

Inclusive neighbourhoods

Promoting social inclusion in
housing with care and support
for older people



Connections
Inequalities
Built environment
Retirement housing
Housing
Retirement

Acknowledgements

This policy report is based on findings from the [Diversity in Care Environments \(DICE\)](#) study, conducted by the [University of Bristol](#), in collaboration with the [International Longevity Centre-UK \(ILC\)](#) and [The Housing Learning and Improvement Network \(Housing LIN\)](#).

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Executive summary

The UK's demand for high-quality, age-friendly housing options that provide on-site care and support for older adults is growing and expected to continue to rise. Housing with care and support (HCS) schemes are designed to prevent social isolation, promote interaction among residents and help people live independent, healthy lives as they get older.

However, not much is known about how these living environments support older residents from social minoritiesⁱ, or how they work to ensure that all residents are equally valued and included. This policy report presents new research evidence on the provision of inclusive housing schemes for older people, which finds that:

- HCS schemes work well in counteracting social isolation and preventing loneliness among older residents
- Pockets of isolation still exist among some residents, particularly people from social minorities

This report also identifies the interpersonal, organisational, physical and environmental factors that help promote social inclusion in HCS for older people, including supportive neighbour relations; on-site staff presence; inclusion with the local area; listening to the views of residents; inclusive and age-friendly design; adequate digital infrastructure; and a supportive policy environment.

Using these new insights, we outline the ways in which national government; local councils, commissioners and designers; and housing providers, scheme management and staff can address discrimination and create more inclusive, age-friendly environments to support us as we get older.

ⁱA social minority is any category of people, distinguished by physical or cultural differences, that experience relative disadvantage compared to a dominant social group. This includes people with physical, learning and cognitive disabilities; people identifying as lesbian, gay, bisexual or trans (LGBT+); people from ethnic minorities; and people who are members of minority religious groups.

Recommendations

For national government:

- Improve the coordination between different Government Departments on HCS policy, including through setting up a Housing with Care Task Force
- Provide financial incentives for the creation of more HCS schemes, such as more grant funding for specialist housing, and to encourage more people to move into these schemes, such as through an exemption from Stamp Duty

For local councils, commissioners and designers:

- Local councils should promote access to independent information and advice on the housing options available to older people in their local area
- Local councils and commissioners should work with providers and designers to create inclusive, age-friendly design and equality standards based on the Housing our Ageing Population Panel for Innovation (HAPPI) design principles and the Equality Act 2010
- Local councils and commissioners should require all proposals for new HCS schemes to meet these standards and encourage all existing HCS schemes to do the same by sharing examples of best practice
- Designers and architects should integrate social inclusion into the built environment of HCS schemes through meeting these design standards
- Local councils and commissioners should invest in and approve plans for both specialist and inclusive mainstream schemes so potential residents have a wider choice of scheme to choose from
- Designers and architects should involve older people in the design of schemes, particularly disabled adults and people with care and support needs

For housing providers, scheme management and staff:

- Gather and monitor demographic data on residents to better respond to their individual needs

- Listen to the views of residents and include them in future plans for existing schemes
- Prioritise employing on-site over off-site staff where possible
- Provide regular training for staff and residents on inclusion and creating discrimination-free environments, including dementia-awareness initiatives
- Invest in providing adequate digital infrastructure to enable residents to maintain social connections virtually
- Set expectations for new residents at point of entry to contribute to a culture of inclusion and encourage residents to reflect on what it means to be a 'good neighbour'

Introduction

The demand for housing options that provide on-site care and support for older adults is growing; and expected to continue to rise by over a third (37%) by 2040.¹ The UK currently lacks high-quality, age-friendly housing to meet this demand. More and more people are living alone, and older people make up the largest group of those.² There's also a disproportionately large number of older people in housing classed as "poor quality" (i.e. that is too hot or too cold, that has health or safety hazards, or has no digital connections).³

HCS schemes, including extra-care housing, sheltered housing and supported living, are designed to prevent social isolation, promote interaction among residents and help people live independent, healthy lives as they get older. However, little is known about how these living environments support older residents from social minorities, or how they work to ensure that all residents feel equally valued and included.

