NIHR | School for Social Care Research

Collaborative Housing & Innovation in Care (CHIC)

ABOUT THE RESEARCH

Given the chronically underfunded social care system, and a lack of decent housing choices for people in later life, there is an urgent need for innovations that address this intersection of housing, ageing and care.

These need to respond to the rising numbers of older people living alone, the growing numbers of self-funders of adult social care, and a wish for greater independence and control over how we live in later life.

Supporters of collaborative housing form believe that in addition to offering more choice and control, these typologies might be more supportive and caring environments compared to other options such as independent living in mainstream housing or in specialist housing like retirement villages or extra care.

METHODS

The 'Collaborative Housing and Innovation in Social Care (CHIC)' identified the extent and ways in which different forms of collaborative housing (e.g. cohousing, housing co-operatives and other self-managed models) meet the care needs of older people.

The longitudinal, qualitative study examined six case studies to explore this question both in terms of directly alleviating the burden on social care services, but also indirectly in terms of mutual support, self-reliance and wellbeing.

The team comprised researchers from the School for Policy Studies, with full details – including advisory group – at: https://collabhousingcare.blogs.bristol.ac.uk/team-members/

DEFINITIONS

The definition of social care the research team adopt is broad and refers to the range of support that people with learning disabilities, physical disabilities and illnesses and mental illnesses receive from a variety of sources, including that which

is formally provided by care services or informally by family, friends or neighbours. Social care covers a spectrum of services and activities from information and signposting to services, through to more significant forms of support with activities of daily living and managing finances. It also encompasses those activities aimed at preventing or delaying the need for formal care services or family support.

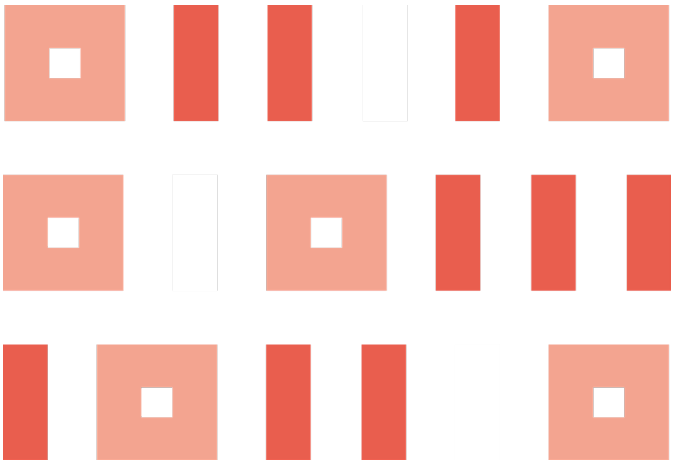
The definition of collaborative housing (referred to as CH from hereon) that is employed is equally broad and refers to a wide range of different housing models that includes cohousing, housing co-operatives and community land trusts (also sometimes collectively referred to as community-led housing), as well as less well-known phenomena such as self-managed private retirement developments.

The interpretation is made in the context of promoting greater choice and control in later life and therefore focuses on housing communities whose members collectively have significant control over their housing, the services used, and how they choose to live together, whether they are part of the community-led housing movement or whether they are more pragmatically motivated.

Collaborative housing: a range of different models

As noted, the definition of the term 'collaborative housing' spans a wide range of grouped living models and approaches, representing more an 'ecosystem' than a neat list of types. A single community might be defined in more than one way, e.g. a housing co-operative that follows the principles of cohousing.

Further, the researchers have included some models specific to retirement developments that are not considered a part of the community-led housing movement and are more pragmatically focused on the collective right to manage the housing element. The summary below, while not exhaustive, sets out what the research team consider to be the models that suggest greatest potential for scaling up to greater numbers.



Cohousing

Cohousing is a form of 'intentional' housing community created by a group of people who have come together to develop a particular solution to their housing needs – for example housing affordability, ecological principles, or sharing child-care responsibilities. The overriding aim, however, is to create a small housing neighbourhood that encourages and supports a sociable community life.

