Webinar: Future-proofing housing for ageing

Showcase webinar from

the Social Care Institute for Excellence

23 November 2023

Social care showcase webinars

SCIE is running a series of webinars on behalf of the Department of Health and Social Care in 2023 and 2024. We're highlighting organisations across social care who are taking great strides in the quest for innovation, improvements and excellent outcomes.

Your panel

- Chair:Ellie Howarth, Social Care Institute for Excellence

- Professor Vikki McCall, University of Stirling

- Rebekah Luff, Social Care Institute for Excellence.

What we will cover today

We have known there is an ageing demographic for some time…

……. why are we still woefully underprepared in terms of accessible, adaptable and flexible housing?

- Tackling stigma and exclusion through inclusive design

- Barriers to adaptations

- Planning for the future

- The role of technology

- How we design for healthy cognitive and physical ageing in our homes and environments

BE THE DIFFERENCE

Intersectional Stigma of Place-Based Ageing (ISPA)

Led by Prof Vikki McCall, funded by the ESRC, Co-I Dr Kim McKee

Evidence Review of Home Adaptations in the UK and Other OECD Countries

Led by Dr Yang Wang, supported by Professors Kenneth Gibb and Vikki McCall.

Adapting the Adaptations Process: Tackling the Barriers within Policy and Practice

Led by Prof Vikki McCall in partnership with CaCHE

Making Adaptations Work for Older People in Scotland

Led by Prof Vikki McCall in partnership with Age Scotland

Developing local housing partnerships through 'Serious Games'

Led by SCIE with Socialudo, United St Savior's Charity, and Housing LIN funded by the Dunhill Medical Trust

Promoting Inclusive living via Technology-Enabled support

Led by Prof Vikki McCall with Stonewater HA, funded by the Longleigh Foundation

DesHCA: designing homes for healthy cognitive ageing

Led by Prof Alison Bowes, funded by UKRI/ESRC, Co-Prof Vikki McCall

BE THE DIFFERENCE

Challenges

Stigma and Complex Landscapes

DISABILITY

AGE

PLACE

The Power of Stigma

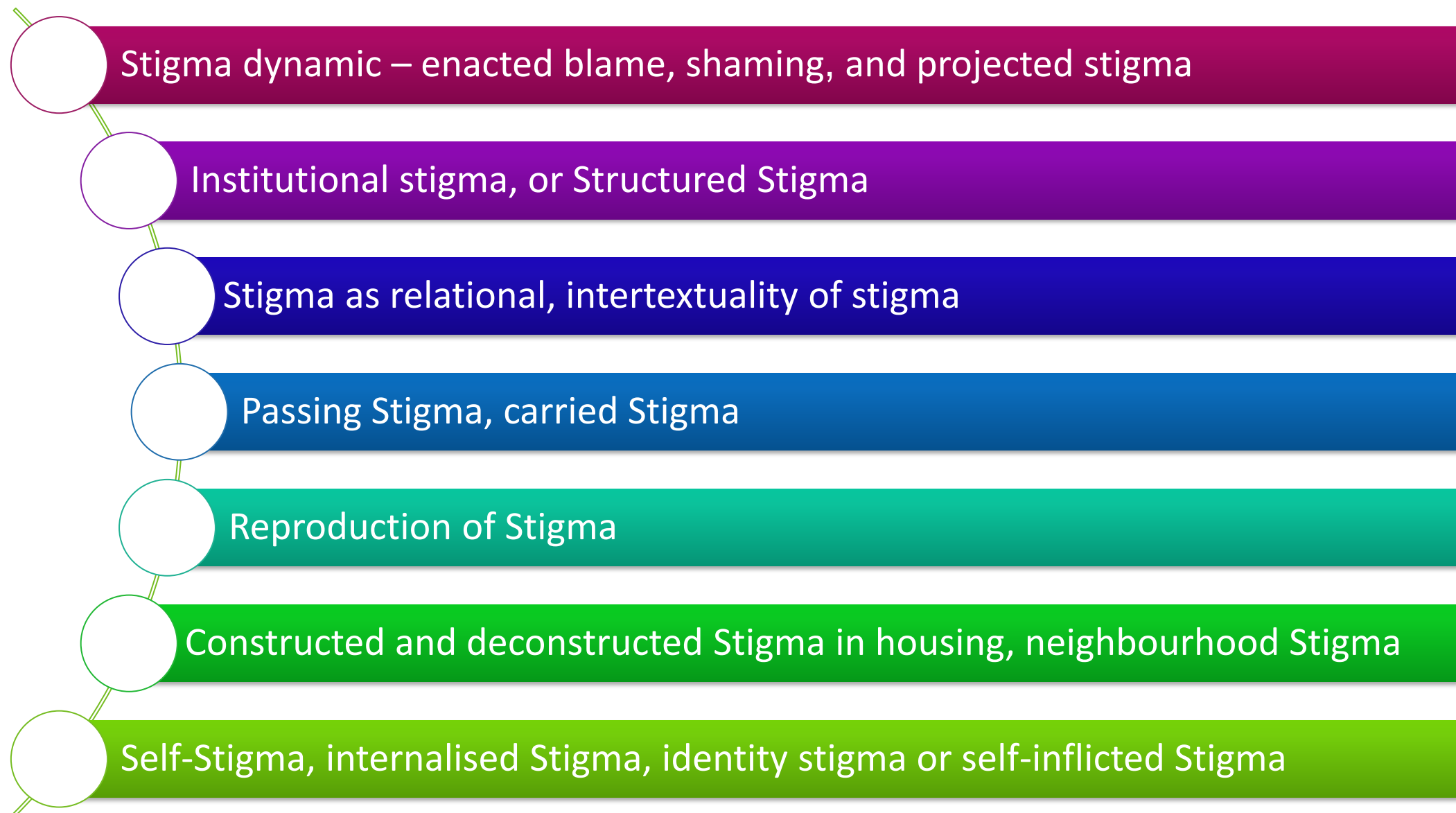Stigma is "constructed and deconstructed through <u>linguistic and aesthetic dimensions</u>.... scheme characteristics can also have de-classificatory and thus de-stigmatizing power" (Bricknell et al 2023: 2).

Tackling Stigma via inclusive design

- Stigma dynamic – enacted blame, shaming, and projected stigma
- Institutional stigma, or Structured Stigma
- Stigma as relational, intertextuality of stigma
- Passing Stigma, carried Stigma
- Reproduction of Stigma
- Constructed and deconstructed Stigma in housing, neighbourhood Stigma
- Self-Stigma, internalised Stigma, identity stigma or self-inflicted Stigma

DIARIES

The Mass Observation Project offers different directives and our analysis included focus on Home, Age, places and spaces and Health.

