Flexible care extends beyond only physical health needs and extends to helping residents maintain their mental and cognitive health and ultimately their quality of life, each helping to circumvent problems of isolation and loneliness developing. Flexible care in extra care housing should mean that residents develop relationships with care staff more easily than in situations where domiciliary care is provided.³² Flexible care prevents older people from being entirely reliant on unpaid care within couples, avoiding isolation and loneliness among carers.

Possible indicators: Measures of wellbeing; Perceptions of social support provided by staff; Perceptions of quality of relationships with staff; Measures of isolation and loneliness among residents (and unpaid carers)

Homeliness: Enables residents to express their individuality within extra care housing settings; Enables residents to use space within their homes and beyond for socialising and allows space to continue with or develop new hobbies and interests. Differentiating between 'home' and 'public' (communal) space, more so than in institutional settings, mirrors more closely the organisation of social relationships in general purpose housing, affords privacy for residents, and enables residents to structure social participation. Settings lacking homeliness and freedom of expression have previously been found to have high levels of isolation and loneliness.

Possible indicators: Structured checklists on (i) external physical appearance of dwellings, such as presence of doormats, signs, garden furniture, painted doors/walls etc.; (ii) internal features such as painted or decorated walls, presence of picture rails; lighting and good use of natural light (iii) presence of space or a "hub" for continuation of hobbies and interests; amenities (iv) review of scheme rules on decorating, pets etc.; Ethnographic studies on usage of space; Measures of density and quality of social networks; Measures of residents' perceptions of privacy and dignity; Measures of residents' feeling of loneliness.

Reductions in social isolation for extra care housing residents and impact on state interventions / services

A home for life reduces the need for residential care.

Possible indicators: reduced admissions to residential care.

Reduced social isolation can result in strengthened peer caring relationships, potentially decreasing the frequency some may utilise social care services; for example meals on wheels or other domiciliary care services.

Possible indicators: reduced usage of social care services

Strengthened social networks could help to ensure residents are able to return to their home earlier after routine hospital operations and procedures, reducing the incidence of 'bed blocking'.

Possible indicators: reduced number of hospital bed days compared to counterfactual.

Strengthened social networks can serve as a form of 'early warning system' for older people, ensuring that older people seek medical attention or other assistance before more costly complications arise.

Possible indicators: reduced number of hospital bed days or GP visits compared to counterfactual model.

Strengthened social networks often necessitate a certain degree of physical or mental stimulation, activity and participation; helping to keep older people active. Both physical and mental stimulation are associated with lower rates of physical and cognitive decline.

Possible indicators: Reductions in social isolation could lead to reduced reliance on physical movement aids or physiotherapy services; Reduced reliance on specialist dementia services.

Social isolation is associated with the maintenance or adoption of adverse physical health behaviours, which can in turn increase reliance on public health services.

Possible indicators: Reductions in social isolation can correspond to reductions in negative health behaviours such as smoking rates among extra care residents compared to control group could lead to reduced use of GP and hospital services.

Social isolation is associated with adverse physiological health changes, which in turn can increase reliance on public health services.

Possible indicators: Reduced social isolation could lead to a reduction in harmful physiological changes such as raised blood pressure and consequently reduced reliance on GP and hospital services.

Strengthened social networks and reduced social isolation could have positive impacts on mental health and wellbeing, leading to a reduction in the incidence of depression and other conditions associated with poor mental health.

Possible indicators: Reduced dependence on health and social care services for mental health conditions; for example a reduction in referrals for depression.

³² Although we are careful to use theoretically here, as some studies have noted that more needs to be done to lessen staff turnover (for example Netten et al. 2012).

Extra care housing – the magic bullet?

For example, during an activity at Feld, a researcher noted: “ Irving said something to Hillary and she told him, ‘ Get away you slob! ’ A staff person [told him] to go on the other side of the room . . . Irving started aggravating Hillary from across the room. He yelled out to Hillary, ‘Hey Chubby.’”

