

A SAFE DEAF SPACE

THE ACTION DEAFNESS
EXTRACARE OPPORTUNITY



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I ABOUT THE AUTHOR



Profoundly deaf, Steve has worked at senior level with a number of international humanitarian, development and global health organisations including ICRC, the Mines Advisory Group and the Royal College of Paediatrics and Child Health (RCPCH). He was Assistant Director of Fundraising at the ExtraCare Charitable Trust, UK Executive Director of the Virginia based Operation Smile and Chief Executive of MediCinema.

With a specialist interest in the safeguarding and protection of deaf children, young people and vulnerable adults, Steve is the founder and current Chair of DeafKidz International, the global leader working to ensure the protection of deaf children from physical, sexual, emotional abuse and neglect. He has presented extensively on the safeguarding of deaf children at World Health Organisation (Geneva), UNICEF (New York), World Humanitarian Forum (London) and World Health Summit (Berlin).

TABLE OF CONTENTS

PART I

ExtraCare and Action Deafness – the Challenge and Opportunity	1
The Numbers	2
Why ExtraCare Housing?	3
The Action Deafness Model of ExtraCare	8

PART II

Survey Exercise and Results	11
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Annex 1

Full Survey Exercise Findings	15
-------------------------------------	----

Annex 2

Individuals Consulted	20
References	

PART 1:

EXTRACARE AND ACTION DEAFNESS – THE CHALLENGE AND THE OPPORTUNITY

INTRODUCTION:

'I'm lonely. No one to talk to. I watch people laugh and talk. I have to watch and wait for my moment to ask for a drink. I can't say to staff 'I'd like a little more or less in my drink'. I try to teach staff BSL but they don't understand'. ~ John Skinner

https://www.dailymail.co.uk/news/article-7771977/Heartbreaking-video-shows-suicidal-deaf-pensioner-77-make-understood.html?ito=facebook_share_fb&fbclid=IwAR3L7J8uQWTJph6g_ki5SYgT3CVO6wyqCiwA-IHXKy6G4SF-QL93NLOFXxc

That an older deaf (more linguistically & culturally appropriate) man is isolated in a residential care scheme is completely unacceptable. In 2020, we have worked on fostering the integration of deaf and hearing, however the experience of care for an older deaf man is still a concern. Isolated, marginalised, disenfranchised with all the associated impacts this has on an individual's wellbeing and mental health. For Action Deafness as a deaf led organisation, this is a wrong we must right.

The ExtraCare model of housing and care provision is overwhelmingly evidenced, its positive impacts there for all to see. One of the pioneers of the ExtraCare model has been the Coventry based ExtraCare Charitable Trust, an organisation which is familiar to many with an interest in older people's housing and care. Their research work with Aston and Lancaster Universities, clearly validates the benefits in terms of physical and mental well-being, including combating loneliness. Yet it appears very few deaf older people – notably those whose first language is BSL – access ExtraCare provision. I have to ask myself why this is? My considered view is that providers lack the wherewithal to ensure their provision is accessible for older deaf people. They lack deaf awareness and a willingness to make the reasonable adjustments required to ensure housing, care and all associated provisions are accessible.

I believe this lack of willingness to be a lack of a knowledge and a lack of confidence on behalf of providers. It is for Action Deafness to address these knowledge and capability gaps through providing leadership that demonstrates that there is an inclusive solution to the housing needs of older deaf people and that, indeed, responding to the distinct needs of this constituency, can enable providers to demonstrate their positive approach to housing and care needs of older deaf people.

Over the months and in my various conversations with Local Authority and Adult Social Care stakeholders, it is clear to me that planners, commissioners and other decision makers are looking for a deaf-led solution to the housing and care needs of older deaf people but are uncertain as to how best to proceed. I believe it is for Action Deafness to demonstrate leadership and to work with these stakeholders to develop an ExtraCare capability. This will, both, enable older deaf people to access housing and care provision in the communication mode of choice whilst also enabling local authority and other such providers to meet their statutory obligations.

This document sets out some thinking for Action Deafness as to how we might proceed. I commend its contents to you.



