HEALTHY AGEING-IN-PLACE: THE ROLE OF SOCIAL CONNECTION, NETWORKS AND COMMUNITY BELONGING

Findings from ODESSA, a trans-disciplinary international study for an ageing-in-place framework

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**ODESSA study - Partners**

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**Odessa**: a trans-disciplinary study, focused on meeting older people’s needs in terms of long-term care by exploring the relationships between the living arrangements and environments of older people and the design of care delivery from technological, financial, political and social perspectives.
ODESSA study - structure

Six work packages:

1. Older people’s housing conditions and living arrangements

2. Older people’s housing and care expenses and residential mobility

3. Care delivery and community support: connected communities

4. Age-friendly housing environments

5. Innovative financial channels to provide serviced-homes and promote ageing-in-place

6. Comparative study and future scenario building
Care delivery and community support: connected communities (WP3)

The research team

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Why Networks and Belonging?

Citizenship
Contesting prescriptive; promoting inclusive, participative representations of citizenship across the lifespan

and:

Community
Valuing and mobilising the positive contributory assets of older people: knowledge; expertise; experience; through the capacity of community networks.
The value of connection: knowledge and assets

‘The less a community knows about itself and its citizens’ capacities, the easier it is to fall into a pattern of seeing the community and its people only through a ‘needs’ perspective...

.. the more a community becomes familiar with itself and its citizens, the more obvious it becomes that what is good about a community far outweighs whatever needs it might have’

ODESSA Work package 3 Care Delivery and Community Support: Aim and approach – summary

To contribute to the overall understanding of the features of comparative ageing-in-place:

- a specific understanding of the role that social and community network membership and activity could play in advancing effective ageing-in-place models;

- informed by learning from ‘UK’s Connected Communities study*, our work drew, as far as possible, on two key principles: deliberative community engagement and social network analysis;

- assessed potential for engaging communities in effective and inclusive models of social care delivery to support healthy ageing, taking account of different policy contexts of three partner countries.

ODESSA Work package 3 Care Delivery and Community Support
- Connected Communities and Networks

Objectives

To assist understanding of:

• what social and community network membership and activity means to older citizens through identifying key dimensions of social participation such as community belonging and gaining knowledge of factors particularly associated with enabling it.

• the types of accommodation settings and how they are perceived in relation to community dimensions of participation.

• the nature of development pathways for future ageing-in-place that incorporate the evidenced value and utility of social and community network membership and how to optimise its effect.
Method

Mixed, drew on cornerstones of Connected Communities study:

• Deliberative community engagement: community members trained to undertake research in their own community and:

  • social network analysis: network relationships revealed community research data are analysed, presented as social network maps; ‘played back’ to community participants in dedicated meetings and selected focus groups for iteration;

• outcomes of process provide for a local intervention aimed at supporting improved wellbeing and inclusion to be locally designed, implemented and evaluated.
We suggest that **community capital can be grown** through a way of working that follows the Connected Communities principles of **Understanding** the local situation, relationships and patterns of isolation, **Involving** people in creating a solution, and aiming to **Connect** people to one another to reduce isolation and create more connected communities.

**Community Capital: Measurable dimensions:** wellbeing; capacity; citizenship; cost
Data collection instrument

Questionnaire with name and place generators in six fields:

- personal circumstances;
- accommodation status;
- health and other support service need;
- community belonging;
- trust;
- networks and connectivity.

Common core questions with additional country-specific fields where necessary to synchronising WP3 with health or demographic data bases.

Focus Groups

In UK, with community researchers to obtain experiential insights from the community research process; learning from the field and own knowledge and experience of being an older person living in the communities in which research undertaken.
# Common Survey General Data Fields

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- 5.4 helper support coefficient
- 5.5 sum(Single helper’s support strength)
- 5.6 type coefficient
- 5.7 total helper strength

**Section 6**
- 6.1 place connection size
- 6.2 sum(Single place support strength)
- 6.3 place type coefficient
- 6.4 total place support strength
Study Sites

UK

- Stratford on Avon, Warwickshire* semi-rural; pop: 27.5 k (2011)
- Norwich, Norfolk* small city and semi – rural; pop: 213 k (2011)
- Tipton, W. Midlands, urban; pop: 39k (2011)

China: Ningbo, Zhejiang Province; urban; pop. 7.6 m (2010)

France: Evry, Essone, outer Paris; suburban; pop: 50k (2014)

*Through Orbit Housing
Process

• **Community researchers** (UK and China) trained in early 2016.

• **Data collection across the three countries** conducted during 2016/17,

• **764 surveys were completed** (UK: n.151; China: n.479; France: n.134).

• **Seven focus groups** were held between March and October 2017 with 3-10 researcher or service providers or research participants in each.

• **Quantitative data examined** by statistical analysis, correlations analysis, Chi-square tests, Principal Component Analysis (PCA) and Bipartite Network Analysis, to surface underlying relationship between different variables.

• **Key data variables identified** by each country based on local research interest. Commonly concerned variables further led to comparative studies.

• **Qualitative data was analysed using systematic thematic analysis** with coding frame developed from survey instrument questions to enable comparison and synthesis of data across teams.
FINDINGS - Loneliness

Experience of feeling lonely appears to be significantly more widespread for older people in the UK than in China:

China: c 15% of respondents reported having felt lonely during the past week; 57% of this group reported that they hardly ever or never feel lonely, while just 9% reported feeling lonely very often.

