**Submission to Call for Evidence: Mandate of the Independent Expert on the enjoyment of all human rights by older persons**

**CALL FOR CONTRIBUTIONS: THE RIGHT TO ADEQUATE HOUSING OF OLDER PERSONS**

 **Introduction:** My name is Dr Paul [Willis](https://www.bristol.ac.uk/people/person/Paul-Willis-61e41e87-435c-46fb-a571-425ecee6ad7e/) and I’m Associate Professor in Social Work and Social Gerontology in the School for Policy Studies at the University of Bristol, United Kingdom (UK). Over the last 10 years I have led funded research across England and Wales on the provision of inclusive housing and care services to older people from diverse groups and backgrounds. This submission is based on current research findings we have recently published in a policy [report](https://ilcuk.org.uk/inclusive-neighbourhoods/) launched by the International Longevity Centre UK in January 2022.

This submission contains findings from the **‘DICE’ (Diversity in Care Environments) study**. This was a three-year research study funded by the Economic and Social Research Council (January 2019-January 2022). The study’s broad aims were to explore the social inclusion of older people from socially diverse backgrounds living in housing with care and support schemes in England and Wales and to examine the ways in which schemes enhance social wellbeing, bolster against social exclusion and isolation, and promote social cohesion within schemes. More information about the study’s aims and methods can be found [here](https://www.bristol.ac.uk/sps/research/projects/promoting-social-inclusion-in-housing-schemes/) and on page 8.

Within the UK, there is an increasing demand for housing options that provide onsite care and support for older adults, and this is expected to continue to rise by over a third (37%) by 2040[[1]](#footnote-2). 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]](#footnote-3). There is 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]](#footnote-4). Housing with care schemes, including extra-care housing, sheltered housing and independent living, are designed to prevent social isolation, promote interaction among residents and help people live independent, healthy lives as they get older. These schemes are a specialist form of housing for older people with care needs that support independent living with some provision of personal care to residents on site where needed.

In our study, we gathered qualitative and survey data from older residents (60+ years) and staff across 121 schemes (interviews with 72 residents across 26 schemes; a survey of 741 residents across 95 schemes). We present key findings below in response to these consultation questions:

* *What challenges, barriers and forms of discrimination are faced by older persons in fulfilling their right to adequate housing? Please also include any existing legislation, policy or practice. Please also state how it impact older persons’ enjoyment of other human rights.*
* *How do other factors (i.e., gender, sex, race, ethnicity, indigenous identity, disability, sexual orientation, gender identity, religion, social status, place of origin and immigration status) intersect and impact the enjoyment of older persons’ right to adequate housing?*

The findings below relate to the following articles of the UN Principles for Older Persons:

*5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.*

*14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.*

*17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.*

*18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.*

FINDINGS 1: REPORTS AND SOURCES OF DISCRIMINATION IN THE WIDER COMMUNITY.

* Age-based discrimination continues to be an enduring social problem within local communities in the UK. We asked survey respondents (older residents) about their general experiences of discrimination. Nearly half (45%) of the respondents (n=741) reported that they had been discriminated against based on their age, and nearly 1 in 5 reported discrimination based on a physical disability.
* Amongst our respondents there was a high prevalence of chronic illness, disability, and older age so we may expect to find ageism and ableism to be the most common forms of discrimination reported. Some people who experience discrimination did so on the basis of more than one characteristic. Nearly a quarter (26%) of survey respondents who reported experiencing discrimination indicated two or more reasons. Thirty six per cent (36%) of residents who reported two or more reasons included both age and physical disability, while nearly all (93%) included either age or physical disability. These results underpin the importance of providing safe and secure housing schemes for older people that are discrimination-free and promote full inclusion and equality. This is line with the right of older people ‘*to be able to live in dignity and security and be free of exploitation and physical or mental abuse*’ (article 17) and with the right to ‘*be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution* (article 18)*.*’

FINDINGS 2: REPORTS AND SOURCES OF DISCRIMINATION WITHIN HOUSING SCHEMES.

* More needs to be done by housing providers to support the inclusion and equal treatment of residents from social minority groups – this is in line with Articles 5, 14 and 18. Discriminatory behaviours were reported by residents within housing schemes – more so from other residents than from staff members. Accounts of discrimination from other residents (13%) were much more prevalent than accounts of discrimination from staff (5%). This is partly good news as it indicates that staff, for the most part, work to make housing residences inclusive environments. Equally, these results illustrate the challenge for scheme providers in combatting discriminatory actions among residents.
* When we looked at the housing experiences of older residents belonging to social minority groups, our findings revealed that not all residents were fully included in the life of scheme. While most older residents interviewed were accepting of residents who had ‘minority’ or ‘protected’ identities, as defined under the Equality Act 2010 (applicable to England and Wales), a small number of residents expressed discriminatory views based on homophobic and racist beliefs and assumptions. There were examples given by those who had directly experienced discriminatory and negative attitudes from other residents based on protected characteristics. Here are some examples:

**Discriminatory attitudes towards people with disabilities or chronic illness:**

* A gay man who was living with HIV felt that people at the scheme at which he lived were “*afraid of HIV*”, which had made it difficult for him to integrate himself into the social life of the scheme.
* Wheelchair use was raised as a barrier to inclusion by both a wheelchair user and residents who did not use mobility aids. This highlights the lack of inclusion of those with visible disabilities. Being registered blind was a barrier to regular interaction with other residents, who could appear awkward with not knowing how to speak to a person who was blind.