NUMBERS:

The number of older people in the UK is growing fast. In 2012 there were estimated to be 10.3 million aged 65+, or 17.2% of the population. That figure is expected to exceed 16 million by 2032 – 22.4% of the total. The 2019 – 2035 Derbyshire County Council Ageing Plan estimates that Derbyshire has a population of 787,765 people of which 166,026 are aged 65 and over. Similarly, the Leicestershire County Council Ageing Plan notes that there will be an estimated increase from 59,900 to 94,400 of people aged over 75 years between 2015 and 2030 – an increase of 39.74 per cent at a time of reduced public service provision.

Of this sizable aging population, a large proportion will experience some form of deafness or hearing loss. Indeed, at the time of writing, Action on Hearing Loss (AoHL) estimates that one in six of the UK population experiences some form of hearing loss and that more than 40% of people over 50 years old experience some level of deafness rising to 70% of people over the age of 70.

Furthermore, Action on Hearing Loss (AoHL) estimates that by 2035, there will be 14.2m people in the UK experiencing hearing loss and deafness. The Surdi Domum Group report, 'A Business Concept Proposal for a New Deaf Extra Care Accommodation'; November 2016' cites that the 'deaf population in the UK is ageing rapidly. By 2035, the population of deaf BSL users over the age of 65 is expected to be around 25,000. The number of deaf people over the age of 85 is estimated to be 5,000'.

Just a casual glance of these statistics raises concerns. That the number of older people experiencing deafness will be sizable and that servicing the housing and care needs of this constituency will require considerable resources. It is important that dedicated and specific services which are delivered within a communication construct which allows older deaf people to access the housing and care they so require.

Designing, delivering and sustaining such ExtraCare housing will require leadership, advocacy, commitment, resilience and funding. In November 2016, Action Deafness's Chief Executive Officer, Craig Crowley MBE, presented at a Housing LIN network meeting, held at the Coventry offices of the ExtraCare Charitable Trust. Here he commendably committed Action Deafness to exploring options for an ExtraCare solution to the housing and care needs of older deaf people.

This report looks at the shape and form such a housing solution might take and considers the potential for Action Deafness to develop a pilot ExtraCare housing scheme for older deaf people.

It is structured in three part. Part I explores the definition of ExtraCare housing and its typical characteristics; Part II reports on the findings of a short survey exercise that was conducted to ascertain expectations and aspirations for housing and care as held by the deaf community; Part III explores the potential for a pilot ExtraCare housing capability for deaf people based on the existing Oxford Centre for Deaf and Hard of People site. All of which is intended to articulate to interested stakeholders, a baseline from which a new model of intervention might be devised.

WHY EXTRACARE HOUSING?



ExtraCare housing is not new. It is a concept that originated in the 1980's and was pioneered by John Graham and Liz Taylor of the Coventry Churches Housing Association (CCHA), which was later to become the ExtraCare Charitable Trust. Providers such as the Riverside Group, the Anchor Hannover Group, McCarthy and Stone may have also developed ExtraCare models of housing provision, but the CCHA is acknowledged as the market leader.

Over the years, the definition of ExtraCare housing has evolved and it is today defined as;

'Housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property'

<http://www.housingcare.org/jargon-extra-care-housing>

Accordingly, ExtraCare is seen as a proven housing concept for older people and schemes range from small communities of flats and bungalows to retirement villages accommodating as many as 600 residents. The facilities and care provided will vary, but extra care housing schemes usually include;

- Self-contained adapted flats or bungalows
- On-site care and support staff, providing personal care and domestic services
- Emergency alarms throughout the scheme, with 24-hour help available
- Communal facilities and services, such as a lounge, dining area and garden

The eligibility criteria will depend on the scheme, but residents are usually;

- above a certain age – usually 55 or 60
- able to live safely on their own with some support

Ordinarily, ExtraCare housing does not provide housing for people with dementia, but if a resident within a scheme acquires dementia, then their care will be met sensitively on site until their condition necessitates that they move to a nursing home for specialist care.