Diaries were filtered by age to narrow to adults 45+

Analysis of 1,289 diaries

Directives	Directive details	Sample
Spring 1984: Social Well-Being	Themes: Healthcare; Self-esteem; Health; Wellbeing.	621 (351)
Autumn 1998 Part 2. Staying Well And Everyday Life	Staying Well And Everyday Life	242 (184)
Autumn/Winter 1995: Images of Where You Live: Cities, Towns, Villages;	Choice of home; local amenities; evolution of a space; communities; belonging	326 (254)
Autumn 2003 Part 1: Public and private spaces/places	Public and private spaces/places	173 (151)
Autumn 2006: Your Home	Satisfaction with home; what makes you feel at home; how do you decorate a home; what is your ideal home?	272 (178)
Autumn 2006: Age	Growing older; assumptions related to age; gendered ageing; pros and cons of ageing; older people in care	244 (171)

UKRI
Economic and Social Research Council

STIGMA DYNAMICS

Reproduction of Stigma

"I don't fear loss of sight but I find deafness increasingly isolating. Also, those who have their hearing tend to become impatient when coping with deaf people. There are numerous jokes based on elderly people miss hearing."

(1998 Autumn Directive Part 2)

STIGMA DYNAMICS

Institutional stigma, or Structured Stigma

"As someone with long-term health problems, I would say that most people seem to have very little understanding of what it is like to be chronically sick and disabled – even my GP seems to think I must be putting it on and seems to find it hard to believe that someone of my age can be so debilitated." (1998 Autumn Directive Part 2)

"One or two of the staff treated the older folk like children and spoke to them as such i.e talked down to them – I found that one or two of the Sisters spoke this way to me until I more or less stood up for myself then they were very different" (1984 Spring Directive)
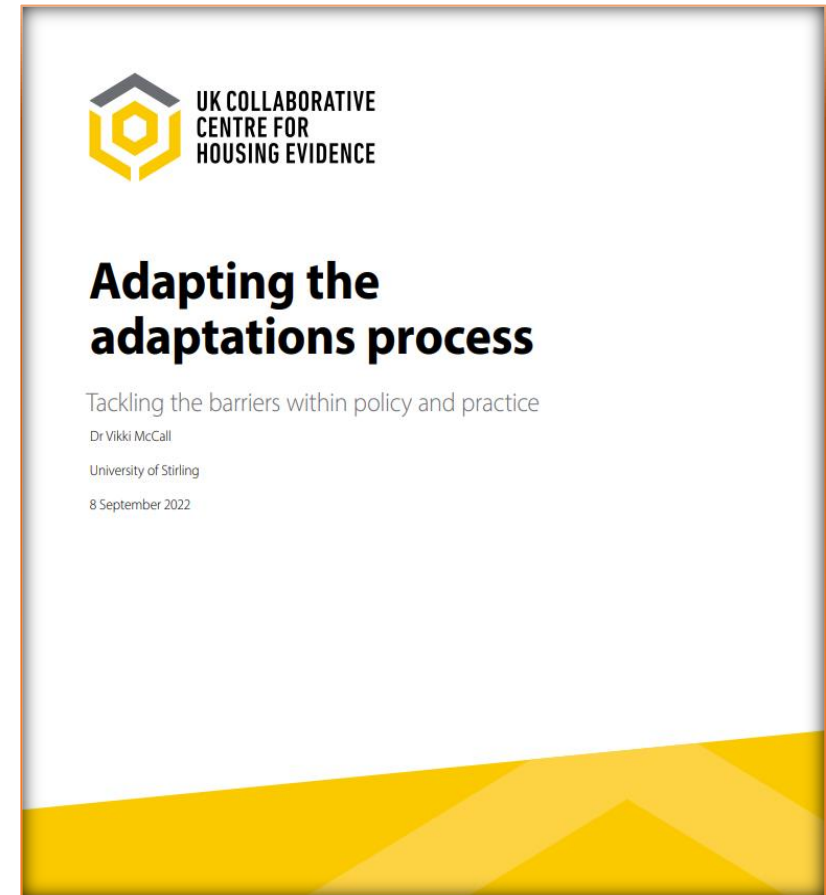
Tackling the Barriers within Policy and Practice

The current system often **does not work smoothly** for key stakeholders, service users, or service providers (health, social care and housing) involved in supporting or delivering the service.

When the adaptations process works well, this is often related to **positive relationships** between people, partners and services.

If the ambitions of key policies such as Housing to 2040 are to be fulfilled, **the current adaptations system in Scotland not only needs to be reviewed, but overhauled and reset to support investment**, partnership working and integration of adaptations into wider health, social care and housing priorities.

UK COLLABORATIVE CENTRE FOR HOUSING EVIDENCE

Adapting the adaptations process

Tackling the barriers within policy and practice

Dr Vikki McCall

University of Stirling

8 September 2022

UNIVERSITY of STIRLING

BE THE DIFFERENCE

Barriers within the Adaptations process
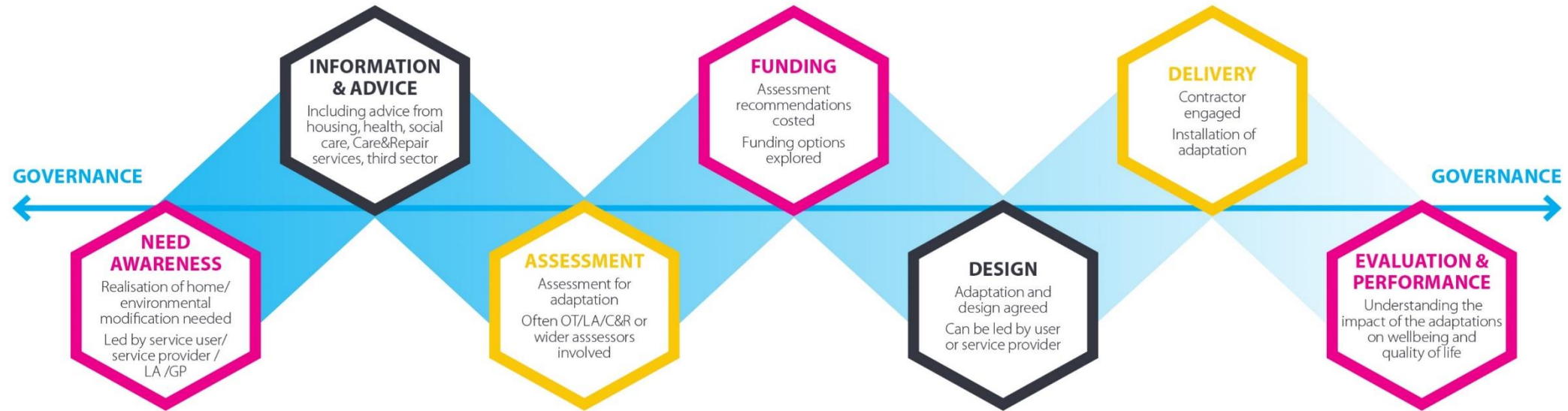
INFORMATION BARRIERS INCLUDE:

- Fragmented and different information and advice between the UK nations and local authority area
- Different processes across tenure
- Some LAs defunding Care & Repair
- Vague or unclear information/ advice
- Gatekeeping
- Lack of ownership of adaptations across organisations/departments

FUNDING BARRIERS INCLUDE:

- Governance
- Waiting lists
- Availability of funding (inc time of year)
- Differences in eligibility between area, tenure
- Minor, major adaptation assessment
- Means testing
- Perceived as a challenging process
- Inequalities between areas and groups
- Ineligibility for preventative actions

DELIVERY BARRIERS INCLUDE:

- Contractor availability
- Equipment/ material supplies
- Increased cost of materials
- Need for maintenance plans
- Delays in assessment/ funding/ delivery time may result in ineffective adaptation
- Learning curve for users/clients on managing contractors
- Supervising quality of work
- Agreements for changes to communal areas

GOVERNANCE

GOVERNANCE

INFORMATION & ADVICE
Including advice from housing, health, social care, Care&Repair services, third sector

FUNDING
Assessment recommendations costed

Funding options explored

DELIVERY
Contractor engaged

Installation of adaptation

NEED AWARENESS
Realisation of home/ environmental modification needed

Led by service user/ service provider / LA /GP

ASSESSMENT
Assessment for adaptation

Often OT/LA/C&R or wider asssessors involved

DESIGN
Adaptation and design agreed

Can be led by user or service provider

EVALUATION & PERFORMANCE
Understanding the impact of the adaptations on wellbeing and quality of life

NEED AWARENESS BARRIERS INCLUDE:

- Unequal access to adaptations
- Stigma
- Lack of accessible housing/ reallocation and little support for early intervention to support rehousing
- Reactive changes
- Challenges with partnership working
- Confusion around eligibility
- Lack of trust in LA/Government
- Identifying 'need'
- Overlap with other agendas (e.g. sustainability/ digitalisation)

ASSESSMENT BARRIERS INCLUDE:

- Criteria difference between the UK, local authority area and tenure
- Funding availability
- Differences in housing policy between tenure
- Waiting list for assessment
- Lack of data sharing
- Duplication of assessment across partners
- Bureaucratic process /paperwork
- Complex internal processes within LAs
- Lack of training to support staff to apply wider 'housing solutions' approaches

DESIGN BARRIERS INCLUDE:

- Unattractive (stigmatizing) design
- Available funding and costs
- Lack of representation/ voice of user groups
- Perception that adaptations can detract from asset
- Family/other household needs
- Non-integration of inclusive design
- Options limited due to house type (esp space)

EVALUATION BARRIERS INCLUDE:

- Lack of data sharing across partners for full impact evaluation
- Lack of overall evaluation strategy
- Lack of mechanisms for recycling adaptations and equipment
- Lack of follow up/ regulation
- Lack of longitudinal academic evidence on impact

The research report places the experiences of older people at the heart of understanding home and environmental adaptations (or modifications) in Scotland.

It presents new empirical findings via a mixed-method:

focus groups and interviews with older people

secondary analyses of three Age Scotland national surveys
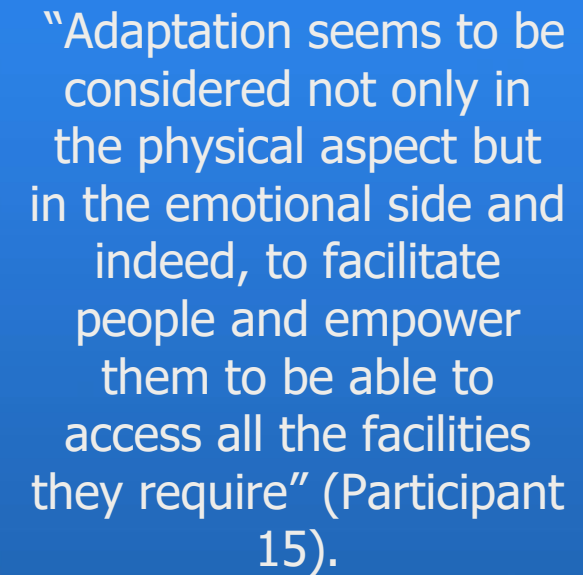
a mapping exercise of current public data sources

interviews with front-line practitioners

age Scotland

UNIVERSITY of STIRLING

Making Adaptations Work for Older People in Scotland

Towards a more inclusive approach and definition for home adaptations

For respondents who had adaptations in their homes, grab rails/handrails, specially designed bathrooms and outdoor lights were the three most frequently mentioned adaptations consistently found in all three surveys (2018, 2020 and 2022).
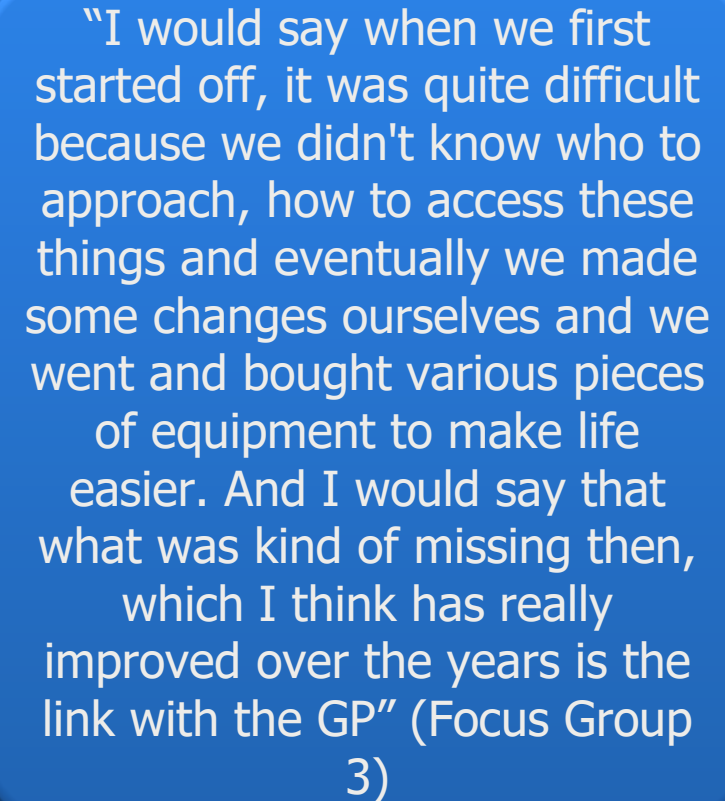
"Adaptation seems to be considered not only in the physical aspect but in the emotional side and indeed, to facilitate people and empower them to be able to access all the facilities they require" (Participant 15).