**Homophobic and transphobic views and experiences:**

* Residents who identified as gay or lesbian were not always open about their sexual identities. Some were reluctant to disclose their identities to other residents due to anticipated discriminatory views. This view was reinforced by a small number of residents who expressed homophobic views during research 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.
* On a more positive note, several heterosexual participants spoke about relatives identifying as LGBT+ and said that they would challenge discriminatory behaviour if it occurred at their scheme.

“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, identifies as gay, independent living scheme)

* One resident identifying as transgender commented that while she had overheard an older resident comment on whether she was “*a man or a woman*” she did not perceive this as transphobic. She did however feel that support staff lacked an understanding of the specific support needs of trans people, including the misuse of gender pronouns.

**General discriminatory attitudes and marginalising language used by residents:**

* Words such as “*invalids*” and “*few wires crossed”* were used by residents when referring to those with cognitive difficulties. Some residents were still using outdated terms such as “coloured” when referring to black people.

FINDINGS 3. SOURCES OF EXCLUSION FOR DISABLED RESIDENTS.

* 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 scheme residents; in our survey most respondents (76%) identified as having a chronic illness or long-term disability.
* In interviews, residents reported experiences of ableism within their schemes. This included: being excluded from social activities at schemes that they couldn’t easily participate in (e.g. written quizzes and puzzles they couldn’t easily read); inaccessible communications from staff (e.g. using font sizes that were too small to read in residents’ newsletters), and the physical design of schemes (e.g. communal spaces that weren’t wheelchair accessible). This was supported by our survey findings, which showed that nearly a quarter (24%) of survey respondents thought their scheme did not 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)

**Exclusion of people with learning difficulties by other residents:**

* Exclusionary practices were highlighted at one extra care scheme, where a more dominant resident group would ignore, ridicule, and exclude other residents who had a learning difficulty. This exclusion extended to those who were friends of residents with a learning difficulty.

**Residents’ views towards people with dementia:**

* Residents from at least three different housing schemes expressed exclusionary views that people with dementia did not belong in these schemes and “*should be in a care home.”* A lack of community within extra care housing schemes was attributed to the increased number of people with dementia entering these schemes. One resident felt it was “*demoralising*” to sit in a room where those with dementia “*hardly talk*” to other residents. This views work to further marginalise and exclude people with dementia in mainstream housing schemes and therefore compromise their right to dignity and to be ‘*be able to live in environments that are safe and adaptable to personal preferences and changing capacities’ (article 5).*

FINDINGS 4. AREAS OF GOOD PRACTICE IN PROMOTING SOCIAL INCLUSION.

Our findings highlight key areas of good practice where housing providers actively promoted the inclusion of residents from all social backgrounds. The below practices align with Articles 5 and 14.

**Onsite staff members providing support and facilitating inclusion:**

* The consistent presence of onsite staff helped facilitate inclusion and a sense of community within housing schemes as staff were able to get to know residents and build supportive relationships. Care staff in particular played an important role in supporting inclusion in extra care schemes as they were routinely onsite and got to know residents, allowing them to detect when residents with support needs were becoming more isolated and withdrawn.
* Staff members facilitated inclusion by making sure activities were suitable and accessible (for the most part), and by encouraging residents to engage in their scheme’s social life. Asking residents what they want to see happen in the scheme (including social activities) was important in making residents feel valued and included. Staff also had an important role in resolving disputes between residents; we heard good examples of onsite staff responding rapidly and proactively to resident conflicts.
* Throughout the 2020 lockdowns, there were increased efforts by staff teams 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.
* Prior to the pandemic, numerous schemes actively welcomed creative groups and companies into their communal areas that facilitated artistic, dance and theatre-based activities, as well as groups that led sport-themed activities. Residents could choose how involved they wanted to be with these activities. Housing staff we interviewed highlighted intergenerational activities as pivotal to connecting residents with different generations; these mostly involved children and young people participating in activities organised through schools and colleges.
* During our interviews we observed that an increasing number of housing schemes were moving towards ‘floating support’ models where support staff would no longer be based on site and would be available through telephone contact to an external office. Our interviews with residents clearly highlighted how much they valued getting to know staff members who were based on site as someone they could turn to when experiencing difficulties with other residents or when needing some practical help around their flat. We heard that this new model of ‘off-site’ support sometimes resulted in residents with limited mobility being unable to attend social events within their scheme. This raises further concerns about the exclusion of residents with physical and cognitive support needs. The movement towards this new model potentially diminishes sources of support (social and practical), particularly for residents with care and support needs or who are at higher risk of social isolation.

**Good practice in promoting different cultural and diversity events:**

* Events such as the Chinese New Year, Black History month and LGBT+ Pride were promoted at some schemes to facilitate wider diversity and inclusion within schemes.
* One housing provider appointed a new Equality and Diversity lead who would sit on their evidence council and promote diversity within the housing schemes and ensure voices of residents from minority groups were represented.