Cohousing is not a commune – a key principle is that everyone has their own front door – and is also not a particular legal or financial model. Individual homes might be owner-occupied or rented, but with the site owned collectively through a shared ownership model, for example a Mutual Home Ownership scheme, a housing cooperative or a community land trust.

While issues of resale and inheritance vary depending on which approach is used, cohousing usually involves collectively purchasing and developing a site. A scheme

typically also includes a common house (or space) where residents meet regularly for events, meetings or sharing meals. Schemes usually comprise around 10-30 dwellings.

Being a member of a cohousing scheme means being a part of the entire development process, from initial idea to construction and beyond, and this can be a complex and time-consuming process.

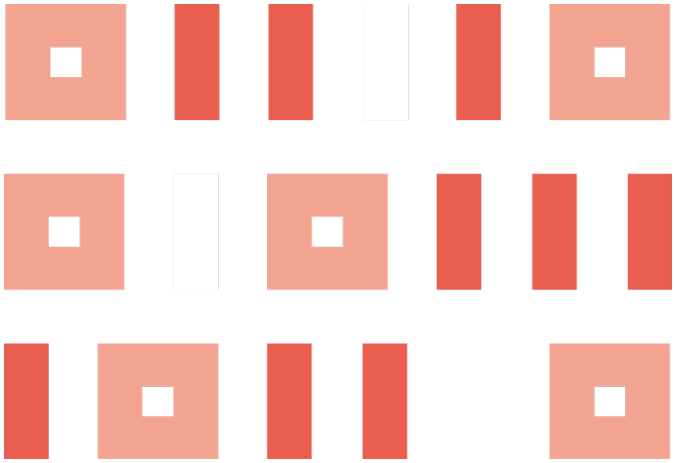
Given that there is also little support from public funds in England (or the wider UK), it is unsurprising that the number of completed cohousing schemes remains small – around 30 thus far (albeit with around 60 in development). In large part, the small number is due to the necessity to be self-funded by its members, although some groups have been able to incorporate an element of affordable housing through cross-subsidy, grants or with capital funding from charitable trusts.

Some cohousing communities choose to limit their membership to older members, e.g. 55+, as so-called 'senior' cohousing, and commit to supporting each other as they grow older. As will be explored later, this is explicitly not a commitment to providing any form of hands-on, personal care to each other, rather it is a wish to live in a close and supportive community that practices varied forms of informal mutual aid which can, in turn, support a sense of wellbeing in later life.

Three of the six case studies are cohousing schemes. One is for those aged over 55 only, while the others are intergenerational but with a preponderance of residents over 55.

Housing co-operatives

Housing co-operatives are not-for-profit, democratic organisations run by and for



their members and can involve people living together in one large property, or in separate flats or houses. The actual housing might be owned by others (i.e. a private landlord, local authority or housing association) or owned by the co-op itself.

Key for housing co-ops is that residents are in control and self-manage their homes in a democratic way, have security of housing, and pay fairer costs.

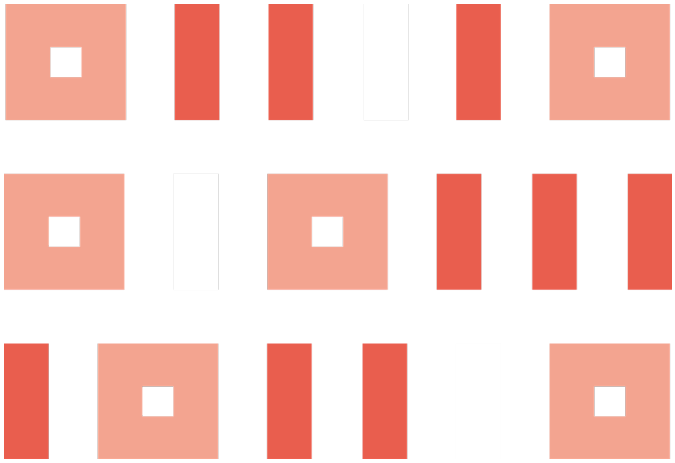
Arguably the most equitable form of housing co-op – and one that gives members greatest control as a group – is one where membership is limited to its residents (a 'fully mutual' co-operative), and is held in common ownership, so cannot be sold for the personal gain of members. Thus, when a member leaves, they retain no stake in their home.

