

Community capital in residential care: a scoping study

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Views expressed in the following presentation are those of the authors and not necessarily those of the NIHR SSCR

Background



Questions

- What **type** of community capital do care homes in England access?
 - Barriers to access
- What **impact** does community capital have on:
 - Residents
 - Care home services
- **How** do care homes access/build community capital?

Methods

- Literature review
- Consultations with experts
- User, practitioner, carer involvement group
 - *Stay tuned...*



Literature review

Scoping review topics

Broad → definition, mechanisms, measurement, outcomes, etc.

Terms

“Older people” and “social capital”
“social capital” and “residential care”

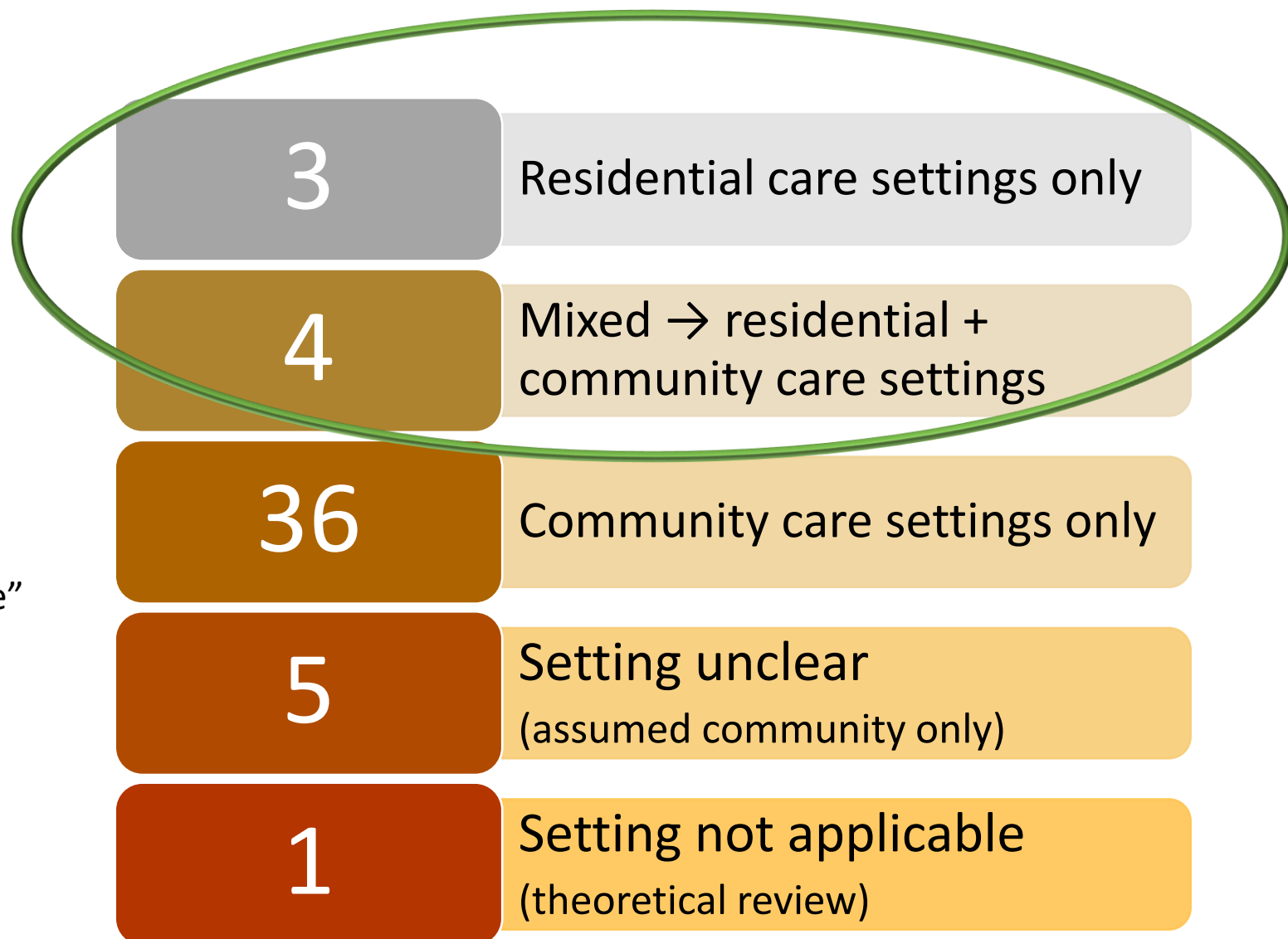


Preferably both

101 full text papers reviewed

→ 49 accepted

→ 16 reference only



What is community (social) capital?