There are two key elements to ExtraCare Housing;

1. The accommodation
2. The care and support services offered.

Each self-contained flat or bungalow is designed to be user-friendly and will usually have

- A kitchen, bathroom, bedroom and living room
- Adaptations such as handrails, a level-access shower and lower worktops for wheelchair users
- Alarms throughout to call for help in an emergency

Some larger extra care housing schemes may have facilities such as gym/exercise facilities and café/restaurant.

Plans to introduce a cap on personal care were considered in 2016 (the Dilnot proposal) but these have since been abandoned. It seems the current government has plans to introduce a social care tax but details were not agreed at the March 2020 Budget and with the occurrence of the COVID-19 crisis, the matter has been deferred to the of Autumn. This development is to be noted as it evidences that the government is looking to ensure that anyone with assets over £23,250, will be charged for social care and this may have an effect on occupancy levels as older people look for housing and care solutions which are affordable and value for money.

The Benefits of ExtraCare Housing

The positive benefits of ExtraCare housing provision have been well documented. Research undertaken by the University of Aston in partnership with the ExtraCare Charitable Trust noted that access to ExtraCare;

- Results in a 24% reduction in social care needs within 5 years
- Reduces NHS costs by 38%
- Reduces unplanned hospital stays from 8-14 days to 1-2 days
- Reduces routine and regular GP visits by 46%
- Results in significant cost savings on social care for local authority commissioners

Aston Research Centre for Healthy Ageing (ARCHA) at Aston University Research, 2015.

Furthermore, research undertaken by the Bradford University Dementia Group in 2009, found that older people with dementia accessing the ExtraCare Charitable Trust's specific programme for those with dementia or mental health issues noted;



50% less likely need to have to move out into a care home



42% less likely to spend time in hospital



More likely to rate their quality of life positively



Less likely to experience symptoms of depression over time

However, Action Deafness should be mindful that ExtraCare housing provision does not suit everyone.

Some disadvantages – dependent upon the specific provider - include;

- Eligibility criteria can be difficult to meet, particularly if the provider is a council or housing association – the individual needs of the resident may be too low or too high
- The amount of care and support can vary from scheme to scheme
- Service charges can be expensive
- If the property is purchased, it may be difficult to sell at a later date and there may be an 'exit' fee. Interestingly, the ExtraCare Charitable Trust requires all residents to re-sell their property back to the charity when they leave

Towards an Action Deafness Model of ExtraCare Housing

As evidenced, ExtraCare housing aims to meet the housing, care and support needs of older people, while helping them to maintain their independence in their own private accommodation.

The Care Provided

The type of support afforded will depend upon the individual's needs which are determined by assessment. But usually an ExtraCare capability will offer support with;

- Washing and dressing
- Managing medication
- Using the toilet

In addition, the housing provider may offer support with wellbeing which helps residents monitor their health and lifestyle, so ensuring early detection of potential health conditions. In addition, schemes may support activities such as painting, singing, dancing, woodwork, IT skills, tai-chi, wheelchair aerobics and fitness.

Funding Access to ExtraCare Housing Provision

Depending upon the scheme in question, residents may choose to;

- Purchase a home outright (as 'owner occupier', homes are usually offered on a leasehold basis)
- Purchase a shared ownership home ('part owner occupier', where the resident buys a proportion of the home, then pays rent, which is the 'interest only' element, on the unpurchased portion).
- Rent a home (invariably the rental payments will be described as 'affordable' rent).

Additional costs are likely to include;

- Council tax
- Care – care services will invariably be charged as required and costs will vary according to the amount of care needed. Many residents will receive benefit entitlements to support the cost of their care.
- Ground Rent: Ground rent may be payable at some schemes
- Stamp Duty (for purchasers only)
- Access to some activities and entertainment

Support with Costs

Residents may be entitled for support with the costs of ExtraCare Housing through the Benefits System. Namely;





- Housing costs of a shared ownership or rental property
- The provision of care
- Weekly charges

Usually the housing provider will provide advice and support on entitlements. However, if the residents combined assets exceed £23,250 in England, Wales and Northern Ireland, and £24,750 in Scotland they are unlikely to receive funding for their social care.

The Attendance Allowance can help with cost of care and the state pension can be used towards care costs.