Housing co-operatives are the most numerous kind of CH in England, with the co-operative movement as a whole having deep roots here. There are around 900 co-operative housing organisations in the UK, managing nearly 200,000 homes.

The 1980s and early 1990s saw a very favourable funding regime for building new co-operative housing as part of a central government move away from support for social housing provision by local authorities. Most purpose-built and larger housing co-ops were thus established in

this period; those established since have tended to be on a smaller scale, often adapting existing properties.

One of the six case studies is a housing co-op. It is one of only a handful of co-ops for older people.



Self-managed retirement leaseholder housing

Leasehold ownership is by far the most common model for people living in purpose-built, private retirement developments in England, and are usually in the form of flats. The land, structure and common elements of the buildings, e.g. the external fabric, circulation spaces, common rooms and landscaped spaces, are owned by a freeholder.

In response to a lack of control of their housing – primarily maintenance costs controlled by the freeholder but billed to leaseholders – a significant number of leasehold schemes have in recent years been taken over by their residents via the process of Right to Manage (a right contained in the 2002 Commonhold and Leasehold Reform Act). Under the Right to Manage (RtM) the freeholder retains ownership of all but the leaseholds to the apartments, but the leaseholders take over responsibility for the management of the buildings, site and services. The leaseholders jointly set up a company (primarily to limit liability) with an elected board, that in turn can make financial decisions, employ managing agents and other specialists.

Exact figures are difficult to establish, in part because there is no umbrella organisation for such communities. But it is estimated that as many as 100 retirement leasehold schemes have taken this route. Such examples are not generally regarded as being a part of the community led housing movement, perhaps because the primary aim has been residents taking control of costs rather than creating community. Nonetheless, the potential for every retirement leasehold scheme in the country to pursue control in this way suggests enormous potential in terms of self-managed housing for older people. One of the case studies is retirement leasehold housing.

Self-managed sheltered housing

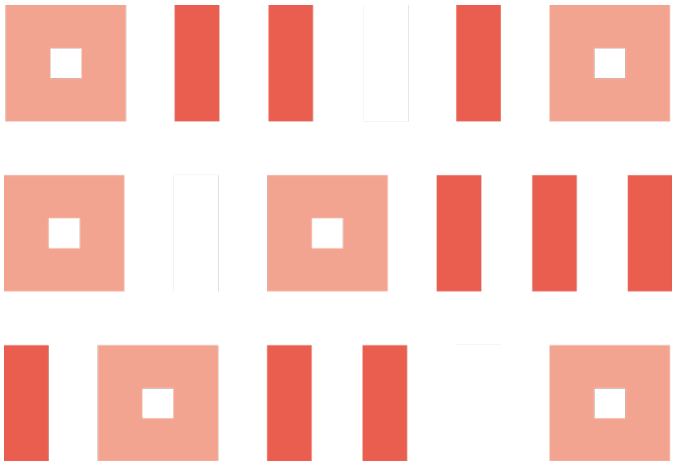
The research team also identified a further – probably unique – model, referred to by its developer as 'very sheltered housing'. The model is comparable with retirement leasehold housing in that all residents are leaseholders, but with something akin to the Right to Manage built-in to each scheme from the start by a 'benevolent' developer (who still retains the freehold).

As with retirement leasehold housing generally, the leasehold owners are required to elect directors to a company that manages the scheme and its services on behalf of the freeholder.

Sheltered housing (sometimes referred to as retirement housing) is usually defined as having a scheme manager or warden, 24-hour emergency help through an alarm system, and communal areas maintained as part of the scheme. The 'very sheltered housing' description indicates that the schemes in question go further, providing

staff that provide a greater extent of domestic services and potentially personal care services – something arguably closer to 'extra care' housing. As far as we know, this model of self-managed sheltered housing exists only across the thirty-two schemes built by one particular retirement developer and is therefore unique.

One of the case study schemes is self-managed sheltered housing, selected via the developer.