¹Musselwhite and Scott (2019)

⁴King and Cronin(2016)

²Ajrouch (2007)

⁵Huang and Li (2019)

³Saito et al., (2017)

⁶Ysseldy et al (2013)

⁷Leedahl et al. (2015)

Bourdieu (1986)

Relationships between social,
class structures of power

Social
(informal support networks)

Cultural (education, values)

Symbolic (prestige, personal
qualities)

Economic (wealth) ¹

Coleman (1990, 1994)

Social structure that **creates
human capital**

(skills, capabilities, choices of
individuals within structure)^{2,3}

Cognitive → (trust, reciprocity)

Structural → (citizenship;
groups, organisation membership)

Putnam (1993, 2000)

Networks, connections, trust,
reciprocity → for mutual
benefit⁴

Bonding (within group)

Bridging (across groups)

Linking (access to information)

Others...

Family capital, filial piety⁵

Religious identity⁶

Cultural Change
movement⁷ →

environment
relationships
values
staffing

} within
residential
care

Literature findings: cursory overview (n=7)

Definitions Concepts

Social Capital

(Putnam, Bourdieu, etc)

- Aggregate concept
- Intergenerational activity
- Social networking, support
- Activity engagement

Culture change

- Care home environment
- Organisation
- Relationship approach

Measurements

Social capital

- Religious identity
- Group membership
- Community involvement
- Social networks
(size, composition, density, reciprocity)
- Social engagement
- Frequency of contact, visits

QOL

- Mental wellbeing: depression, loneliness
- Life satisfaction
- Functional health: ADL, IADL, MMSE
- Physical health: energy level, pain, general
- Feelings of self-worth, usefulness

Outcomes

- Social support and contact → mental wellbeing
- Religious identity, group memberships → +ve mental health
- Culture change → +ve impact on social networks
- Social Capital → mental wellbeing and social networking

Consultations

- **Topics**
 - Examples of community capital
 - Barriers
 - Methods for building community capital
- March – July 2022
- 750 minutes of discussion
- Thematic analysis of notes



Sector/Role	n = 16
University researchers	6
Care home owner, manager, service provider	3+1*
3 rd sector director	5*
Extra care sector manager, service provider	2
*Former care home owner, manager → 3 rd Sector director	1