An Action Deafness ExtraCare provision would support the independence of older deaf people and prevent admissions into residential care. It would enhance the physical and mental wellbeing of older deaf people, whilst promoting both longevity and quality of life. Through community with other deaf people in a total communication setting, it is believed that older deaf people would experience a reduction in the isolation and marginalisation they so often encounter.

The key elements of a bespoke Action Deafness ExtraCare provision would be:

-  A BSL environment – which works to prevent isolation and promote social stimulation
-  A total communication approach – one that ensures all deaf people, regardless of the level of their deafness and in addition to those that only use BSL, are able to access provision in the communication mode of choice
-  Ready and accessible information – which enables residents to make informed choices reference their housing, care, social activities and more. Through this and a supportive multi-disciplinary team of workers all empower older deaf people to self-advocate and self-represent, through which they are able to experience enhanced wellbeing and longevity. All team members are also fluent in Sign Language and versed in the intricacies of deaf culture.
-  An accommodation offer of mixed tenure, including owner occupier, part ownership and affordable rent.

With the regard to the housing solution itself. This would draw reference from the experience of De Gelderhorst in the Netherlands and from the conceptual work developed by the Surdi Domum Group. In particular, any Action Deafness ExtraCare housing scheme will be designed as per the principles of ‘Deaf Space’ as advocated by Hansel Bauman, who is hearing, a leading American architect who established the DeafSpace Project (DSP) in conjunction with the ASL Deaf Studies Department at Gallaudet University <https://www.hearinglikeme.com/hansel-bauman-and-deaf-space/>

This innovative and progressive project developed a set of guidelines that sought to respond to the five major challenges facing deaf people and the built environment. Namely; space and proximity, sensory reach, mobility and proximity, acoustics, light and colour.

In practical terms, these considerations would manifest within any Action Deafness ExtraCare scheme design as;

- Extensive use of acoustic panelling to reduce noise signatures
- Extensive use of glass and mirrors so that BSL users can see each other – across hallways, through doors etc.
- Circular, open spaces as opposed to rectilinear and enclosed spaces
- Muted colour solutions which reduce glare
- Extensive use of diffused directional lighting
- Kitchen spaces designed for BSL users – no facing against walls
- Texture and colour solutions to suit BSL users – use of green / blue backgrounds

(After ‘A Business Concept Proposal for a New Deaf ExtraCare Accommodation’, Surdi Domum Group, 2016)

Whilst Action on Hearing Loss (AoHL) manages a portfolio of residential care homes, these are not specifically targeted at BSL users and none offer an ExtraCare capability. Accordingly, there is no agency in the UK providing a dedicated and specific ExtraCare housing provision, within a purposefully designed space for older deaf people, whose first language is BSL. This gap in service provision presents an opportunity for Action Deafness to;

- Originate, test and cascade a model of ExtraCare provision which responds to the housing and care needs of older deaf people.
- Devise and afford a service provision which is attractive to older deaf people wishing to reside within a BSL community thereby; enabling them full access and thereby an opportunity for them to make informed choices as to their housing and care
- Develop a financial proposition which delivers affordable care for older deaf people through which, in turn, a financial return for Action Deafness is generated. One that would enable Action Deafness to invest in other schemes, replicating the model across the UK.
- Evidence the impact of its ExtraCare model, in particular its innovative design concept (use of Deaf space etc) and its deaf person centric service model, which furthers the confidence of local authority partners, construction partners and investors, thus enabling further schemes to be configured.

Research undertaken by East Sussex County Council has evidenced that the ‘cost of ExtraCare housing was on average half the gross cost of the alternative placements’ (The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex; Weiss & Tuck; 2013) and that ‘Capital invested in the schemes by the Council was recovered, depending on the scheme and size of contribution, between 1.5 and 3.3 years’. In addition, the Sussex research also noted that the ‘best impact and financial returns were delivered by residents at the high end of the medium dependency care band, i.e. between 10 to 14 hours per week of care at the point of entry’.

