

Active Caring Communities: Developing the Village Model

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Areas for discussion

- **Ageing in place**
- **Models of community organisation**
- **The Village model**
- **Proposed Manchester study**

Promotion of 'Ageing in Place'

'More people will be supported to stay well and live at home for as long as possible'

(Taking Charge of Our Health & Social Care in GM, *The Plan*)

- 80% of the time of people aged over 70 is spent at home & immediate neighbourhood
- Preference for home
- Delay entry into residential/nursing home care

Demographic pressures on 'ageing in place'

- Additional **1.42 million** households in UK headed by someone over 85 by mid-2030s
(Government Office for Science, 2015)
- Around **29% of people 65 +** in GM have an LLI where their day-to-day activities are 'limited a lot'
- Substantial increase projected (2036) in people 65 + unable to **manage one domestic task (41.5%)** or **one self-care activity (34%)*** (Buckner et al., 2011)
- Decline in building of **specialised housing** (sheltered housing, retirement communities) (Housing LIN, 2015)

* Figures for Manchester (based on 2001 Census data)

Community pressures on ageing in place

- **40.8%** of Manchester LSOAs are in the most deprived **10%** of LSOAs nationally (Bullen, 2015)
- Inequalities within urban neighbourhoods – wide variations in LE/HLE between districts (Purdham, 2017)
- Contrast between *ageing in place* (>40 years) and highly *mobile* populations (<5 years)
- Pressure on ‘**natural helping networks**’ (Gardner, 2011)
- **Institutional isolation** (Gans, 1972)

Ageing in Place to Ageing in Community

- ‘Focus on ageing in place that does not simultaneously consider the social environment and its importance in elders’ lives runs the risk of fostering social isolation and exacerbating social inclusion’ (Scharlach & Lehning, 2013)
- Replace ‘**Ageing-in-place**’ with ‘**ageing in community**’: ‘independence & self-reliance insufficient if not accompanied by opportunities to maintain important interpersonal bonds and participate in meaningful social roles’.

Ageing in the community

- **Co-housing**
- **Naturally-Occurring Retirement Communities**
- **Village model**

Co-housing

- Co-housing usually includes private individual or family homes, which may be owned or rented clustered around spaces and facilities that are collectively used. Usually designed, planned and managed by residents.
- 19 established communities in the UK; 55 developing
- <https://cohousing.org.uk/>
- <http://www.owch.org.uk/>

Ageing in the community: Co-location of services

- **Naturally-Occurring Retirement Schemes (NORCS)**

Building or cluster of buildings occupied by relatively large concentrations of older adults who moved in at a younger age and then simply stayed or by older persons who moved in recently. Housing Trust or neighbourhood group partners with a lead organisation to provide array of services. Residents/tenants may function in an advisory capacity

<http://urbanomnibus.net/2010/03/norcs-in-nyc/>

Ageing in the community: Co-location of services

- **'Village' model:**

Consumer-directed membership –based neighbourhood organisation. Combines social engagement, social support and service provision, to assist people to remain in own homes

In return for an **annual subscription**, members receive various services e.g. help with shopping trips, home repairs, cultural activities, legal services. Often employ a facilitator. Initiated and organised by older people

<http://theathensvillage.org/>

Village characteristics

- Villages typically founded and governed by a group of neighbours who have an interest in avoiding forced moves or institutionalization in the future
- Can be self-governing or linked with an agency
- Members provide services through volunteering
- Annual membership fee to cover admin costs/access to home assistance
- Currently around 200 plus in the USA; a few in the Netherlands

Athens Village (Ohio)

- Self-governing model with c.100 members (60 plus)
- Annual sub c. \$400 (can be gifted; paid monthly etc)
- Employ 2 staff (inc. one home maintenance co-ordinator)
- Main activities:

Home safety assessment	Handyman help
Technical assistance	Vetted Providers
Advocacy	Transportation
Social activities	Emergency support

Limitations of Village model

- Largely confined to a wealthier group of older people
- Limited penetration of low income communities
- Unclear how villages relate to local/regional government and other services
- Limited impact on public policy
- Reliance on private funding raises issues about sustainability
- Not joined with other initiatives – e.g. WHO Global Network of AFCCs

Research on Village model

- Graham et al. (2016) conducted small-scale longitudinal study of 7 villages with a sample of 222 members. Surveyed at intake and 12 month follow up
- Most seniors were in good health and well-connected when they joined the village. More than half lived alone (mainly women)
- ADL comparable to community-dwelling seniors
- More financially secure than typical seniors

Research findings

- Results showed greater confidence and perceptions of support as a result of membership
- More confident about ageing in their own homes and less likely to be considering relocating
- High level of social connections at T1 but this declined over the 12 months
- Evidence for greater involvement of external supportive services

Manchester Village Study

- Proposal to test the Village model in Manchester (Hyde, P, McPhail, Phillipson, C., D'andreta., Emery, C. and Goff, M.). Pilot study funded with support from the University. Follow-on funding applied for

Project aims:

- **Extend the range of community support received by vulnerable groups.**
- **Develop new forms of working with neighbourhood-based primary care teams.**
- **Stimulate new care networks in neighbourhoods characterised by high levels of ill-health and poverty.**

Work in preliminary phase

- To engage with residents, with a focus on people over the age of 50, to identify co-researchers for the pilot
- To co-develop a locally-grounded definition (or definitions) of an “urban village”
- To co-develop success criteria for an urban village.
- To co-develop a research design for a pilot of urban villages.
- To begin to establish relationships in Levenshulme and Brunswick.
- To feed findings in to update the research proposal for the urban villages pilot.

Potential activities

- **Promoting healthy ageing:** developing health promotion; maintaining mobility through physical activity,
- **Promoting neighbourhood networks:** developing informal networks to combat social exclusion; learning from diverse cultural practices; new forms of neighbourhood-based support; lifelong learning; development of bulk purchasing of food and fuel.
- **Outreach to groups at risk of isolation**
- **Housing interventions:** review of housing options, help with jobs in the home, assistance with home safety
- **Food/gardening co-operatives**

Why consider 'active caring communities'?

- **Growth of single households – 38% of men 75 plus living alone by 2036 in Manchester**
- **Need to strengthen 'natural helping networks' (Gardner, 2011)**
- **Strengthen community capacity and resources**

CHALLENGES TO DEVELOPING AGE-FRIENDLY/AGEING IN COMMUNITY STRATEGY

- Many communities lack **structural capacity** to support ageing populations – age-friendly initiatives not a panacea (Golant, 2014)
- ‘Ageing in place’ may be appropriate for some but not all **phases** of ageing or during specific period of transition
- ‘Ageing in place’ may be **unattractive** where the places in which people are ageing are facing economic and social decline

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