Themes of consultations

Community Capital within the care home

Examples of types of community capital

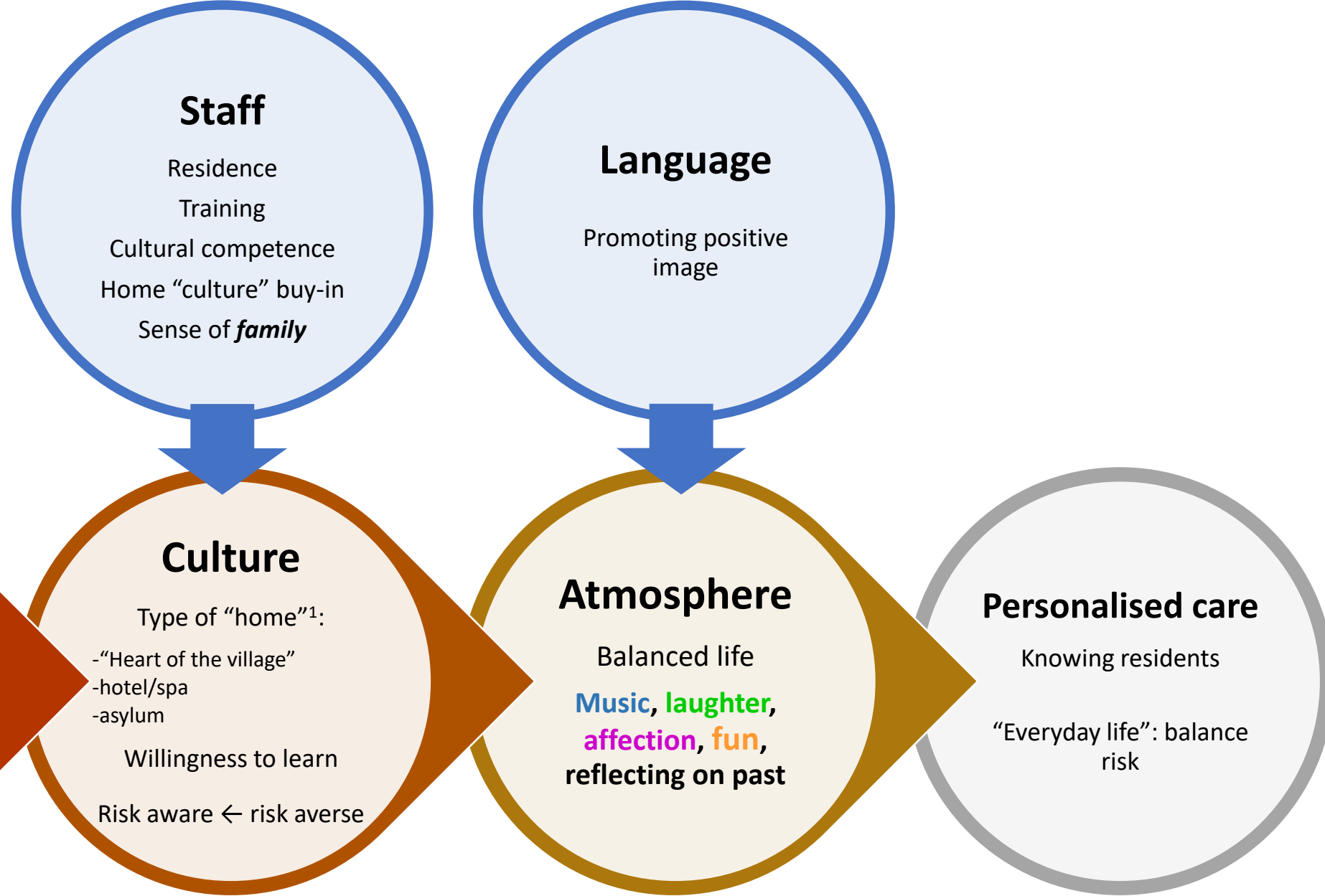
Building relationships with the “community”