Such broad views were also evidenced in older people's understandings of adaptations in the qualitative findings. Participants also gave a multidimensional and holistic conceptualisation of home adaptations that includes physical, mental and emotional needs.

Adaptations Journeys

Divergent pathways to adaptations were in evidence for older people. Common themes included:

• A health crisis event (e.g. a broken ankle);

• A long-term health diagnosis (e.g. a diagnosis of dementia);

• Difficulty in accessing parts of the house and the facilities (e.g. getting in and out of the bath);

• The desire to tackle 'clutter' and manage storage;

• Adjustments to support caring roles (e.g. parents post-hospital visit).

"I would say when we first started off, it was quite difficult because we didn't know who to approach, how to access these things and eventually we made some changes ourselves and we went and bought various pieces of equipment to make life easier. And I would say that what was kind of missing then, which I think has really improved over the years is the link with the GP" (Focus Group 3)
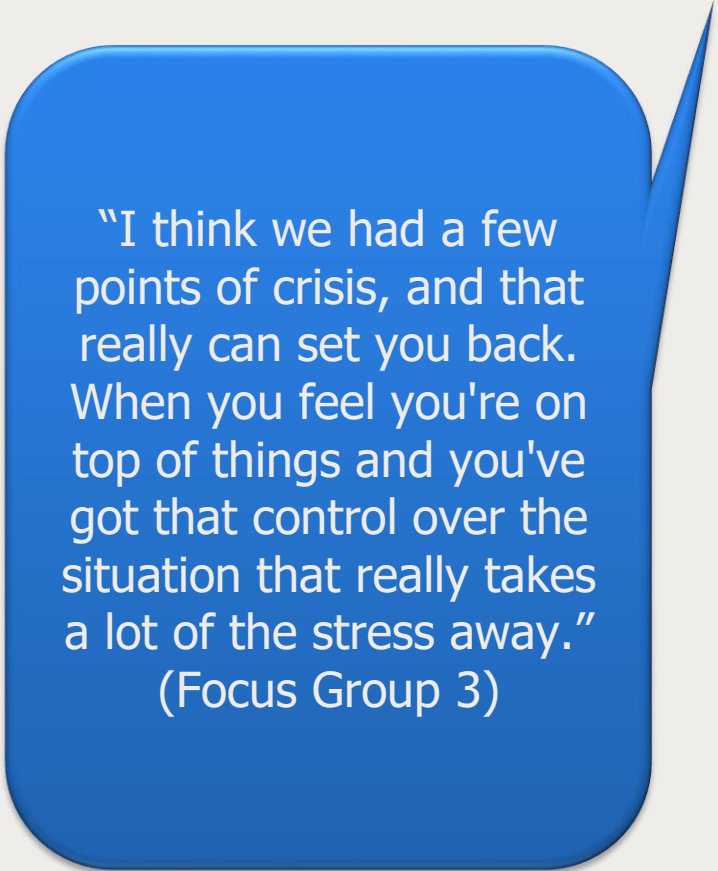
Prevention

"I think management need to look far more into the future. If somebody becomes ill, but not too bad, you should be in that house straight away, adapting it for future use, so as they progress and anything else progresses, there's not much to do with regards to spending money in that respect" (Participant 3).

There was evidence of planning for the future regarding adaptations, with good examples of people looking to future proof and plan for health changes.

However, in most cases, this planning for the future had not been a consideration when selecting a person's current home.

Adaptations support processes are key

This process is seen as a 'fight'

"I think we had a few points of crisis, and that really can set you back. When you feel you're on top of things and you've got that control over the situation that really takes a lot of the stress away."
(Focus Group 3)

Home and environment modifications can have an immediate and long-term positive impact on people's feelings of independence and wellbeing, but this is mitigated by experiences of successful and unsuccessful adaptations support processes.

Planning for the future

Stigma and Complex Landscapes

Developing local housing partnerships through 'Serious Games'

Serious Play for Serious Change

Hopetown was developed as an impact methodology for supporting important insight and strategy around housing and ageing

Housing and Ageing:
Linking strategy to future delivery for Scotland, Wales and England 2030

The research emphasized:

- The importance increased need for partnership working between housing, health and social care
- The need for more strategic planning for future demographic change
- Housing planning and support is an underexplored yet key priority, especially in the preventative agenda

COMMISSION ON THE ROLE OF HOUSING IN THE FUTURE OF CARE AND SUPPORT

- Co-produce with the sector and people with lived experience and their families/carers, an evidence-based, long-term vision for housing that facilitates care and support

- Recommend policy changes to inform the Government's thinking on the Long-Term Plan for Social Care

- Develop a roadmap to support the implementation of the vision for housing with care and support

A 10 YEAR ROADMAP FOR CHANGE

scie social care institute for excellence

Immediate priorities	Medium term priorities	Longer term priorities

Developing a national policy framework and building momentum for change

National action

- ✓ A compelling vision and strategy for change
- ✓ Increase investment in intermediate housing with care and support options
- ✓ Rights-based legislation
- ✓ A national workforce strategy

Local action

- ✓ Place based housing for older people plans

Developing local plans and making early improvements

National action

- ✓ Changes to national planning
- ✓ Showcase and spread innovative housing with care and support options
- ✓ National campaign to increase public understanding about the benefits of housing with care and support
- ✓ Invest in information, advice and guidance
- ✓ Support a national programme to expand the use of individual service funds (ISFs)

Local action

- ✓ Encourage development of community-based care homes
- ✓ Developing local co-production arrangements
- ✓ Local information and advice
- ✓ Scale up and invest in shared living models
- ✓ Expand access to supported living options through Individual Service funds
- ✓ Reconfigure local commissioning
- ✓ Housing at the heart of community hubs

Ramping up and sustaining change

National action

- ✓ Annual progress reports

Local action

- ✓ Scaling innovation
- ✓ Whole place workforce plans

Remarkable research for healthy ageing

THE DUNHILL MEDICAL TRUST

A PLACE-BASED APPROACH TO HOUSING WITH CARE AND SUPPORT

Developing a business case for housing options for older adults

UNDERSTAND HOUSING SUPPLY
Understanding the existing supply of housing with care, including by type of housing with care and support, tenure, occupancy rate, housing conditions etc.