Taken from Kemp et al (2012, p495)

Up to this point, we have mapped out the ways in which living in extra care housing can have a positive impact on lowering social isolation and loneliness. However, a number of other factors can serve to offset this positive impact, including:

- Negative community dynamics including bullying, gossip, formation of cliques
 - Including with other residents
 - Including with staff
- Social isolation (of an intergenerational nature)
- Social isolation (resulting from gated community)
- Racism/Homophobia/Sexism/Ageism in the scheme
 - Including from other residents
 - Including from staff

Within extra care housing settings, resident dynamics can serve to exclude some people from social networks within schemes, leading to isolation and loneliness. In US extra care developments, the term ‘anti-neighbouring’ is used to describe the antisocial behaviours exhibited by some residents and groups against others. The closed environments within extra care housing made them breeding grounds for the formation of ‘exclusive’ cliques and for the proliferation of gossip in particular – other behaviours exhibited

by some residents included bullying, name-calling, shunning, harassing, disagreements and physical confrontations.³³ This has also been described in UK studies of sheltered housing, where gossip was identified as having a negative impact, discouraging residents from using communal areas. Potentially gossip could have an even greater impact in influencing levels of isolation and loneliness in extra care housing given the greater mix of residents and the heightened focus on communal living than is the case in sheltered housing.³⁴

Studies examining negative social behaviours within (UK) extra care housing are rare however, and we do not know the extent to which these could offset some of the potential gains of living in extra care housing in lowering social isolation and loneliness. Certainly, some studies have observed that the mixed dependency nature of extra care housing communities in themselves can create divisions among residents, with residents airing views that too many or too few activities are aimed at those with high or low support needs.³⁵ Furthermore, staff in previous research openly described the way in which tenants’ groups needed careful management to avoid the views of outspoken residents alone being incorporated into decision-making. They also described the way in which tenants’ meetings could become platforms for the airing of negative views, particularly about potential residents with higher support needs, which could have an ostracising effect on existing residents with high support needs. In addition to residents with severe health issues or high support needs being vulnerable to experiencing isolation and loneliness in extra care housing³⁶, other residents may also be at greater risk including male residents³⁷ and residents from minority ethnic groups.³⁸

The location, and ‘gated’ nature of extra care developments can serve to isolate communities from intergenerational contact, as well as

³³ Kemp et al (2012) Ibid

³⁴ Percival, J. (2000) “Gossip in sheltered housing: its cultural importance and social implications.” *Ageing and Society* 20(3): 303-325.

³⁵ Callaghan et al (2009) Ibid

³⁶ Croucher and Bevan (2012) Ibid; Bernard, M., Bartlam, B., Sim, J. & Biggs, S. (2007) Housing and care for older people: life in an English purpose-built retirement village. *Ageing & Society*. 27:555-578

³⁷ For example Croucher, L., Hicks, L., Bevan, M. & Sanderson, D (2007) *Comparative evaluation models of housing with care for later life*. Joseph Rowntree Foundation: York

³⁸ Holland, C. A. & Katz, J. S. (2010) Cultural Identity and Belonging in Later Life: Is Extra Care Housing and Attractive Concept to Older Jewish People Living in Britain. *Journal of Cross-cultural Gerontology* (25) 59-69

contact with other older people from the outside environment. For some, this is a positive reason for moving to age-segregated housing, with some older people expressing a desire to live in communities where younger generations could be seen, but not heard, in quite literal terms.³⁹ However, for others this can serve as a disincentive for moving to extra care housing. Furthermore, segregation from other older people resident in general purpose housing, who are more likely to have fewer support needs, as well as segregation from younger generations, can contribute to a sense of isolation through residents being witness to higher levels of loss (through death) or severe ill-health.⁴⁰

Although certain extra care housing developments may be situated in attractive countryside, and may have a number of amenities and facilities onsite which largely preclude the actual need to seek these elsewhere, the lack of choice of alternatives may contribute to a sense of isolation. In particular, those older people who may have needs, interests, beliefs, or belong to groups that are in the minority, may be more likely to suffer isolation from being able to continue full membership of these social groups and networks in gated communities. Such older people may be those who experience additional feelings of isolation and loneliness that the inability to freely express their identity within the microcosm of an extra care scheme brings; this may be compounded by discrimination from other residents or staff.