The DICE project was a three-year study that addressed this research gap by examining the social inclusion of older people from social minorities living in HCS schemes in England and Wales. The study entailed:

1. Interviews with 72 residents (aged 54-95 years, mean age 72) across 26 schemes
2. Interviews with 21 staff members and scheme managers from six schemes
3. Interviews with 23 stakeholders, including directors of housing providers and social housing leaders; civil servants in a housing role; senior policy advisors; commissioners of housing; and advocacy services for different groups of older people
4. A survey of 741 residents across 95 housing schemesⁱⁱ
5. Two knowledge exchange events with 215 researchers, housing providers, policymakers, HCS residents and other stakeholders

ⁱⁱWe also relied on data from the English Longitudinal Study of Ageing, which was developed by a team of researchers based at University College London, NatCen Social Research, the Institute for Fiscal Studies, the University of Manchester and the University of East Anglia. The data were collected by NatCen Social Research. The funding is currently provided by the National Institute on Aging in the US, and a consortium of UK government departments coordinated by the National Institute for Health Research. Funding has also been received by the Economic and Social Research Council.

See Appendix A for more details on study design and Appendix B for our definition of 'social inclusion'.

This policy report outlines the key findings of this project and shines a spotlight on HCS' vital role in promoting social inclusion, enhancing social connections in later life and contributing to the social wellbeing of older people.

To accompany this report, we have also produced a learning resource with a selection of podcasts capturing the voices of project participants, which can be accessed at: <https://www.housinglin.org.uk/DICE/>

Who lives in HCS schemes?

Demographics of residents

In the table below, we highlight the key demographic features of our sample of HCS residents compared to the general population of older people.ⁱⁱⁱ

We found that higher proportions of HCS residents are older, and female and living alone than the general community of people aged 65+ in England. HCS residents also report worse health (whether self-reported general health or the presence of chronic illness/disability). Such differences with the general older population make sense given that HCS schemes are designed to cater to people in later life and to facilitate the management of worse health. Likewise, a greater proportion of single-person households and women may reflect long-standing trends related to longevity, as women in England have greater life expectancy and by definition become widowed when they outlive a partner.

Table 1: Sociodemographic characteristics of HCS residents (%)

Characteristic	Our study	General population (aged 65+)
Age <65	9	N/A
Age 65-89	79	95
Age 90+	12	5
Female	64	54
Lives alone (females)	69	36
Widowed	43	20
Heterosexual	98	N/A
White ethnicity	96	97
Religious	71	N/A
Educated to degree level	20	18
Retired	93	87
Excellent/very good self-rated health	18	35
Poor self-rated health	19	9
Chronic illness or disability	78	61

ⁱⁱⁱStatistics on the general population are based on the ninth wave of the English Longitudinal Study of Ageing (ELSA), a representative survey of people aged 50+ in England, collected in 2018/19. The above estimates are restricted to people aged 65+. Figures on the percentages of the older population who identify as heterosexual or religious were not recorded in this wave of the ELSA study. We also tested the robustness of our findings by comparing them to the results of a similar survey of HCS residents by ProMatura, entitled: *UK Retirement Communities: Customer Insight Report 2019*

Why do people move into HCS schemes?

Many advocates for HCS schemes emphasise the benefits of early moves (i.e. well before care needs become advanced). This allows people to maintain their health and wellbeing for longer and reduces some of the complications that arise from suddenly having to move home. HCS residences aren't intended to be another form of care home; they're meant to enable independence. Our survey listed the desire for independence as one of the key reasons why people move into these schemes.

Table 2: Reasons for moving into HCS schemes

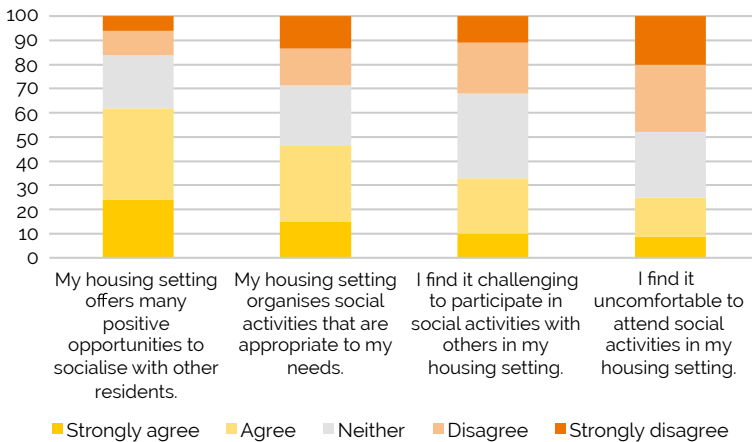
Reason for moving	%
Liked the independence offered	52
Wanted an added sense of safety/security	49
Wanted to maintain an active lifestyle	34
Wanted a smaller home/to downsize	32
Wanted to be nearer to family/friends	31
Expected future care/support needs (self)	24
Didn't want to go into a typical care home	18
Ongoing/existing need for care/support (self)	14
Sudden need for care/support (self)	13
Partner's sudden need for care/support	7
Partner's ongoing/existing need for care/support	7
Partner's expected future care/support needs	7

Do HCS schemes promote social inclusion?