IDENTIFY PREFERENCES AND NEEDS
Conducting research into what local people want from housing options in the future, including their, financial circumstances, fears and preferences

DRAW ON BEST PRACTICE
Research into national best practice and other benchmarks of developments elsewhere. Discussions with operators and commissioners elsewhere

PARTNER ENGAGEMENT
Engagement with wider system partners, such as the NHS, voluntary and community sector, housing providers, planners, politicians and providers

SOCIAL VALUE OF INVESTMENT
Assess the implications of investment options in relation to the Social Value Act, and its requirement that developments will improve the economic, social and environmental wellbeing of the local area

UNDERSTAND DEMAND
Understanding demand, through analysing local demographic, economic and social trends and carrying out demand projections

UNDERSTAND LOCAL MARKET
Understanding the local market including the factors driving the local market, the current capacity and capability in the marketplace and scope for innovation and new models

UNDERSTAND COMMISSIONING LANDSCAPE
Understanding the current commissioning landscape, including what is currently commissioned, the nature of contracts and future commissioning priorities.

ASSESS COSTS & BENEFITS
Assessing the costs and economic benefits associated with different types of housing with care and support

EXPLORE COMMERCIAL OPTIONS
Exploring revenue, capital and investment options to fund housing with care and support developments

FULL BUSINESS CASE
Develop full business case for investment

Playing the Serious Game

pe Tow

ng for housing and

Findings from the Serious Game

Ripple in the pond

Ways of Working

v Partnership

v Communication methods

v Joint decision making

v Information and advice

v Co-production

"Health, Housing and Care are all in crisis. If we can work together in spectrum from admission end rather than the discharge end for someone, we have longer to plan it."

(Community Team)

socialudo

Promoting **Inclusive living** via **Technology-Enabled support**

The INVITE project

Vikki McCall, Grant Gibson, Steve Rolfe, Regina Serpa and Julia Lawrence

2022

In partnership with

STONEWATER

Funded by

Longleigh Foundation
A grant-making partner for the social housing sector

INVITE Project
Promoting Inclusive living via Technology-Enabled support

- The INVITE project aims to investigate how assistive and everyday technologies can be implemented in retirement living properties to improve residents' quality of life, and sustain inclusive communities.

- The research has been led by University of Stirling in partnership with Stonewater Housing Association (funded by the Longleigh Foundation) to explore how technology can maximise opportunities to support residents to live well and safely, including when they develop conditions such as dementia.

  ✓ Scoping review on co-production of technology solutions with older people.

  ✓ Longitudinal qualitative fieldwork trialing co-produced technology solutions with residents over 6 months.