**Good practices in supporting the involvement of residents in scheme life:**

* We heard a lot of good examples about how residents were actively supported by scheme staff to be involved in the community life of schemes, for example leading on the planning and delivery of social groups and events, volunteers participating in resident associations, and residents assisting with gardening and the green care of schemes.
* During the state-enforced lockdowns of 2020 when residents were required to self-isolate, residents played a vital role in supporting the welfare of their neighbours. This included routine activities such as checking in with neighbours and assisting with tasks like distributing newspapers to neighbours’ doorsteps or helping others with grocery shopping online. These gestures of kindness counteract ageist views of all older people as being vulnerable and passive recipients of services.

**Good practices in inclusive scheme design:**

* The physical design of individual apartments and the level of proximity between residents were integral factors in the promotion of good neighbour relations and making residents feel connected to each other. We found that balconies and patios, as advocated by the HAPPI (Housing our Ageing Population Panel for Innovation) design principles[[4]](#footnote-5), to be essential spaces where residents could communicate with each other regularly and maintain social bonds with neighbours. 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 measures. Residents could comfortably chat with neighbours and others from their balconies or garden patios with low risk of virus transmission.
* Outdoor environments played 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 was also important for connecting residents to the natural environment and contributing to residents’ physical wellbeing through regular activity and the sharing of fresh produce with other residents.
* Communal spaces within schemes were fundamental for facilitating social interaction between residents through both organised activities and informal encounters. Some schemes had onsite 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. Conversely, a lack of communal spaces or inaccessible communal spaces generated barriers to integration and inclusion.

RECOMMENDATIONS:

* Providers of housing with care schemes need to implement proactive measures to not only address discriminatory actions by residents but to ensure the full inclusion of older residents belonging to minority groups or with protected characteristics. The above action of appointing an Equality and Diversity Lead is one good example that should be shared with other providers. Staff members need to be supported and provided with the tools and knowledge to be able to confidently respond to and challenge discrimination from other residents.
* Providers need to prioritise the following:
	+ Listening 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
	+ Employing on-site rather than off-site staff to build consistent and durable relationships with residents
	+ Providing 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.
* 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 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).
* At national level dementia strategies need to include actions to support the full inclusion of older people with dementia and cognitive difficulties in housing with care schemes. Inspectorate bodies, such as the Care Quality Commission in England, have a pivotal role in assessing and monitoring the full inclusion of residents from social minority groups and with protected characteristics.
* Older people need to be actively included in the planning and design of housing schemes with efforts to ensure living spaces promote individual dignity and independence while facilitating social interaction and supporting connections between residents. Designers and architects should involve older people in the design of schemes, particularly disabled adults and people with care and support needs. This needs to be made a requirement by national and local governments for all new scheme builds.
* A commissioner for older people needs to be appointed in England by the national government to champion older people’s rights to live free from discrimination, including age-based discrimination, within local communities and housing schemes.

ABOUT THE DICE STUDY:

The DICE study is a mixed-methods study of social inclusion practices in housing with care and support for older people in England and Wales. Findings presented here are based on interviews with residents and staff from housing with care schemes. Participating 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 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 the English Longitudinal Study of Ageing (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 in schemes.

Interviews with residents were conducted between November 2019 and January 2021. Due to the COVID-19 pandemic, sampling and methods were modified and interviews were conducted remotely through telephone or virtual platforms such as Zoom. Housing schemes were selectively chosen from three providers, reflecting differences in geographic location (rural, urban) and type of scheme. Within selected sites, single semi-structured interviews were conducted with residents to generate data on residents’ current and recent experiences of inclusion within the scheme and more broadly in the local community. 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. A total of 51 residents across six housing schemes took part in single interviews. In July 2020, 12 of these participants were re-interviewed to explore experiences of communal life during the first pandemic lockdown. In addition, 21 residents from a wider range of housing schemes took part in longitudinal interviews – these were residents who were purposively selected as they belonged to/ identified with minority groups and protected characteristics (i.e. disabled or chronic illness, identified as LGBT, from a black or ethnic minority background, belonged to a minority faith). Semi-structured interviews were conducted with support staff, managers, wellbeing facilitators, and external professionals across each selected housing schemes (total 21 interviews). The purpose of these interviews 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 inclusion in the communal life of the scheme is encouraged and supported alongside identifying perceived barriers that prevent this. All interview data was analysed thematically using a framework method of organising and managing data sets.

**PLEASE DIRECT QUESTIONS ABOUT THIS SUBMISSION TO PAUL WILLIS,** paul.willis@bristol.ac.uk

**END.**

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2. Office for National Statistics (2021). Overview of the UK population: January 2021. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/january2021> [↑](#footnote-ref-3)
3. Centre for Ageing Better (2021). Good homes for all: a proposal to fix England’s housing. Available at: <https://ageing-better.org.uk/sites/default/files/2021-09/good-homes-for-all-a-proposal.pdf> [↑](#footnote-ref-4)
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