FINDINGS

The value of community living generally

Residents value and engage in community life, especially in the cohousing communities, where members often consciously chose the model because it offers mutual support and an alternative way of ageing. Day-to-day interactions build social bonds that underpin mutual support, notable even in the longest-formed group after 20 years. In choosing to live in the non-cohousing schemes, residents tended to be more motivated by practical concerns (e.g. living close to children) than by community ideals.

Notwithstanding, there were many examples of mutual support in these schemes, often involving a small but active 'core' of residents; others, however, were much less engaged. In both types of community, most research participants had actively chosen to move in because they saw their scheme as a better place to age. Most wanted to maintain agency and control in later life and felt this was best achieved by living in a community rather than independently.

Mutual support and care

Especially in cohousing, residents often provide informal, neighbourly support to each other. They also help in practical ways when there is a short-term health emergency — which potentially enables shorter hospital stays. One cohousing scheme has formalised the role of 'health buddies', who look out for each other and support in matters such as acquiring powers of attorney. Mutual support can be practical (eg shopping or picking up prescriptions) or — equally valuable — emotional. Such mutuality was however not a substitute for formal social care, and some schemes explicitly required residents with longer-term care and support needs to have arrangements in place.

Benefits (and challenges) of self-management

Managing schemes themselves, rather than relying entirely on paid staff, means residents must work together for a common purpose. In all the case study schemes, resident management forged social bonds and underpinned a greater level of mutual (rather than top-down) care and support.

But the non-cohousing schemes demonstrated some very practical benefits of resident control: at the housing co-op, for example, the neighbouring social landlord had provided a warden service but decided to withdraw this; the co-op residents then organised funding to

through (sometimes open-market) sales. For the Right-to-Manage and potentially all three of the non-cohousing schemes, a future less 'benign' freeholder could make resident management more difficult.

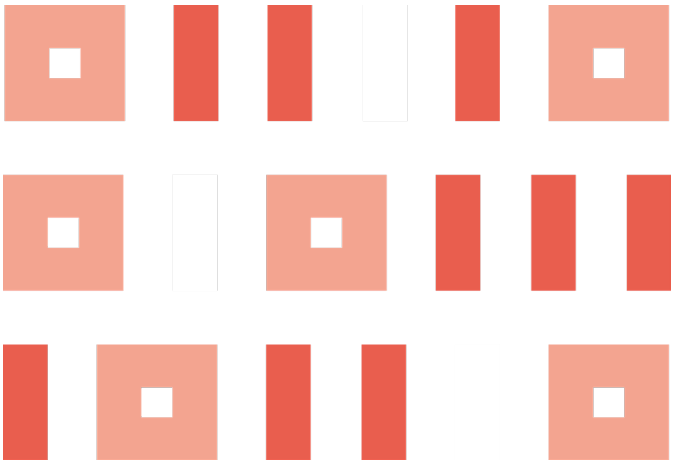
Managing transitions as individual care needs increase

Each community has understandings, whether formal or informal, about the limits of care by other members and at what point a resident's needs are too great for the community to manage.

In cohousing, we found cases of members acting as intermediaries or advocates for fellow residents whose health had declined, either because of an acute event or over time. These intermediary roles were based on the mutual trust developed in such groups, with their commitment to mutual support, shared values, and solidarity.

Often these relationships long predated the 'bricks and mortar' phase of moving into the completed buildings, with groups having bonded through the long planning and construction processes. Despite these deep bonds, some members who gave significant support over an extended period admitted to feeling overburdened. Fellow residents might be involved in early decisions around health and care, but family members (where they existed) would usually step in when people's needs became greater.

In the non-cohousing schemes, by contrast, the site manager(s) play the major role in the day-to-day running of the community and respond to emergencies and changing care needs. But often the site managers went beyond this, acting as intermediaries and advocates for residents in between health services, social services, family etc. in terms of care and future planning.