The majority of HCS residents feel socially included

Our survey findings indicate that on the whole, **residents in HCS schemes are less lonely** in comparison to older people living in the wider community, although during our interviews some residents reported feeling lonelier during the COVID-19 pandemic lockdowns. The survey results in Figure 1 highlight that most of our respondents (62%) felt there were positive opportunities to socialise with other residents in their schemes, and just over half (56%) didn't find it challenging to attend these social activities.

Figure 1: What do residents think of their schemes?



While we found **no significant differences in the levels of social isolation**^{iv} between HCS residents and older people living in the wider community, this is still encouraging news. Moving into retirement housing is often associated with the loss of social connections: this is supported by the fact that almost half (43%) of our respondents were widowed. Despite this, our findings suggest residents are managing to maintain their social networks when they relocate or are developing new ones.

The majority of the residents from social minorities that we interviewed felt valued and included in their living scheme, at

^{iv}Social isolation refers to diminished levels of social contact with others in one's social networks, as opposed to loneliness, which is a subjective, emotional response arising from the gap between our desired and actual levels of social contact with others.

least to some extent. Some felt more "included" over time as other residents got to know them better. This is an encouraging sign that, for the most part, these residents live comfortable and supported lives in their current schemes.

"They just look upon me as [his name] now rather than 'the gay one', you know, so I think that's an improvement."

Resident (73 years, male, gay, retirement living scheme)

But pockets of isolation still exist

However, our findings did show some social exclusion in HCS schemes. In fact, loneliness, isolation and discrimination were prevalent features of scheme life for some residents from social minorities. This included feeling disconnected from other residents due to different personal interests and life experiences, and overhearing homophobic and/or racist comments from other residents, which compounded a sense of marginalisation. This subgroup of residents tended to look more to external social ties and groups that reflected aspects of their identity and life experience.

"I feel that I'm not complete here, because I seem to be like the only gay in the village, or that I know of... It would just be nice if we could have more diversity in the scheme."

Resident (73 years, male, gay, retirement living scheme)

Added to this, the majority of residents from social minorities we interviewed had either experienced discrimination within their scheme or anticipated discrimination from other residents. We call these experiences 'boundary setting' – where residents with majority social identities (i.e. white, heterosexual, cisgender, able-bodied/able-minded) maintain boundaries between themselves and those from social minorities. Boundary setting impedes social inclusion and needs to be addressed by scheme managers and staff.

Reasons for discrimination

As illustrated in Table 3, nearly half (45%) of our survey respondents reported that they had been discriminated against based on their age, and nearly 1 in 5 reported discrimination based on a physical disability. Given the high prevalence of chronic illness, disability and older age

among our respondents (Table 1), one might expect to find ageism and ableism to be the most common forms of discrimination reported.

Table 3: Why are residents discriminated against? (%)

Reasons for perceived discrimination	%
Age	45
Physical disability	19
Learning difficulty	6
Weight	6
Race	5
An aspect of physical appearance	5
Financial status	5
Other	4
Gender	3
Religion or faith	2
Sexual orientation	1
(Trans) gender identity	< 1

Naturally, people with a specific minority characteristic were more likely to experience discrimination on that basis. We therefore explored the relationship between the reasons that respondents reported for their perceived discrimination and the related characteristics:

- **Nearly a fifth (19%) of respondents from ethnic minorities** said they had experienced discrimination on the basis of race
- **13% of respondents with a chronic illness or disability** reported discrimination on the basis of physical disability
- There was **no clear pattern with respect to age**, although reports of discrimination were slightly higher among respondents from 70+ age groups

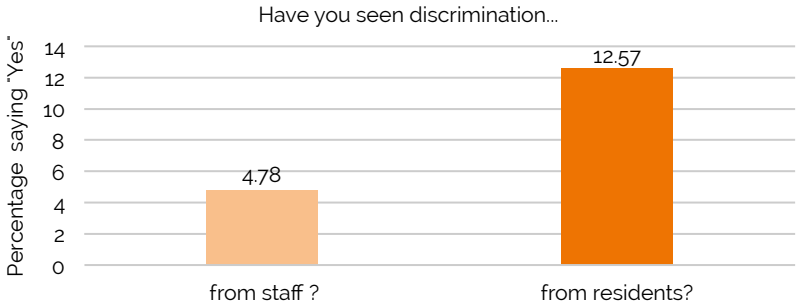
Some people who experience discrimination may do so on the basis of more than one characteristic. In our survey, nearly a quarter (26%) of respondents who reported experiencing discrimination indicated two or more reasons. Among residents who specified a reason for

their discrimination, the proportion increased to over a third (37.7%). A similar number of residents who reported two or more reasons (36%) included both age and physical disability, while nearly all (93%) included either age or physical disability.