In our final section, we outline some of the challenges to creating extra care schemes that are socially inclusive, and look to some approaches taking place within extra care and beyond.

Future changes and challenges (and solutions) to the role of extra care housing in reducing social isolation

1. Maintaining balance of care needs

Challenge: Due to an overall shortage of extra care housing, many providers and managers are facing challenges in maintaining a balance of care needs across schemes. Schemes may find increasing levels of conflict, isolation and

loneliness for those with higher support needs in environments where other residents are unhappy with the profile of residents' needs. Schemes may also find it difficult to replicate the peer caring relationships that develop between those with higher and lower support needs without sufficient numbers of residents with lower support needs.

Potential Solutions: Others have highlighted the principles by which organisations can develop supportive relationships within housing with care environments, which can help offset social isolation, particularly among those with higher support needs. This includes (i) promoting tolerance and respect (among residents, staff and visitors); (ii) awareness raising among staff and residents; (iii) creating enabling physical environments; (iv) brokerage (developing a person-centred approach to involvement in activities); (iv) respecting autonomy and choice; (v) involving the wider community.⁴¹ In particular, this latter point may become of greater importance if peer caring relationships are to be replicated in schemes with higher levels of residents with support needs, albeit between residents and older people living outside schemes.

SHOP@: Typically, developers and managers aim for equal proportions of residents with low, moderate and high care needs; with part of the rationale for maintaining this balance being the fostering of a vibrant and active community.⁴² Indeed the reduction in social isolation and loneliness has been attributed in part to the development of mixed dependency communities. To aid commissioners and developers to better plan the development of mixed dependency communities into the future, the Housing LIN and Elderly Accommodation Counsel have developed an on-line predictive modelling tool to identify the scale of extra care housing developments required by 2030 by local authority area. The Strategic Housing for Older People Analysis Tool (SHOP@) takes into account local and national data on the number of people living alone as this is often a trigger for a move to this type of accommodation.⁴³

³⁹ Kneale, D., Bamford, S-M., Walker, T., Sinclair, D., Watson, J. (forthcoming 2013) *Should we be asking older people to downsize, where should they move to, and how can we get them moving at the right time?* (Hanover Housing)

⁴⁰ Percival, J. (2001). Self-esteem and social motivation in age-segregated settings. *Housing Studies*, 16(6), 827-840.

⁴¹ Croucher and Bevan (2012) Ibid

⁴² Croucher and Bevan (2012) Ibid; Bernard, M., Bartlam, B., Sim, J. & Biggs, S. (2007) Housing and care for older people: life in an English purpose-built retirement village. *Ageing & Society*. 27:555-578

⁴³ www.housinglin.org.uk/SHOPAT

2. Keeping the innovation momentum

Challenge: Extra care housing, as has been discussed at several points during this think piece, has now become a platform for innovative practice in reducing social isolation and loneliness – many of these innovations are specific to individual providers, or even in some cases, specific schemes. The challenge in keeping the momentum in innovation is three-fold: (i) firstly in ensuring that innovations are effectively evaluated and that learning points are collected; (ii) secondly, developing and implementing innovative approaches requires funding and the allocation of resources; (iii) ensuring that good practice in lowering levels of social isolation and loneliness is effectively communicated across the sectors.

Potential Solutions: Existing networks, and primarily the Housing Learning and Improvement Network (LIN) itself, host many examples of good practice and provide a central, on-line library of information on extra care housing. However, the success of this is largely dependent upon innovators to consult these examples, and indeed for innovators to contribute to this bank of good practice. It may be possible to further raise the profile of good practice across the sector in lowering levels of social isolation and loneliness through developing industry-led awards for those schemes, providers or innovators who make the most significant contribution; this could include specific provision for those projects who contribute to learning and share both good practice and knowledge of ineffective steps. In addition, innovation and developing new ideas for lowering social isolation and loneliness is not the concern of publically funded extra care providers alone – private providers of extra care should also be prepared to invest in trialling and evaluating new ideas, which will ultimately enhance the quality of their product for all residents. Furthermore, the research community should not ignore the presence of private providers as being sites where new ideas for lowering social isolation and loneliness could be trialled, or overlook existing initiatives taking place among private providers.