Planning for future care needs collaboratively

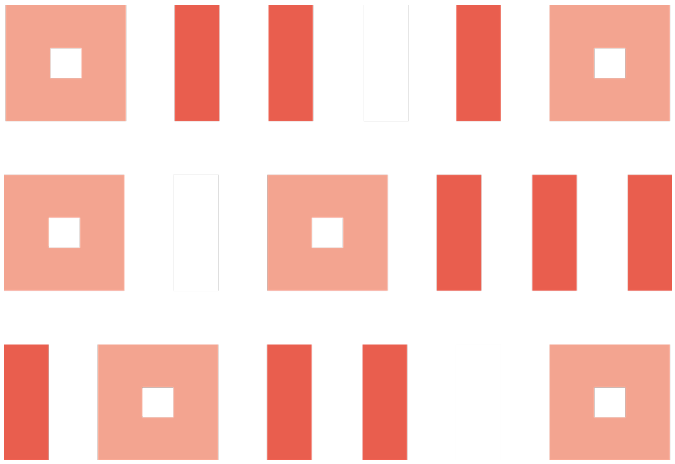
Of the three non-cohousing schemes, the 'extra care-like' scheme was unsurprisingly best placed to manage residents' progressive care needs. Even so, the demarcation between independent living and dependency, and the question of how far each scheme would go in maintaining residents to live independently, remains a negotiable boundary. While the intention is that the community is a home for life, in practice residents moved on to residential or nursing care when it was felt their own or others' safety was at risk. Difficult conversations with family in such instances were undertaken by paid staff.

In cohousing communities, cases of escalating care need may create tough decisions for fellow residents. But while members recognised that care needs would increase as they aged, the research team found little evidence they had considered collaboration around formal care services. The potential organisational and regulatory burdens were clearly factors, but also the time and effort required.

In addition, not all residents felt they could afford collective care and therefore decided (consciously or not) to gamble on having no future care need. The potential use of the guest flat for a live-in carer was often

mentioned, but it was hard to see how this might work in practice, given the diversity and unpredictable timing of potential care needs. In addition, such accommodation plays an important role by providing a base for family and friends who live far away.

Although the cohousing groups have not organised collective formal care, members do share cleaners and occasionally personal care assistants. This can benefit both parties, but these were individual rather than collective arrangements. This may also reflect residents' attitudes about the fundamental nature of their communities: in general, residents preferred to emphasise the supportive and ill-health-preventative aspects, rather than viewing them as places of long-term care.



Affordability, accessibility and diversity

The research team gleaned only limited data about residents' wealth. Annual income is not always a useful indicator, especially for retired people, and participants were not asked to share information about what is both a private and often complex matter.

While members of the cohousing groups – which were by necessity largely self-funded – tended to be relatively well off and have higher levels of education, some had stretched themselves to afford the housing and were now on fixed incomes and worried about unexpected costs. None of the schemes was especially ethnically diverse (something that the CH sector acknowledges and is working toward).

However, the housing co-op, in a relatively deprived area of a major northern city, was a very different demographic to the other five schemes and indicates the potential for greater access. Residents were largely from the local area and reflected the co-op's requirement that its members be of limited means.

Physical design for ageing and care

All six schemes have some form of shared community space and other shared elements, but the three cohousing schemes feel most physically coherent as communities or small neighbourhoods.

They were designed with significant input by their residents and followed a set of cohousing design principles intended to foster social interaction, and allowed residents to 'look out for' each other while maintaining their own privacy.

Two of the non-cohousing schemes compare less favourably, with some dwellings separated from the main cluster to the detriment of social connection. In terms of accessibility (individual homes and across the whole site), the most notable challenges were at the two cohousing schemes that had not explicitly been designed for later life.

The potential for translating practices into other accommodation settings

Discussions on this theme have taken place with members of the advisory board and through stakeholder engagement activities.