Locations

Cornmill House, Glossop

Abbey Lodge, Nottingham

Norfolk House, Leominster

Highland Lodge, Eastbourne
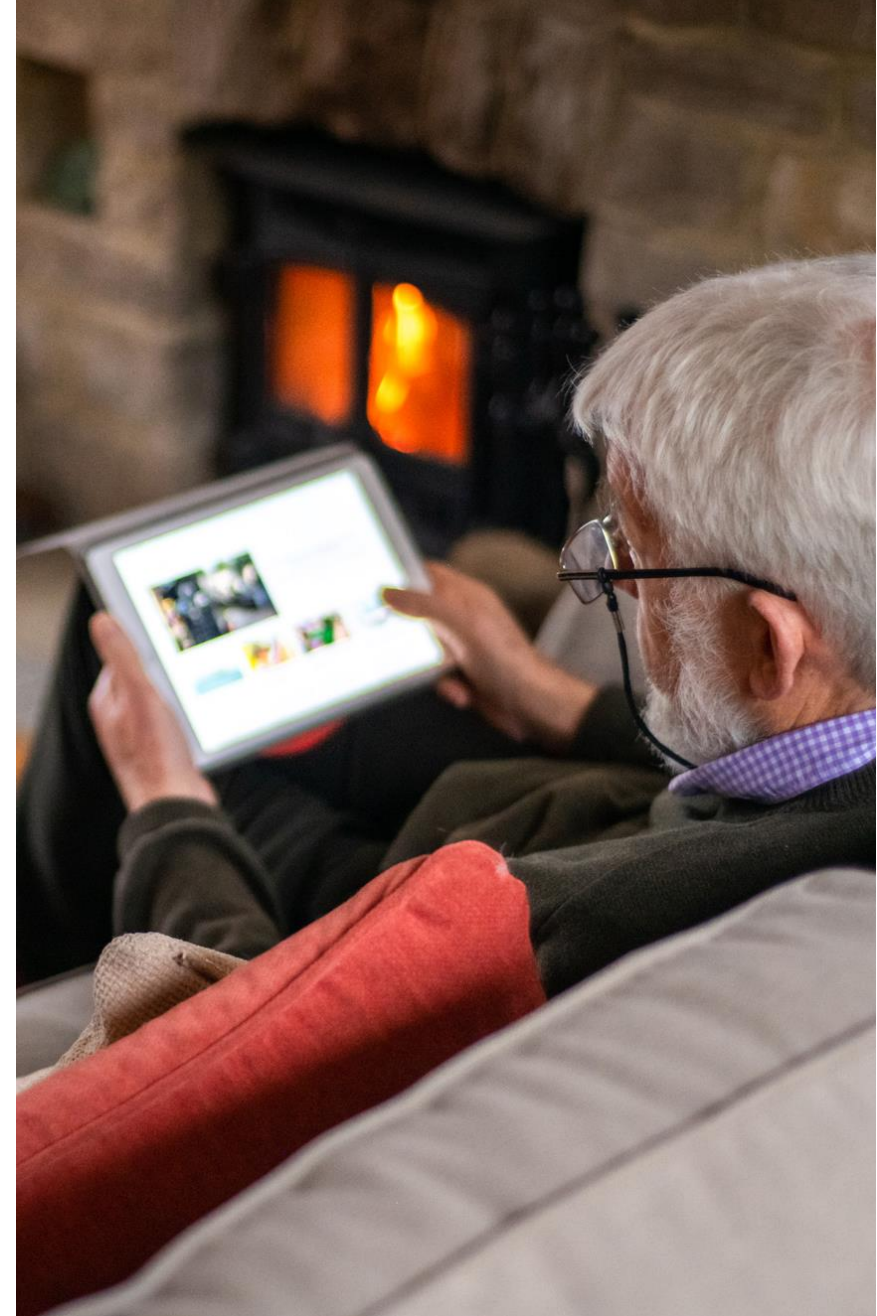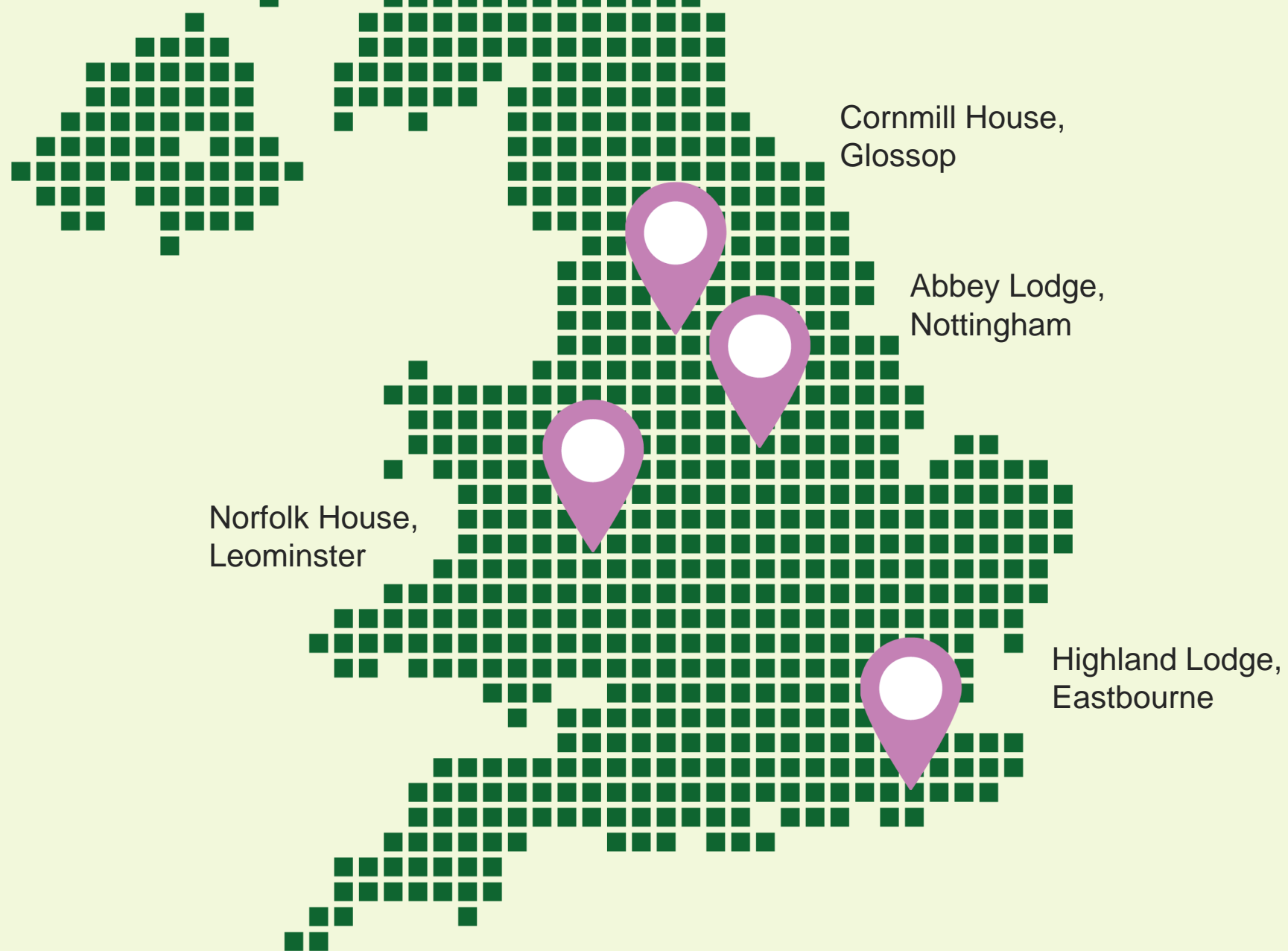
Outputs include

- Scoping Report

- Webpages

- The Do's and the Don'ts practitioners guide

- Supporting blogs and videos

- Full Report

All here: https://www.stonewater.org/about-us/thought-leadership/invite-project/

3 Peer-Reviewed Journal Articles:

- What works in co-producing assistive technology solutions with older people: a scoping review of the evidence

- Agency and the Limits of Responsibility: Co-Management of Technology-Enabled Care in Supported Housing

- Housing and papering over the cracks of the welfare state: Exploring the role and impact of technology as part of housing service provision in an era of multi-level precarity
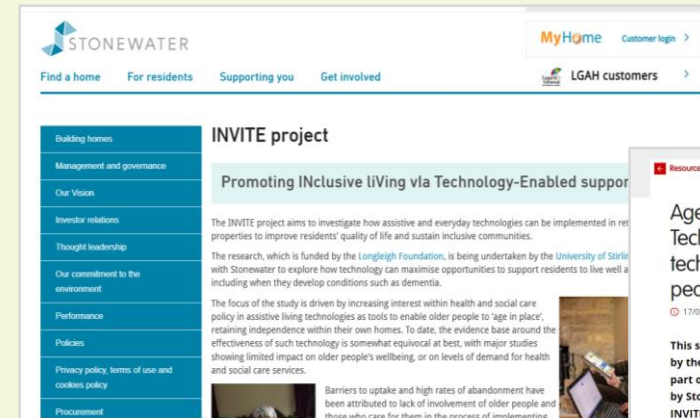
Assistive Technology

Both high and low tech options were part of the solutions to support some of the recorded challenges experiences by residents.

What does supporting independence look like?

The routine devices were often the most highly valued forms of technology.