3. Leaving it too late

Challenge: In essence, this is related to other challenges outlined here, and revolves around the impact on social isolation and loneliness that a failure to attract ‘younger’ older people to extra care can have. This can affect both the balance of care needs, but it can also lead to increased feelings of isolation and loneliness among those who do move at a ‘younger’ age, who may find themselves surrounded by neighbours who they feel that they have little in common with and that belong to another generation.

Potential Solutions: This is a challenge common to much of the retirement housing sector, regardless of model, and involves a complex multifaceted approach.⁴⁴ However, one potential solution, from a ‘social isolation’ perspective alone, is the careful brokering by staff of activities and social relationships that work across the whole spectrum of ages that extra care housing supports (typically 60-100 years). A person-centred approach is often applied to developing care packages for residents; in some cases, the same approach needs to be applied to the social lives of residents, albeit without crossing the boundaries of privacy, dignity and choice.

4. Outreach and Overcoming the Barriers in Moving

Challenge: It could be argued that those who are socially isolated and lonely in general purpose housing are those least likely to move into extra care housing in the first place. Without strengthened outreach activities, this situation may continue as the status quo. Living in extra care housing could have the most substantial effect in reducing social isolation and loneliness among individuals who are initially more likely to experience social isolation or loneliness. Furthermore, those who are lonely or socially isolated may not have the resources to move home in later life – challenges such as the paperwork, de-cluttering or employing movers may become insurmountable barriers.

Potential Solutions: Some activities are also underway in this arena through the work of the Elderly Accommodation Counsel and the provision of the First Stop advice line. Other, less well-known, approaches may also be effective, as we outline in the case study below.

⁴⁴ For example Kneale et al (2013) Ibid

Seamless Relocation is a service provided to older people which helps with the practicalities of moving – from finding a new property, de-cluttering, organising utilities and services through to helping older people to settle into their new property and unpacking. The service is particularly useful for older people who may lack the social resources to organise a move by themselves, and the follow-up activities of checking how a resident is settling into their new home and resolving any issues, can also lower the feeling of isolation or abandonment among new vulnerable residents. Essentially, the service guarantees an advocate in the moving process for those who may otherwise have no other meaningful social support. One customer described their experience below:

“When I became unwell two weeks before the move, Seamless Relocation’s staff completely took over the whole supervision of the work needed with the removal company. On arrival at my new home, I had to go into the nursing wing for a week and the staff of Seamless Relocation unpacked. They had visited my new retirement flat with me and worked out which furniture would fit in. They gave me extra help with good humour and understanding. It did cost me more, but it was worth spending money to achieve what one could not do alone and without help.”

Case study kindly provided by Charmian Boyd

5. Big Society

Challenge: The Big Society represents devolution of powers from central government to the hands of local people and voluntary groups. This includes enabling members of the public to join together and run services and the development of community hubs as shared spaces for activities and engagement, including intergenerational activities. The challenge for extra care housing is to be able to play a full part in providing shared spaces for residents and the wider community, and to enable the delivery of services within these spaces, which can help to lower levels of social isolation among residents through integrating extra care schemes into the wider community.

Potential Solutions: Many extra care schemes already open their facilities, such as day rooms or exercise facilities, for usage by older people from

the wider community. Some, as is outlined in our case study below, are aiming to enable extra care housing schemes to become community hubs.

Warrington Housing Association (WHA) is one example of where a provider is taking the mantle and playing a wider role in changing the lives of older people in the community. WHA have allocated a substantial amount of funding to ensuring that a well-run and inclusive community hub is built into the community resource building in Warrington town centre providing a wide range of services. This initiative, called Life Time, will provide services to older residents and those in the community to connect, keep be active and enjoy life which will work towards lowering levels of social isolation and loneliness. Key to success is bringing together existing older people representatives to offer them support and infrastructure to do more. In addition WHA is working to bring services to communities through community venues including sheltered and extra care housing. To ensure sustainability, funding is also being sought from other quarters to support the delivery of a varied programme of activities. The hub is in development, and research is taking place to establish best practice in this arena – managers are visiting examples of hubs of older people elsewhere, for example at ‘Open Age’ in London. WHA work towards a belief that the role of Housing Associations goes beyond tenants alone; creating a movement for residents and older people in the community certainly follows this ethos.