Sources of discrimination

Accounts of discrimination from other residents were much more prevalent than accounts of discrimination from staff. This is good news as it indicates that staff, for the most part, work to make HCS residences inclusive spaces. On the other hand, these results illustrate the challenge for scheme providers in combatting discriminatory behaviours among residents, with 1 in 8 survey respondents reporting they had seen discrimination from residents.

Figure 3. Perceived sources of discrimination in HCS



Overhearing discriminatory conversations between fellow residents was commonly reported by residents from social minorities.

"I got rather annoyed with a couple of people who actually were very homophobic... And I did have to mention it to a manager a couple of times, that I was very disappointed with some of the people's attitudes."

Resident (62 years, male, gay, independent living scheme)

Types of discrimination

Some LGBT+ residents were reluctant to disclose their identities to other residents due to anticipated discriminatory views. This view was supported by a small number of respondents who expressed homophobic views during our interviews; for example, referring to homosexuality as a crime or describing TV soap operas as guilty of

“plugging that sort of thing”. Four residents recounted experiences of homophobic and transphobic discrimination within schemes; these ranged from indirect experiences, such as overhearing homophobic exchanges between residents, to more targeted incidents, such as having LGBT+ posters in communal areas torn down.

Some lesbian and gay residents referred to prejudices held by others; for example, perceptions of stigma around HIV and being gay. Confronting prejudiced attitudes can result in being excluded from conversations and social gatherings. However, on a more positive note, several heterosexual participants did speak of relatives identifying as LGBT+ and said that they would challenge discriminatory behaviour if it occurred at their scheme.

A small group of residents from ethnic minorities didn't always feel accepted or valued when overhearing comments from other residents. For example, some respondents reported hearing comments such as “we're getting diluted” in relation to ethnic diversity within their schemes and/or localities or references to racist language such as “half-caste” and “coloured”.

Residents with long-term physical and cognitive disabilities are at high risk of isolation and exclusion due to physical and interpersonal barriers within schemes. Living with disabilities is a common experience for many HCS scheme residents – in our survey, most respondents (76%) identified as having a chronic illness or disability. In interviews, residents recounted experiences of ableism within their schemes. This included:

- Feeling excluded from on-site social activities that they couldn't easily participate in (e.g. written quizzes and puzzles that weren't accessible due to print size/ format)
- Inaccessible communications from staff (e.g. using font sizes that were too small to read in residents' newsletters)
- The physical design of schemes (e.g. communal spaces that weren't wheelchair accessible)

This was supported by the survey findings in Figure 1, which showed that nearly a quarter (24%) of residents thought their scheme didn't offer social activities appropriate to their needs and a third (33%) found it challenging to take part in these activities.

"Because the residents' laundry is upstairs... the doors are so narrow. If they're in a wheelchair, they can't get into the laundry. So, one or two of them here do their washing in their flat, and I'll take it up and dry it."

Resident (77 years, female, extra-care scheme)

Residents with learning disabilities and dementia, who were in a small minority, were sometimes 'othered' and perceived by other residents as not being appropriate candidates for such schemes. We heard ableist comments expressed by a small number of residents we spoke to. Several residents expressed negative attitudes towards people experiencing cognitive decline associated with dementia; for example: "too many people with high support needs which cannot be accommodated in independent living schemes".

There's clearly still work to be done to ensure that all residents, including those from social minorities, feel valued and included.

How can we support social inclusion in HCS schemes?

Promoting supportive relations with other residents

Supportive neighbourhood relations matter. Over a quarter of the residents we interviewed spoke about positive relationships with neighbours. During the COVID-19 pandemic lockdowns of 2020, residents played a vital role in supporting the welfare of their peers. This included routine activities, such as checking in with neighbours, and assisting with tasks like bringing newspapers or helping with grocery shopping. These active gestures of kindness counteract ageist views of all older people as being vulnerable and passive recipients of services.

“Everybody was friendly. When I was moving stuff into the house, they [neighbours] came over. They introduced themselves. They said: ‘If you need anything, just give us a call.’ ... No matter how old we are, we all just mix in together.”