Outcomes

Barriers

COVID-19 IMPACT

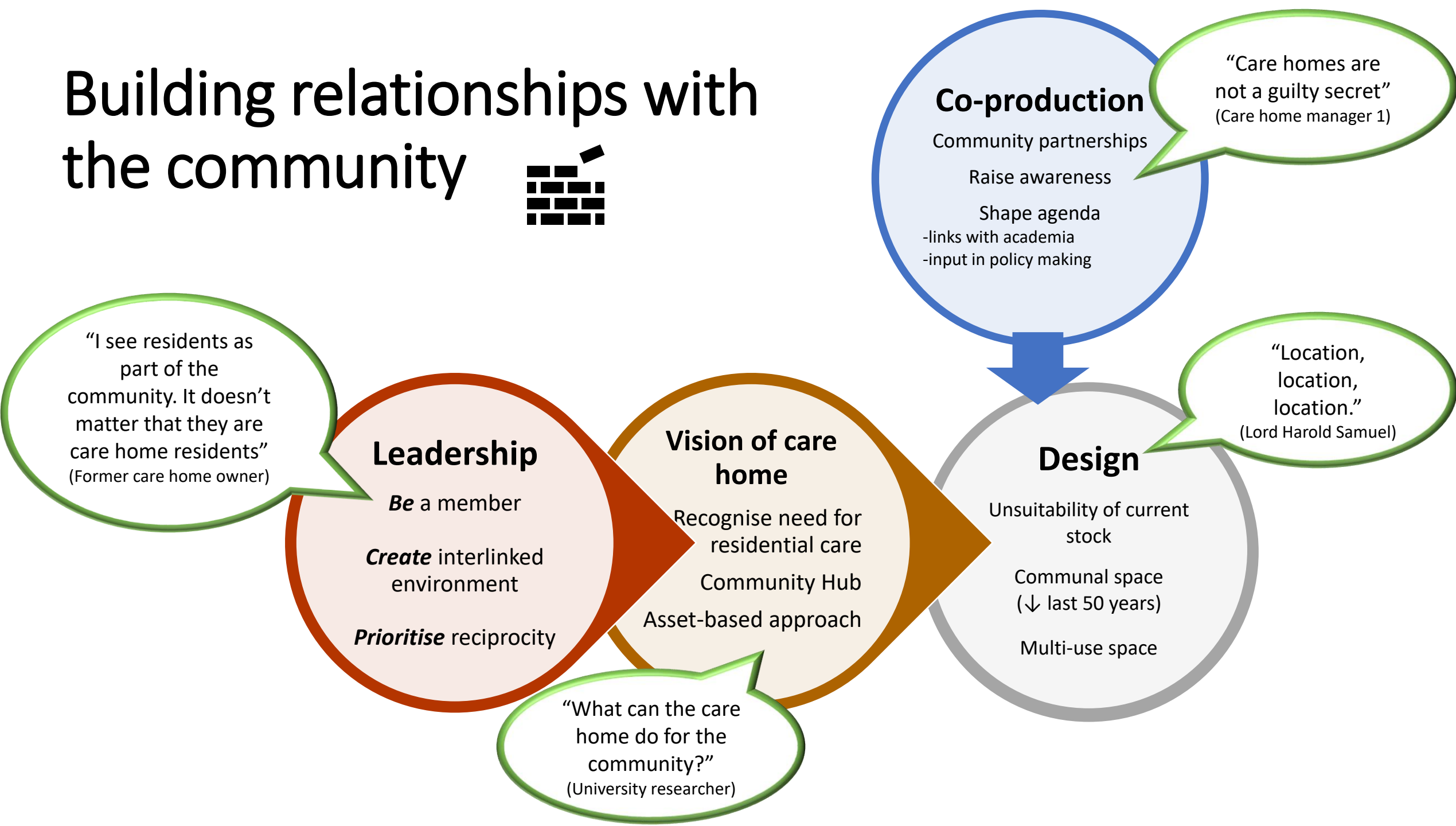
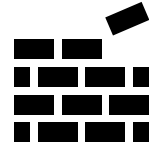
Community Capital within the care home

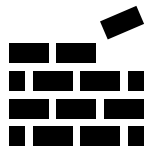


Adapted (and borrowed) model from expert, care home owner/manager

¹ Ettelt et al (2022)

Building relationships with the community





Examples of building community capital in care homes

Desired characteristics

- Outside-in; Inside-out
- Interactive **NOT** passive
- Multigenerational
- Reciprocal

Intergenerational

- Mother-baby groups
- On-site nursery
- School activities
- 6th form projects
- College/ apprenticeship placements