All of which suggests that a progressive Council or Local Authority would probably be supportive of Action Deafness’s efforts to establish an ExtraCare capability and that the financial risk to that Council or Local Authority, given a likely capital return over 1.5 – 3.3 years, would be low to medium.

To this end, it is critical Action Deafness draws its reference / authority for the initiative from the respective Council / Local Authority Plan – eg. the Derbyshire County Council Older People’s Housing, Accommodation and Support strategy 2019 – 2035, the Worcestershire ExtraCare Housing Strategy 2012 – 2026. This to enable Action Deafness to demonstrate to local authorities that it is providing a solution to their need to provide housing for older deaf people. By remaining relevant and appropriate to this pressing need, Action Deafness should be able to secure some form of statutory investment into its proposed ExtraCare provision.

However, in order to ensure success, it is essential that Action Deafness defines its service model and through effective stewardship ensures that any resultant provision remains ‘ExtraCare’. This to ensure dependency levels do not drop to the extent that the scheme becomes simply an affordable housing programme or that care levels increase, so that the scheme evolves to become residential care.



THE ACTION DEAFNESS MODEL OF EXTRACARE

Having reviewed existing models of ExtraCare as delivered by the likes of the ExtraCare Charitable Trust and the private provider McCarthy and Stone, this report now distils current best practice into deaf settings to table a bespoke, Action Deafness, model of ExtraCare provision.

This model sees the use of digital technologies to ensure the appropriate delivery of care (required care intervention, timing, frequency of support) set within a total communication construct and safeguarding envelope which ensures that at all times, residents are safe and protected from harm. It sees older deaf people aged 55+ access a four-part care solution. Namely;

1. Wellbeing service – Free – cost recovered through service charges

Checking of vital signs, support with reducing risk to obesity, diabetes and stroke etc

2. Personal care – Funded by personal budget or commissioned by local authority

Support with domestic tasks, daily living, exercise and leisure

3. Nursing care – Funded by personal budget or commissioned by local authority

Care and support afforded by a registered nurse, who is in situ to devise and monitor care plans, provide and administer treatment (eg injections) and carry out timely medical interventions.

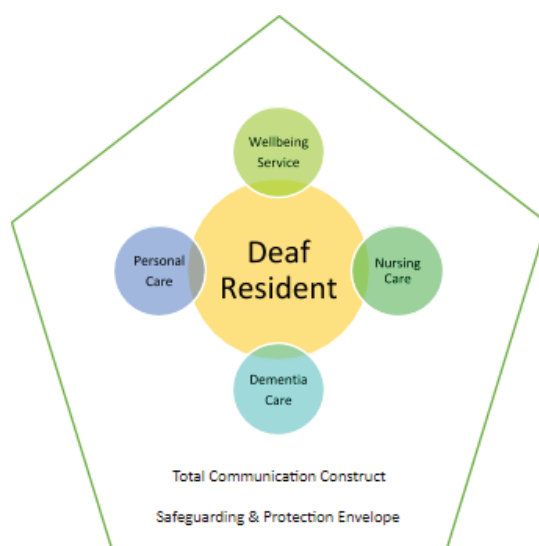
4. Specific care for those with Dementia – Free – cost recovered through service charges

Activities aimed at enhancing quality of life for those older deaf people with Dementia

Older deaf people would be able to access the provision as residents of a mixed tenure scheme where leases and tenancy agreements should, as far possible, convey similar rights and obligations. The Action Deafness model of ExtraCare provision would also allow the scheme to be used as a community hub for deaf people living in the wider community. Providing facilities for deaf people to access wellbeing, community and social activities.

The Action Deafness model will not be exclusively deaf. It will include a number of housing units for hearing people to reflect wider civil society and to mitigate the risk of inadvertently creating a deaf 'ghetto'. Any hearing residents would be expected to subscribe to the culture and ethos of the scheme's total communication construct.