I mean, it's nice that I can make a drink for myself, I can make a drink for us both, and feel completely safe, and independent. It really is wonderful.. it really has made a difference to my life.
(Nana, Cornmill House).

This device enhanced the feeling of independence for many residents. The hot water dispenser had the bonus of saving money in energy efficiency, alongside an inclusive design.

The technology in this example enabled support of an everyday routine everyday activity that many take for granted – making a cup of tea.

What does supporting health & wellbeing look like?

One resident in his 60's had long-term anxiety and depression, with difficulty managing and experiencing regular and spontaneous panic attacks.

The resident was provided with a Fitbit which communicated with the Fitbit mobile application (app) on his smartphone via Bluetooth. The Fitbit allowed the resident to track their heart rate, sleep and physical activity (e.g. number of steps). This helped the resident to identify risk factors associated the onset of a panic attack (e.g. increased heart rate) before the symptoms were visible.

"The watch has done a lot for me since I got it... it's changed my life!"
(Harold, Abbey Lodge)

The Fitbit has helped the resident to detect the symptoms of an oncoming panic attack, such as an increase in his heart rate. Furthermore, the resident has also been able to help regain control during a panic attack using the Fitbit's guided breathing session feature called Relax.

Creating 'small but huge' impact on day to day lives

- The key impacts identified in the study were as follows: facilitating social connectedness; staying connected digitally; maintaining relationships; exercising control and autonomy; improving mental and physical health; enhancing safety and security and finally improving opportunities for educational activity and entertainment.

- The evidence highlights a strong and recurrent theme where minor improvements to day-to-day living can have the biggest impact and that routine changes can have a transformative effect.

This can be from making a cup of tea independently, to joining 'Fitbit' walking group or receiving medication reminders on your tablet.

Technology as a process
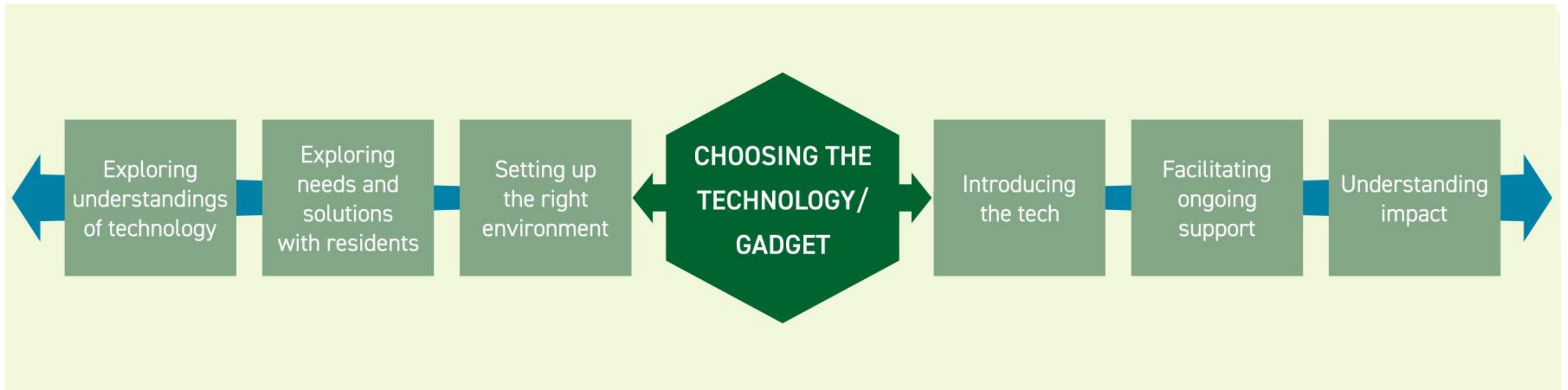
A model for housing delivery
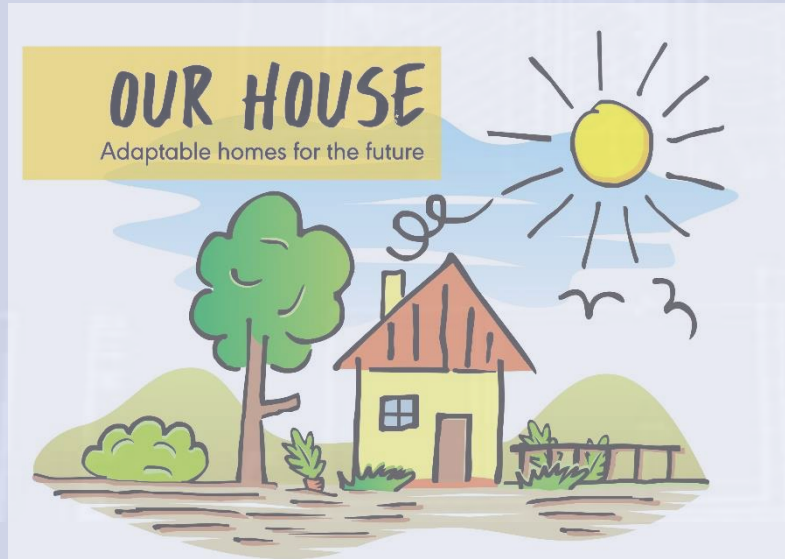
Positive outcomes for individuals

Social connectedness
Wellbeing
Quality of life
Independence
Confidence
Learning
Skills
Safety
Control
Automony

Information and 'advice hub' for staff & residents

In-house Occupational Therapists

Staff training on co-production & technology interventions

Mechanisms for facilitation of grants for technology

Technology skills required for housing-related posts

Tech skills sessions for residents, family, friends

Flexible demonstrator 'tech kits'

Strategic investment in supporting infrastructure e.g. Wifl

Set up a tech recycling system

Volunteering policy to encourage 'digital champions'

Aims of DesHCA

- Identify housing innovations that support living well with cognitive change

- Ensure these are
    - What suits people as they age
    - Practical, affordable and scalable for housing developers and providers
    - Suitable for newly built and existing homes

- Design and test homes in collaboration with stakeholders

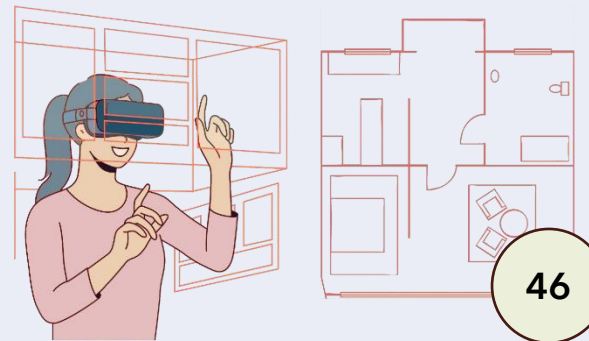- Produce guidance for making decisions about homes.