Religious

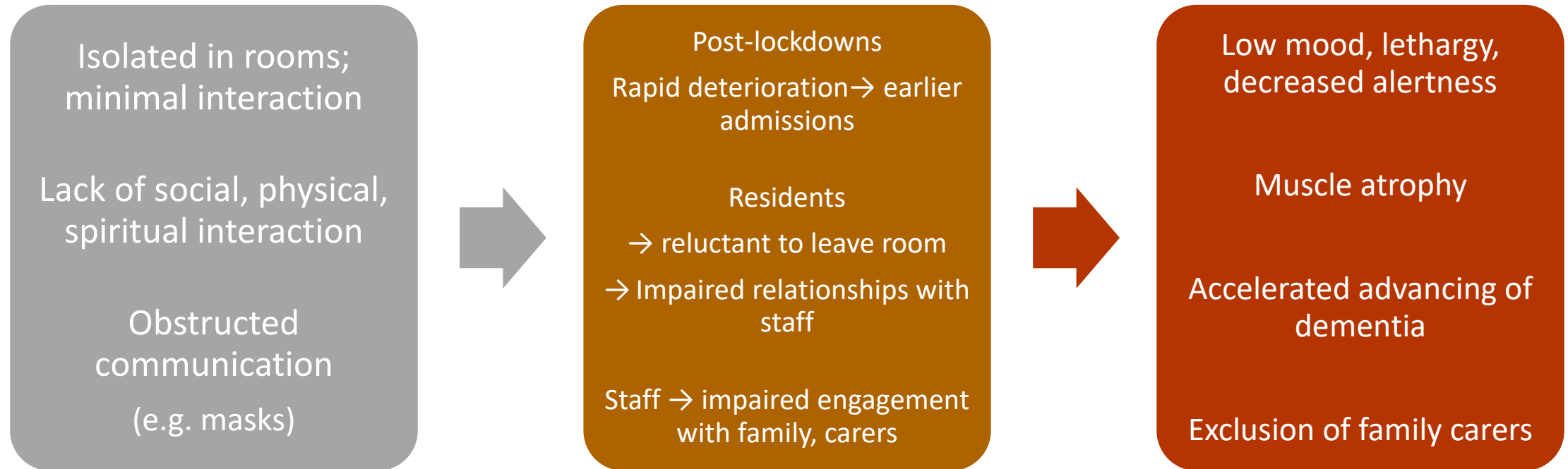
- On-site religious services, spiritual guidance
- Joint worship, rites
- Host celebrations, events

Inviting the “community” in

- Community café
- Garden parties
- Exercise classes
- Local clubs (knitting, Cubs/Brownies, board games etc)
- Local 3rd org→ residents’ meetings (AgeUK, Healthwatch, Healthy Living Centre, Admiral Nurses)
- Community DIY projects
- Befriending

Outcomes: COVID-19 impact

*"You don't know
what you've got.
Till it's gone."
(Joni Mitchell)*



Outcomes: Redefining frameworks

Person centred
care policy, but...

Clinical
Generic
Passive

"Sometimes residents
simply saying 'hello' to a
carer is recorded as a social
interaction."
(University researcher)



Identifying "everyday life"

→ **Meaningfulness**

→ **Purpose**

→ **Feeling valued, useful**

→ **Self confidence**

Level of activity,
engagement

Sense of community

"At homeness"



Happier residents



Calmer environment

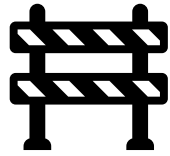


Fewer requirements of
staff



Happier care home

Barriers



Language

Medical, Institutional

Impersonal

Loss, incapacity

“Language of being a danger to themselves and to others.” (Director, 3rd sector organisation)

Perceptions

Stigma, ageism

- Lack of awareness of care homes
- Media focus on negative
 - Exacerbated by pandemic

Staffing

Configuration

Education

Agency, Burnout

Recruitment

Funding

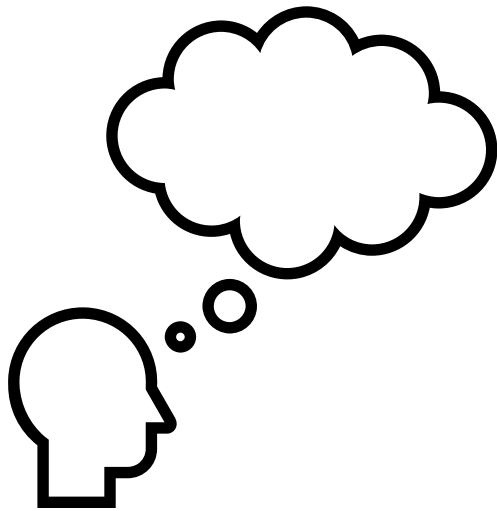
Some debate...

“Funding has an effect, but what ‘outstanding’ care homes do often doesn’t cost anything.” (Former care home owner)

“We depend on donations from the community. We are fortunate because the community is very generous.” (Care home manager)

Sector structure

- Fragmented
- Silo-ed working
 - Within sector; across allied care sectors



Emerging Questions

- **Assess** extent community capital is *accessed/created* in residential care sector in England?
- **Measuring** community capital in residential care?
- **Effect** of community capital on:
 - Individual care homes?
 - Individual care home residents?
- **Embed** residential care services in their communities?
- **Incorporate** indicators of community capital in social care services *quality* assessment?

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