Case study kindly provided by Geraldine Kiddle

6. Affordability and tenure mixes

Challenge: Many housing providers aim to provide a mixture of units of different tenures within schemes to ensure that extra care housing communities are representative of the diversity of wider general purpose housing. Furthermore, planning guidance actively supports creating mixed tenure communities of all kinds, which could suggest mixed tenure extra care communities may be more numerous in the future. However, these vary in terms of success in creating harmonious communities, and divisions can occur in terms of community dynamics based

on tenure type, leading to some older people facing social isolation and loneliness.⁴⁵

There is also the increasing challenge in providing extra care housing that is affordable for older people, particularly those who are not affluent, but who also do not qualify for means tested benefits:

“We have a particular concern about the ‘nearly poor’ i.e. those older people who are just above the benefits threshold but have limited income even if they are (modest) home owners. Rising costs within HWC (Housing with Care) may mean that this group are either priced out of HWC if they are not eligible for any benefits or they simply see HWC as an option that they can’t afford”.

Response of an Extra Care Commissioner, taken from Copeman and Pannell (2012).⁴⁶

Older people across all income groups should be able to access extra care housing simply from a perspective of equality and fairness. An inability to access extra care housing may place some older people at risk of social isolation and loneliness through either inappropriate movements to unsuitable housing or through remaining in less suitable forms of general purpose housing with little ability to develop or maintain their social networks. Within extra care housing environments, a lack of provision of affordable housing within schemes can only lead to less diverse social environments where the opportunity to build meaningful social connections is reduced.

Potential Solutions: In one of the few studies that examined this issue explicitly, the ways in which tenure-based fissures could be bridged included: (i) greater consideration of the usage of space by older people; (ii) a greater attention to the way in which older people moved between and perceived space, and specifically - avoiding the erection of physical features or amenities that could serve as distinguishing landmarks between sections of different tenures; (iii) greater provision of activities that united residents of different housing tenures, rather than reliance on limited non-purposeful interactions between older people of different

tenures alone. It could be assumed that many of these principles could also be applied to the case of affordable housing.

7. Inability to meet diverse client needs

Challenge: As the composition of the older population diversifies in terms of interests, ethnicity, marital status, living arrangements, religion, to name but a few, it may become more challenging to provide environments that minimise social isolation and loneliness for all residents.

Potential Solutions: The literature is consistent on the importance of providing a wide range of activities to reflect diverse groups and interest.⁴⁷ Changes may also need to be made to the physical design of extra care housing. For example, the drop in levels of widowhood could suggest the need to build greater number of units that accommodate couples – the impact of greater numbers of couples in schemes as opposed to single people may also need to be reflected in the design of communal areas. Multi-faith prayer rooms may need to be incorporated to allow for religious expression and providers may also need to develop cross-scheme networks to cater for and support other minority groups. These steps are in addition to the principles outlined above in creating inclusive communities (for our first challenge above).

8. Funding climate

Challenge: The current funding climate of austerity is one in which developers and commissioners are looking for ways of creating efficiencies. Some may be rightly questioning whether all elements of communality in extra care schemes are necessary and actually work. However, although such questions are timely and justified, changes to the model should not be implemented without a deeper understanding and further research of how the different constituent elements of extra care housing improve outcomes in terms of social isolation and loneliness, in addition to a broader set of outcomes.

⁴⁵ Evans, S. (2009). ‘That lot up there and us down here’: social interaction and a sense of community in a mixed tenure UK retirement village. *Ageing and Society*, 29(2), 199.

⁴⁶ Copeman, I., Pannell, J. (2012) *Can self-funders afford housing with care? A guide for providers and Commissioners*. London: Housing Learning and Improvement Network. www.agenda-efa.org.uk/site/wp-content/uploads/2013/01/HLIN_JRF_Affordability_Guide.pdf

⁴⁷ Netten, A., Darton, R., Baumker, T., & Callaghan, L. (2011). *Improving housing with care choices for older people: an evaluation of extra care housing*. Personal Social Services Research Unit, University of Kent, Canterbury.