DesHCA
DESIGNING HOMES FOR
HEALTHY COGNITIVE AGEING

eDelphi Panel — 122
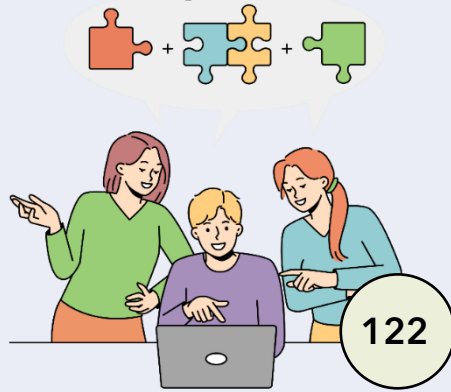
Creative Mapping — 58
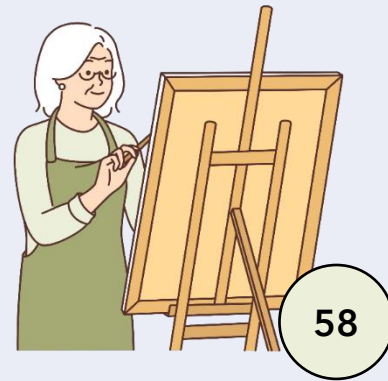
Passive Sensing — 13
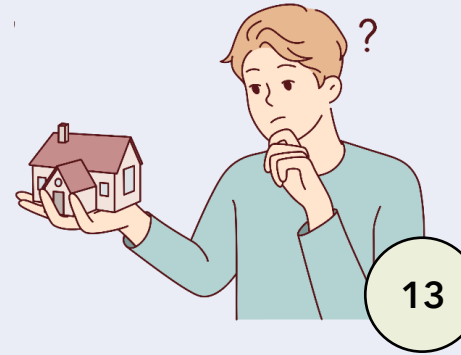
EADDAT Home Audit — 331

Professional Interviews — 21

VR Design Workshops — 46

Focused Ethnographies — 3
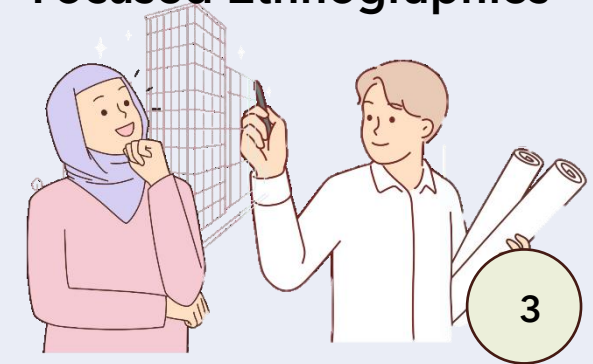
Feedback Workshops — 49

Secondary Analysis — 13k

Serious Game — 80

13,711

DesHCA's key findings

Key desired outcomes for housing for healthy cognitive ageing are maintaining independence, staying physically active and enjoying preferred activities

Change is needed at multiple levels, including awareness raising for older people and the housing sector, professional education, changes to legislation and policy

- We know that
  - People make changes to their homes proactively and reactively across the lifetime (that enhance quality of life and support ageing in place)
  - They balance the benefits of making changes with the challenges of stress, disruption and expense entailed
  - The home is a significant social space, especially during and after the COVID-19 experience, much more than a place for maintenance

For the housing sector

- The processes of building, retro-fitting and providing housing are highly complex and ensuring cognitively supportive housing can seem to be just another challenge, which can easily be neglected

- There is appetite and demand for housing that supports healthy cognitive ageing, especially among social housing providers

- Yet professionals in the sector often say that supportive housing is not somewhere they would live themselves

DesHCA's key outputs

- Conferences including sector and professional conferences

- Knowledge exchange and professional training events and materials

- Legacy resources including:
  - 'Tips and tricks for creating a home that supports you' available at https://www.deshca.co.uk/wp-content/uploads/2023/07/DesHCAs-Hints-and-Tips-Booklet.pdf
  - Demonstrator home designs showing principles and features of cognitively supportive design
  - Serious Game to support decision making at all levels, in existing and new build homes considering challenges, encouraging innovative thinking, and working through decisions
  - Design Brief document for professionals
  - Guide to assessing costs and benefits
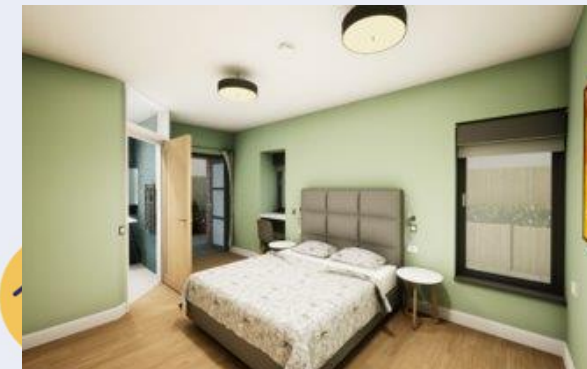
OUR HOUSE

(...in the middle of our street)

LOFT

Position Space Cards to 'build' the house layout.
Add up Space and Budget totals

INCLUSIVE LIVING
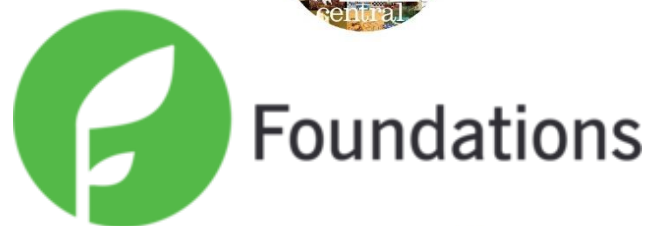
For more detail, please feel free to e-mail me! vikki.mccall@stir.ac.uk
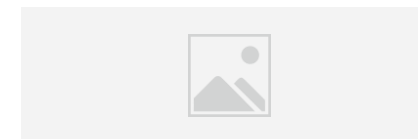
SCOTLAND'S UNIVERSITY FOR SPORTING EXCELLENCE

UNIVERSITY *of* STIRLING

BE THE DIFFERENCE

THANK YOU

If you or your colleagues haven't done so already,

why not register for SCIE's occasional newsletter,

SCIELine

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www.scie.org.uk