Resident (65 years, female, independent living scheme)

Providing social activities on-site is fundamental to building social connections between residents; we heard lots of examples of different social activities organised by both staff and residents. However, while social activities could lead to the development of new friendships, activities often appealed to women more than to men; for example, coffee and chat, aerobics classes, crafts. Food-based activities, while popular with both men and women, could exclude residents with specific dietary requirements. LGBT+ residents described how on-site social activities tended towards a standard repertoire, such as Scrabble, bingo, fish and chip suppers, and craft sessions; they felt these were more appealing to (heterosexual) women and reinforced a sense of institutionalised living.

On the other hand, close-knit relationships between residents can also generate patterns of intimidation and exclusion within schemes. The formation of dominant sub-groups of residents (sometimes referred to as ‘cliques’) created challenges for some residents, who felt unwelcome and intimidated. In some cases, residents felt unsafe in communal areas or refrained from participating in social activities. Examples included residents changing the way they walked to their

apartment to avoid a small group of residents. These dynamics were reported at several schemes.

"There's no community structure here. There's no social avenue. People talk to certain people... That's all it is, basically. It's a 'them' and 'us'"

Resident (female, 60 years, identifies as transgender, retirement living scheme)

Staff played a vital role in addressing this issue by picking up when residents were isolating themselves from others and following it up with the resident concerned. This emphasises how important it is to ensure staff work on building good relationships with residents.

Ensuring staff presence and support on-site

The consistent presence of on-site staff helps facilitate inclusion and a sense of community within HCS schemes as they are able to build relationships with residents. Care staff in particular play an integral role in supporting inclusion in extra-care schemes as they're routinely on-site and actively get to know residents, allowing them to pick up on isolation. This is why we chose to interview them in this study.

"I think if you get to know a person they are never worried to, kind of, say the good, the bad and the ugly. It really annoys me when people say things like, 'Oh, I couldn't complain.' Why not? How do we learn if you don't complain?"

Community Services Manager

Staff facilitated inclusion by ensuring activities were suitable and accessible, and by encouraging residents to engage with each scheme's social life. Asking residents what they want to see happen in the scheme (including social activities) was important in making them feel valued and included.

Staff also had an important role in resolving disputes between residents; we heard good examples of on-site staff responding rapidly and proactively to resident conflicts. Throughout the 2020 lockdowns, there were increased efforts to counteract social isolation. Scheme staff worked hard to keep everyone connected through daily welfare calls and check-ins, which were called a "lifeline" by residents. They also organised innovative events, such as socially distanced door-step activities to combat isolation.

On the other hand, when staff work off-site it impedes their ability to build relationships with residents and disrupts residents' continuity of support. We heard that it also sometimes resulted in residents with mobility difficulties being unable to attend social events and activities. This raises potential concerns about understaffing on-site leading to the exclusion of residents with physical and cognitive support needs. A high turnover of staff, including estate managers, also negatively impacts the climate of some schemes.

Stakeholders that we interviewed identified that diversity within scheme staff can encourage greater inclusivity within schemes, as it encourages older people with similar minority identities who might be trying to access HCS schemes. However, more research is needed to support this.

Maintaining inclusion with the local area

Feeling included and valued within one's local community is an important aspect of social inclusion. Many residents of HCS schemes have active social lives external to their schemes, but not everyone has access to these opportunities. The geographical location of HCS schemes is an important factor in whether residents can maintain existing friendships and social connections. When residents can move to a scheme located near to where they previously lived, this prevents the need to entirely rebuild social connections.

Across schemes, support and wellbeing staff facilitate connections between residents and external community groups and organisations. Some HCS staff we interviewed highlighted the importance of involving a range of organisational partners for different projects, some intergenerational, that address key social inclusion elements, such as loneliness, digital inclusion and keeping active. Stakeholders we interviewed also identified the importance of connecting schemes to external awareness-raising initiatives, such as Dementia Friends schemes and dementia cafes, as a way of building more empathetic relationships between residents.

Numerous schemes actively welcome creative groups and companies that facilitate artistic, dance and theatre-based activities, as well as groups that lead sport-themed activities. Residents can choose their level of involvement with these activities. HCS staff we interviewed highlighted intergenerational activities as pivotal to building and enhancing connections with external groups and

communities and contributing to the lives of others; these mostly involved children and young people participating in activities organised through schools and colleges.