Summary Action Deafness ExtraCare Model:



The total communication construct ensures that older deaf people are able to access the services they require in the communication mode of choice i.e BSL, sign supported spoken language or aural method. All staff and associated service providers will be Deaf aware and fluent in BSL. The resident safeguarding and protection envelope will ensure all residents are safe and that any care they receive is appropriate to their needs. Resident safety will be paramount and all care / treatment will be delivered in a safe environment with residents protected from avoidable harm. A key feature of Action Deafness's service model will be technology, especially as older deaf people's expectations and attitudes toward technology are changing fast. Furthermore, people that are competent with technology now, are likely to become ExtraCare service users at some point in the future. Consequently, Within Action an Action Deafness ExtraCare provision, technology will be used to support communication (notably through use of SignLive or other VRS (Video Relay Service) and information exchange, to ensure security, monitor wellbeing and associated care programmes.

Whilst there is a need to test the Action Deafness model, the concept proposed will foster a shift away from more institutional provision in favour of supporting older deaf people to be independent. This gives people greater direct control over their life and how they are supported, particularly through the use of their 'personal budgets' for social care. All of which draws reference from the hugely successful YOUCHOOSE approach pioneered by Action Deafness.

I PART 2:

SURVEY EXERCISE AND RESULTS

In July 2020 and as part of this report exercise, Action Deafness commissioned a survey aimed at determining deaf people’s understanding of their housing and care needs in older age and their possible interest in an ExtraCare solution.

Conducted nationwide, through a range of social media platforms and through direct interviews with Action Deafness Personal Assistance clients, the survey sought to ascertain considerations, expectations and plans through the tabling of eleven set questions.



1	Which of these age groups are you?	25 - 44	45-54	55-64	65-74	75+
2	Have you thought about where you will live when older?	Yes	No	Plan to Get Help		
3	Do you currently get help with daily activities washing/toilet/food/medication?	Yes	No	Plan to Get Help		
4	If you get help, who helps you?	Family or Friend?	Care worker paid by social care?	Care worker paid by me?		
5	Thinking of your needs as you get older, have you or are you?	Made Changes to home?	Planning to make changes?	Planning to move?		
6	As you age, how important is being near to your family and deaf friends?	Not too important	Important	Very Important		
7	Do you worry about communication / sign language as you get older?	Yes	No	Don't Know		
8	Is being part of the deaf community important to you as you get older?	Yes	No	Don't Know		
9	Would you consider moving to a housing village for Deaf people aged 55+	Yes	No	Don't Know		
10	If you chose to move to a housing village for older deaf people would you rather	Part buy the property?	Buy the property in full	Rent		
11	Would it be important to have onsite care and support in the village?	Yes	No	Don't Know		

The survey exercise was entirely voluntary and all replies anonymous. There was no requirement for ethics approval. There was no fixed survey population and so there was no defined expectation of survey size. Furthermore, there was no confirmation as to whether the respondents were deaf or hearing.

However, given the survey was cascaded on and through deaf portals, it is assumed that most of the respondents were deaf and given the subject of the survey, were suitably motivated to respond. There were 70 respondents during the three-week period the survey was live. This is deemed a useful cohort and one that gives Action Deafness an empirical baseline from which to consider approaches and perspectives to ExtraCare.

The detailed survey results make for interesting reading and are attached at Annex C to this report. Particular points to note are;



50% of those that responded have thought about where they want to live when they are older



30% of respondents were aged 55-64; against 31% who were aged 24 -44. Are deaf people considering their accommodation and care options at an early age?



Currently just 4% of the respondents receive help with daily activities; just 10% are planning / considering to get help
Of the 4% that currently receive help with daily activities, 64% receive that care from a family member or friend



51% of respondents are planning to move home as they get older



73% of respondents worry about access to communication / sign language as they get older with 78% reporting that being part of the deaf community is important to them



44% of respondents would consider moving to a housing village for older people (we purposefully did not use the term 'ExtraCare' as it was thought many people would not understand this term)



Of those wishing to move to a village for older deaf people – 42% wished to buy the property in full whilst 41% wished to rent the property

These findings suggest the following;

- Deaf people are concerned about their accommodation and care needs as they age
- Many are beginning to think, now, about their options with a considerable number expecting to move to accommodation that meets their specific needs
- Being connected to the deaf community is an important concern as people get older
- Deaf people are interested in the 'housing village' idea but would like to know more information; 'what precisely is a housing village?'
- There is almost an even split between deaf people wishing to buy a property in a 'housing village' and those who may choose to rent such a property
- Deaf people would wish, overwhelmingly, to have onsite care and support within the village