It would be overstating things to say

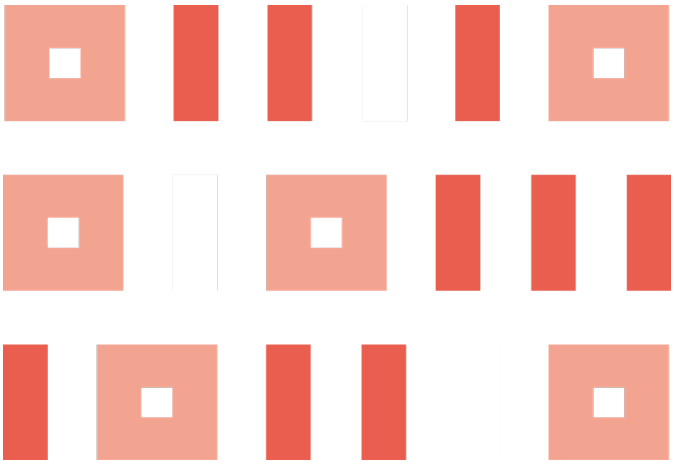
that there are concrete findings on this question, but based on those discussions the researchers have the following recommendations for specialist housing providers and registered providers. These are:

- Promote, foster and develop 'capacity' within existing communities, i.e. the will for self-organisation and management, recognising the power of mutual aid.
- Consider the scope for 'retrofitting' self-management, including to existing micro-communities of mutual aid (even within larger complexes such as extra care villages).
- Learn from cohousing examples and their designers to encourage greater sociability and mutual support through the design of new schemes.
- Learn from providers experimenting with the introduction of self-managed cohousing, such as Housing21's cohousing projects. (Housing21 and the UK cohousing network have published a useful guide, 'Housing Associations and Cohousing; How to create inclusive, affordable, collaborative neighbourhoods for older people'. Available via UKCH website: https://cohousing.org.uk/publications-and-research/_

Notable too are the strong affinities between practices in the non co-housing schemes and the original sheltered housing schemes built for older people. In many sheltered housing schemes built for older people, there once was a manager, resident and dedicated to the scheme, who could develop this sense of a shared goal among residents.

Strangers who were deemed old and vulnerable came to live there. A really good manager would act as a social catalyst and generate social events and gatherings whereby the residents mixed and got to know each other and the common room was fairly well used.

This in turn created a sense of belonging and potential for mutual support among residents. The findings from the three non-cohousing communities really reaffirm the benefits of this erstwhile model.



CONCLUSIONS & IMPLICATIONS

The research identified multiple benefits of collaborative housing in terms of mutual support around health issues but also advocacy (by fellow residents but also by paid staff) for those transitioning to greater health and social care needs.

The researchers did identify challenges and critical issues, but also strongly evidenced the overall benefits of these six collaborative housing case studies and the models they represent, all rooted in the concept of agency in later life.

Such schemes have benefits compared to ordinary housing, but also the researchers would argue when compared with the current range of options for those seeking more sociable or supportive later-life homes such as retirement, sheltered or extra care housing.

At present, a majority of the models remain marginal in terms of mainstream housing options for ageing and care. In order for this to change, the researchers believe there must be significant efforts at national and local government levels to better enable collaborative housing models.

The research team also believes that there is a necessity for a recognition at local authority / adult social care provision level to become more familiar with the potential benefits of collaborative housing – most notably that they promise to decrease calls on adult social care services.

The findings also suggest specialist housing and registered housing providers could learn from these models in terms of both social and physical design.

COMMENT

"What's striking is the degree of agency, choice and control enjoyed by those living in collaborative housing, and which chimes with other research that identifies these as essential to well-being. Individual choice and agency are at the heart of the recent Health and Care Act; the CHIC report reminds us that mainstreaming collaborative housing and care practices – that might seem to some a niche concern – is actually key to making choice, agency and general well-being a much more attainable goal for the adult social care system that desperately needs to shift ideas and investment to self-directed solutions that allow people who draw on social care to lead a good and purposeful life."

Ian Hanton, Central Bedfordshire Council

RESEARCH TEAM

Karen West
University of Bristol

Email

karen.west@bristol.ac.uk

Miza Izuhara
Melissa Fernández Arrigoitia
Randall Smith
Kathleen Scanlon
Jeremy Porteus
Jim Hudson

University of Bristol
School for Policy Studies
8 Priory Road
Bristol
BS8 1TZ

PARTNERS

Lancaster University
London School of Economics and Political Science
Housing Learning and Improvement Network

NIHR | School for Social Care Research

The NIHR School for Social Care Research (SSCR) is a research and capacity-building partnership between leading centres for social care research across England.

To find out more visit:

sscr.nihr.ac.uk