Listening to the views of residents

What people want matters. Older people aren't a homogeneous group in terms of their aspirations, identities, beliefs and requirements. There's growing recognition that a one-size-fits-all approach to housing won't meet the needs of our ageing population.⁴ Listening to the views of older people in the wider community, as well as residents already living in HCS schemes, is therefore crucial to creating and maintaining living environments that are age-friendly and inclusive for all. However, our interviews with stakeholders suggested a current lack of knowledge or consideration of the housing needs and aspirations of older people.

Linked to this, older people need information on the housing options available when looking to relocate, to allow them to choose schemes that are right for them. More housing services tailored for specific communities have entered the market recently, including accommodation specific to LGBT+ communities, such as Tonic Housing and One Housing Group in London and the LGBT Foundation and Anchor in Manchester, as well as Jewish Care. While our study focused on mainstream housing schemes, there's space for the development and increased rollout of both types to allow older people to choose the type of scheme that's right for them.

Creating inclusive physical environments and design

The physical design of individual apartments and the level of proximity between residents are integral factors in the promotion of good neighbour relations and making residents feel connected. We found balconies and patios, as advocated by the HAPPI design principles,⁵ to be essential spaces where residents could communicate with each other regularly and maintain relationships. These external spaces were even more critical during the 2020 lockdowns as they facilitated ongoing social connections and helped counteract isolation caused by social distancing. Residents could comfortably chat with neighbours and others from their balconies or garden patios with low risk of virus transmission.

Communal spaces are also fundamental for facilitating social interaction between residents through both organised activities and

informal encounters. Some schemes had on-site restaurants where residents could routinely socialise at mealtimes while retaining the privacy of their own homes. Social groups emerged from the shared use of these spaces. However, communal spaces could be gender-skewed, with heterosexual women tending to be the prime occupants of these spaces.

On the other hand, a lack of communal spaces or inaccessible communal spaces generates barriers to integration and inclusion within schemes. In these contexts, residents often create informal communal areas for regular conversation, for instance in car parks and laundries. This highlights how social connections between residents continue to develop without the provision of communal spaces. However, these informal spaces are not well suited for social interaction and shouldn't be seen as replacements for formal communal areas.

The stakeholders we interviewed also pointed to the importance of scheme size and the need to plan for and design smaller, more intimate sites. It was felt that smaller schemes (i.e. less than 50 residents) may foster closer relationships and neighbourhood connections between residents, but more evidence is needed to support this. Unfortunately, a lack of affordable, available land can lead to developers prioritising large-scale settings instead.

Finally, outdoor environments play a vital role in making residents feel integrated into the life of their schemes. External social spaces and gardens facilitate both social interaction, such as resident parties, and the pursuit of individual hobbies, such as gardening in allotments. Access to garden spaces is also important for connecting residents to the natural environment; it contributes to physical wellbeing through regular activity and the sharing of fresh produce with other residents.

Providing adequate digital infrastructure

Digital infrastructure provides scheme residents with a vital link to their social connections. Most residents we interviewed used digital video and messaging platforms daily and independently without much assistance, including Zoom and WhatsApp. During the 2020 lockdowns these tools were essential for keeping in touch with loved ones and for vital activity, such as grocery shopping, maintaining connections with neighbours, and social activities. However, the digital divide is still very real and can prevent people from engaging

in the way they would like to. For example, a minority of residents we interviewed had no landlines or Wi-Fi access in their apartments, only in communal areas. Not having this access compromises social inclusion and heightens the risk of exclusion and isolation.

On-site staff can help residents to maintain digital contact with external connections. This was even more important during the 2020 lockdowns, when some staff and carers lent their mobile devices to residents so they could have videocalls with their families. This reiterates the importance of having staff on-site who have developed well-established relationships with residents.

Ensuring a supportive policy environment

In the context of an ageing population, older people's housing needs and aspirations, including those from social minorities, should be driving national housing policy. However, based on our interviews with stakeholders, there appears to be a lack of knowledge or consideration of these interests by national policymakers. This is reflected in the lack of integration of housing across national social care, health and equalities policy. Different aspects of HCS policy come under the remit of several Government departments, such as care regulation by the Department of Health and Social Care (DHSC), planning guidance by the Department for Levelling Up, Housing & Communities (DLUHC), and benefits by the Department for Work and Pensions (DWP). Creating age-friendly and inclusive environments that meet the needs of older people of all social backgrounds and identities therefore requires cross-government joined up policymaking.

With regards to resourcing, the stakeholders we interviewed argued the failure to adequately fund adult social care has made many private developers and providers unwilling to enter the market for publicly provided HCS. As a result, there are limited choices for people reliant on these schemes.