9. Opportunities and challenges in the Care and Support Bill

The new Care and Support Bill is currently, at the time of writing, being debated in the House of Lords, with many of the details yet to be confirmed. From the perspective of extra care housing and its potential role in reducing social isolation and loneliness, the Care and Support Bill offers opportunities and challenges. The focus of the Bill on the wellbeing of older people, expressed in part through an emphasis personal budgets that could theoretically allow older people access to services that transcend traditional forms of social care (but will still improve social care outcomes and wellbeing), represents good news for both the extra care housing model and the challenge in reducing social isolation. However there remain issues with the Bill. These include challenges around the eligibility of older people to access social care as well as deciding an appropriate threshold level of wealth (including housing wealth) at which older people would have to pay for their own care. It is also unclear whether specialist housing for older people would be exempt from such a calculation. In addition, other critiques have also been levelled at the Bill and in particular, the Bill is said to lack focus on prevention. In addition, clause 3 of the Bill places a duty on Local Authorities to carry out integration of services. However, policy-makers have resisted calls for this integration to be prescriptive on including housing as a joined up service with social care, despite many calls to do so, stating that such a prescription would stifle innovation among Local Authorities. Such a response is somewhat unconvincing, but does throw down the gauntlet to those interested in promoting the benefits of extra care housing to produce localised evidence of the benefits on older people's outcomes in terms of social care, health and wellbeing.

10. Capitalising on the current landscape

Challenge: Intuitively many, if not all, of the pathways outlined earlier through which living in extra care could lower the risk of social isolation and loneliness are plausible. Additionally, there is emerging (although not currently conclusive) evidence that extra care housing is associated with better social wellbeing, which is likely to positively impact social isolation and loneliness. However, we remain largely ignorant of which constituent

ingredients of extra care lead to better social isolation and loneliness outcomes for older people, the magnitude of these associations, the variation across scheme types and funding models, and the way in which resident characteristics interact with these to produce different outcomes. At the moment, we are in a position only to suggest the frameworks through which these associations could exist, although we are unable to quantify (or qualify) these pathways in more concrete terms. In the absence of a more extensive body of evidence, it is challenging for the model to capitalise on the policy interest in reducing levels of social isolation.

Conclusions and summary

In this report we outlined some potential ways in which living in extra care housing could help to lower levels of social isolation (reducing the risk of loneliness) and summarised these under the broad categories of: (i) ethos; (ii) design; (iii) activities; (iv) community; and (v) improved health/mobility. We illustrated the way in which all of these factors can come together to improve resident outcomes in terms of social isolation through case studies. Matthew's story, for example, highlighted the way in which the extra care housing environment: (i) enabled him to better access facilities and maintain social relationships through incorporating **design** features that help facilitate older people's mobility, (ii) enabled him to maintain his autonomy but not at the risk of social isolation, through an **ethos** that includes independence (iii) helped him **to improve his health** and mobility allowing him to better maintain his social relationships and develop new social ties (iv) offered a range of **activities** that allowed him to develop new social networks (v) offered a supportive **community** where staff

were experienced in helping to broker social relationships, particularly among those who might usually have difficulty in 'fitting in'.

However, what we have presented here is merely a starting point. In light of the current government focus on social isolation and loneliness, examining the factors associated with lower levels of social isolation is likely to be a recurring issue of interest among researchers for some time and it is important that the potential role of housing is adequately represented in this arena. If the extra care housing model is to be made available to greater numbers of older people, confirming its usefulness to policy-makers as an intervention in the emerging health and social care debates is essential. Proving the usefulness of extra care housing in lowering levels of social isolation and loneliness is, however, a task for both private and non-profit providers; in doing so this will show that extra care is not only good for physical health, it's also a fun place to live. At the moment it is highly likely that extra care housing is good for social isolation and loneliness – but will health policy-makers take us at our word?

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www.campaigntoendloneliness.org.uk

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Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network. For more about ILC-UK, visit www.ilcuk.org.uk

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults.

For further information about the Housing LIN's comprehensive list of online resources on housing and opportunities for shared learning and service improvement, including site visits and network meetings in your region, visit:

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The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please do contact us.

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