UK: 24% of respondents reported feeling lonely during the past week, of whom 31% reported that they hardly ever or never feel lonely but almost 26% reported feeling lonely very often.
FINDINGS – Loneliness (2)

Loneliness associated

positively with:

• organizational/place-based barriers
• professional nursing and personal care
• care from a specialist physician
• number of health conditions

negatively with:

• home ownership
• partnership status
• living in specific /specialist older people’s accommodation
• frequency of contact with child
• satisfaction with transportation
• helper network connection size
FINDINGS - The role of place connectivity to older people

Significant association between place connectivity and an older person’s feeling of community belonging.

The greater the older person’s place connectivity, the greater the likelihood that they will have a feeling of community belonging.

Significant place variability between sites.
The role of place connectivity to older people

Variability across three study sites in categories of local places most associated with participants’ activities:

- Shopping places; health care facilities; community centres; communal areas appear to play *vital* roles in older people’s daily lives.
- Churches/temples; leisure facilities; pubs/restaurants/cafés; social clubs/associations; libraries appear to be playing *important* roles in older people’s daily lives.

Place connectivity example in three UK communities
Stratford-upon-Avon place connectivity network

Question 1:
Places for collective and community activities
FINDINGS - Neighbourhood trust and age

Interesting contrast between the UK and China:

UK: neighbourhood trust significantly associated with ageing - the older the person, the greater likelihood of their trusting others

China: no comparable association observed
FINDINGS – Social Network Participation

• Importance of a catalyst in enabling access to social networks and opportunity

“Accessibility is a vital component in building and maintaining social groups and interactions. Accessibility may have many components. **Social networks ... don’t just happen they have to be made to happen either by the elderly person themselves or by some intervention**” ... “Social interaction needs social scaffolding around which the elderly can build their lives and own social circles. A vibrant elderly community requires places to go and to interact that are accessible.” (UK)

• Social interaction builds community capacity

“Making and keeping social interactions is a skill which if unpractised will deteriorate. Engaging in social interaction/groups will in itself grow the social skills of the community and nourish/encourage new social groups and networks.”
FINDINGS – Social Network Participation (2)

• Systems and structures of service organisation strongly impact local social network potential:

“Lack of a linked up approach to delivering ‘elderly provision’ across both time and geography. Many charities housing providers and social services seem to compete for clients rather than strategically plan.” (UK)

“Elderly people need to be encouraged to develop and use their social skills as part of pathway into old age and as part of the ‘wider strategic social plan.” (UK)

• The value of the mainstream places and the ordinary activities for social network opportunities:

“I usually see Gladys at the butchers and after that John at the post office .. Certain common times develop around these locations when their social groups were more likely to be there ... butchers, supermarkets, cafes, libraries and in particular doctors and health providers all adopt a social function far in excess of their original purpose.” (UK)
FINDINGS – the value of volunteering to social participation

The innovative use of older people volunteers from Ningbo community centres in working with pairs of trained student Community Researchers and UK’s volunteer community researchers demonstrated significance of volunteering to the study. Multiple (and culturally specific) explanations for volunteering were cited in focus groups: returning something to the community; personal benefits of community interaction:

“My involvement in the study came about as a consequence of my role as a Trustee/Director of Age UK Norwich. I was born in Norwich ... the public sector has been good to me over the years. Participating was in part about putting something back.” (UK)

“The Chinese traditional ideological education helped them build up the thought to serve people, to help others, so they are willing to participate in volunteer works; “It (volunteering) can help old people connect with their community.” (China)

“I’ve enjoyed being a community researcher; it’s given me an insight into the issues affecting older people. It’s been good for me and I’ve learnt a lot. I’ve made some good friends through the process.” (UK)
Reflections and Implications

- **Trust** and ageing is an important focus for future research.

- **Place Connectivity and the value of mainstream places**: confirms importance of UK focus on place in research and policy on loneliness and isolation.

- **Social networks** -
  - practice needs to highlight value of social catalysts
  - practice and organisational arrangements following policy on social prescribing and universal personalised care need to attend fully to the dimensions of social and community network links for healthy ageing and the conditions for its achieving it.

- **Developing supports** for the social and community aspects of ageing –in-place means shaping and sharing mainstream innovation on networks, citizenship and civic engagement to purpose and contributing to the innovation.

- **Ageing in place is a trans-disciplinary, inter-generational business!**
But, there are contextual challenges

Financial

- Failure to address social care funding: impact on scope of care system to drive and support personalised, approaches to ageing that ensure inclusion at community level.

- Cuts: damage to social fabric for ageing; community facilities and opportunities – impacting on older people, families, carers, wider community capacity.

- Poverty: outcomes for marginalisation, stigma, equality, health, exclusion, dignity.

- Blame displacement: promotes intergenerational tension.
Some Contextual Challenges (2)

Environmental
- Developer-driven housing; undemocratic and unresponsive to nature of individual need, working against planned development for community belonging and community capital.

Ways of thinking
- Binary notions of ageing weigh against life-course perspectives, equality of entitlement between age-groups and inter-generational approaches to social isolation and loneliness.
- Loneliness and social isolation: understanding nature of the inter-depency: impact on focus for action: individual/community.
The value of connection: knowledge and assets

‘The less a community knows about itself and its citizens’ capacities, the easier it is to fall into a pattern of seeing the community and its people only through a ‘needs’ perspective...

.. the more a community becomes familiar with itself and its citizens, the more obvious it becomes that what is good about a community far outweighs whatever needs it might have’

Thank You

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