According to these stakeholders, a lack of affordable and available land has also led to developers prioritising the building of large-scale settings to the detriment of developing smaller schemes, where residents have more proximity to each other and potentially more opportunities to develop supportive relationships.

Recommendations

For national government

- Improve the coordination between different Government Departments on HCS policy, including through setting up a Housing with Care Task Force, as advocated for by The Associated Retirement Community Operators (ARCO)⁶
- Provide financial incentives to make proposals for new HCS schemes more attractive to potential developers and providers, such as more grant funding for specialist housing and to encourage more older people to move into these schemes, such as through an exemption from Stamp Duty

For local councils, commissioners and designers

- Local councils should promote access to independent information and advice on the housing options available to older people in their local area
- Local councils and commissioners should work with providers and designers to create inclusive, age-friendly design and equality standards, supplementary to that of the national government, that are subject to continual review and monitoring. These standards should include inclusive design features based on the HAPPI design principles and equality principles in line with the Equality Act 2010 (such as requirements for resident forums and for training on the inequalities experienced by people from social minorities)
- Local councils and commissioners should require proposals for new HCS schemes to meet these standards and encourage all existing HCS schemes to do the same by sharing examples of best practice
- Designers and architects should integrate social inclusion into the built environment of HCS schemes through meeting these design standards
- Local councils and commissioners should invest in and approve plans for both specialist and inclusive mainstream schemes so potential residents can have a wider choice of scheme
- Designers and architects should involve older people in the design of schemes, particularly disabled adults and people with care and support needs

For housing providers, scheme management and staff

- Gather and monitor demographic data on residents, including people from social minorities, to better respond to individual needs
- Listen to the views of residents about their experiences of scheme life through resident forums to identify practices that hinder social inclusion and actively involve residents in decisions on future plans for schemes, especially people at greater risk of exclusion
- Prioritise employing on-site rather than off-site staff to build consistent and durable relationships with residents
- Provide regular training for staff and residents on the aspects of social exclusion most commonly experienced by people from social minorities both within and outside of HCS schemes, as well as on ways to facilitate social inclusion, including dementia-awareness initiatives
- Invest in providing adequate digital infrastructure to enable residents to maintain social connections virtually
- Set expectations for new residents at point of entry to contribute to a culture of inclusion and encourage residents to reflect on what it means to be a 'good neighbour'

Conclusion

This report has cast light on the vital role HCS schemes play in reducing social isolation and providing safe environments in which to grow old. However, our findings have shown that experiences of discrimination remain a reality for some residents, particularly people from social minorities. Providers must conduct more initiatives to tackle this.

We have identified the interpersonal, organisational, physical and environmental factors that help promote social inclusion in HCS schemes for older people. Investing in more inclusive HCS schemes, both specialist and mainstream, and using inclusive design principles codesigned with residents from social minorities is key to creating more inclusive neighbourhoods.

For existing schemes, ensuring the presence of on-site staff, listening to and developing relationships with residents, and maintaining standards of inclusivity through continuous training will make a real difference to the everyday lives of residents.

We need policymakers at a national and local level as well as commissioners, housing providers and scheme managers to step up to the mark to deliver more age-friendly, high-quality and inclusive housing for older people.

Appendix A: The DICE study design and methods

We used a mixed-method design to capture longitudinal and cross-sectional (qualitative and quantitative) data from participating housing schemes. Participating HCS schemes reflected key differences in size (number of apartments), policy context (England and Wales), and types of housing provision (including extra-care housing, independent/assisted living and sheltered housing). We worked with three key providers in England and Wales to identify suitable schemes.

There were two phases to the study. For Phase One, we used a self-administered survey to collect a range of information (social characteristics and social identities) from residents. We designed the survey to facilitate comparison with ELSA and included questions on sociodemographic characteristics, health, psychosocial wellbeing, social networks, housing, and discrimination. We distributed 3,753 surveys to 104 sampled schemes (one hard copy per sampled unit) in late 2019 and early 2020. Completed surveys were posted back to the research team using postage-paid envelopes.

We received 741 valid responses from 95 schemes, reflecting 23.6% of units in responding schemes (compared to 19.7% of all surveys distributed). We analysed the survey data using Stata 17. We aimed to compare the responses on our measures of interest among residents with the experiences of people living in the general community, drawing on ELSA responses using propensity score matching techniques to compare the two samples. We used open-ended questions to gather more detailed information on positive experiences and the barriers to feeling more included within the schemes.

For Phase Two, we used interviews to understand how social inclusion is promoted across different schemes. We completed 102 interviews with 72 residents between November 2019 and February 2021. Due to the COVID-19 pandemic, we adapted and changed sampling and methods to prevent in-person contact. We carried out two to three sequential interviews once every four months over 18 months with a group of residents from social minorities. 21 participants took part in at least one interview, with four of these taking part in two interviews and 14 taking part in three interviews. The purpose was to identify how residents from social minorities experience transitions into HCS schemes as well as daily life once they live there. The resident survey from Phase One included a call for respondents to participate.

Following the first pandemic lockdown in March 2020, we conducted interviews via telephone or online video platforms.

51 residents across six housing schemes took part in single interviews. In July 2020, we reinterviewed 12 of these participants to explore their experiences of communal life during the first lockdown. We chose housing schemes selectively from three providers, reflecting differences in geographic location (rural/urban) and type of scheme. Within selected sites, we conducted semi-structured interviews with residents to generate in-depth data on their current and recent experiences of inclusion both within the scheme and in the local community. For the first two schemes, staff distributed recruitment flyers with information about the research. The research team then visited each scheme and spoke to residents in person, inviting them to interview.

Following the first lockdown, we relied on residents contacting us by phone after receiving flyers distributed to all apartments by scheme managers. Interview schedules included questions about reasons for moving into the scheme, care and support available on-site, relationships with staff, managers and other residents, social activities on-site, and any experiences of discrimination and inclusion/exclusion. Later, we added questions about lockdown experiences. In addition, we used scenarios that outlined short vignettes depicting (fictional) older residents with socially diverse characteristics across gender, sexual and gender identity, ethnicity, religion and disability.

We conducted interviews with support staff, managers, wellbeing facilitators and external professionals from each selected housing scheme (21 interviews in total). The purpose was to understand how staff view and understand the importance of providing socially inclusive environments. The interview schedule invited participants to share examples of good practice and to explore how they encourage and support inclusion in the scheme's communal life as well as to identify barriers that prevent this. We also used the vignettes described above to initiate discussion about social inclusion. All but two staff interviews were carried out via telephone or videocall.

We conducted video interviews with 23 stakeholders. The purpose was to understand a) the role of commissioning groups and standards bodies in promoting equal treatment and inclusion of residents from social minorities, and b) how scheme-based policies overlap with, and diverge from, broader funding and policy priorities on social inclusion

and housing for older people. We identified these stakeholders through consultation with the project advisory group, collaborating partners, and contacts of the research team. Stakeholders' roles included directors of housing providers and social housing leaders, civil servants in a housing role, senior policy advisors, commissioners of housing, and advocacy services for different groups of older people.

Appendix B: What do we mean by social inclusion?

The concept of social inclusion is both a characteristic of individuals and of the physical and social contexts in which people reside.⁷

When applied to older people, it's concerned with "optimising their opportunities to have meaningful relationships and roles in society despite (or because of) their age".⁸ Our definition of social inclusion covers four interrelated domains and is based on the existing literature in this area. These four domains should be considered together and not viewed as mutually exclusive:

1. Individual identities, characteristics and attributes of residents

The dimensions in this domain contribute to each resident's sense of purpose and self-worth and affect what contribution they may make to their housing scheme and to wider society. Identities include identification and association with minority groups, for example ethnic minorities or LGBT+ groups. Characteristics include experiences of long-term health conditions and disabilities that shape their experience of daily living and capacity to interact with others both inside and outside their scheme. Attributes include the life experiences, skills, talents and resources each resident brings to their scheme.

2. Social environment and dynamics within schemes

This domain encompasses the social patterns of interaction between residents of schemes and between staff and residents. For residents to feel included, they need to experience these interactions as supportive and validating. This domain also encompasses how residents perceive and experience the social climate of schemes; this dimension can be both enabling and/or disabling.

3. Built environment and neighbourhood location

The physical infrastructure, design and layout of a housing scheme contributes to the social participation of its residents, their mobility and their social interactions with others. If shared social spaces are not available, this limits residents' opportunities to participate and contribute to the scheme and to form meaningful connections with other residents and staff. The geographic location can determine whether residents feel safe to access external social networks, resources and amenities. This is acutely important for residents who wish to connect with external groups and networks that reflect their identities, such as LGBT+ and faith groups.

4. Wider structural and political factors

The wider policy environment (at local and national level) determines how housing schemes are commissioned, designed and provided. This domain also includes the wider patterns of societal inequality that shape residents' everyday experiences inside and outside the scheme, for example patterns of inequality on the basis of socioeconomic status and background, age, disability, ethnicity and sexual identity. The wider social climate will inform residents' views and attitudes towards social difference and diversity.

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