Conducted within the limitations that such a short survey exercise poses, these findings do, however, echo those of the De Gelderhorst experience. Sited in Ede, The Netherlands De Gelderhorst is the national centre for elderly Deaf people. For more than 60 years, older deaf people have made use of accommodation, residential care, nursing and specialist facilities. Today, the new centre which opened in 1997, comprises three apartment blocks where independent living is offered for older deaf people. The provision at De Gelderhorst features 64 apartments for people requiring nursing care, 80 apartments for deaf people aged 50+ and a specialist unit which supports older deaf people with dementia.

In essence the scheme meets the definition of ExtraCare facility as outlined in this report in that it affords wellbeing, personal care, nursing care and dementia care services. All of which is delivered through a sign language construct with many of the staff being deaf and active within the wider Netherlands deaf community.

The experience of De Gelderhorst is that older deaf people do want to move to a bespoke facility whose services are purposely aimed at responding to the housing and care needs of older deaf people. In particular, to be part of the De Gelderhorst community where they are able to;

- Access a positive deaf community and cultural experience
- Communicate in the mode of choice and thereby make informed decisions re.
 - housing and care needs
 - Reduce susceptibilities to loneliness and isolation
- Reduce stress and increase security
-

All of which enables the residents of De Gelderhorst to profess that they 'feel at home' and that they are no longer regarded as 'those deaf people that it is so difficult to communicate with' (Coming Home at De Gelderhorst: 1953 – 2013'; Peter van Veen, 2013). Indicative of the success of De Gelderhorst is that applications for places at the centre are oversubscribed. The waiting list is extensive and this reflects a desire by older deaf people to make use of this capability. Especially as it appears that older deaf people from all over the Netherlands are prepared to uproot and move to the centre despite not having any existing family or social networks in the immediate area. This suggests that the attraction of access, community, culture, communication, along with the opportunity to enjoy the benefits of deaf space provides a compelling proposition. In addition, the centre provides a unique 'deaf citizenship' experience which many older deaf people wish to be part of given that, invariably, over the years they may have been denied access to such. In some respects, exercising deaf citizenship in older age through the platform of an ExtraCare facility, could be seen as redressing the marginalisation an older deaf person may have experienced during their life.

In reviewing the survey exercise results, it is concluded that deaf people do consider their housing and care options for later life and that an ExtraCare proposition would probably be of great interest to some. This being reinforced by the De Gelderhorst experience where there is huge interest in the Centre and the services provided within. Action Deafness can therefore be satisfied that in looking to develop an ExtraCare provision for deaf people there will be both interest and demand. Not just from deaf people themselves but also Local Authorities who, as mentioned earlier in this document, are looking for a solution to the housing and care needs of what they deem 'vulnerable groups'.

Consultation with older people's housing and social care commissioners across a number of Local Authorities has indicated that there is strong interest in testing an ExtraCare provision aimed at older people. Discussions with Commissioning Managers in Derbyshire have confirmed that the Council is supportive of Action Deafness' developing ideas, however they would wish to avoid the risk of inadvertently supporting a deaf 'ghetto'. Both Adult Older People and Dementia and Sensory Care Commissioning Managers expressed that wish that any ExtraCare facility aimed at older deaf people should also be open to older hearing people, accepting that they will need to sign up to the policy of total communication within the scheme. In addition, there is an express wish that part of the accommodation available be designed as affordable housing and be accessible to those of low financial means through housing benefit.

Derbyshire's interest is such that it may co-partner with Action Deafness to identify funding for such a scheme. There is also a possibility that the Council may commit public land / brownfield to an ExtraCare scheme in partnership with Action Deafness. Whilst, as mentioned previously in this document, it is acknowledged that any financial investment by a Local Authority is likely to be recouped over a 1.5 – 3.3 year period, the current COVID-19 crisis is likely to reduce the availability of any public funds. However, Derbyshire County Council property services are currently conducting an audit of vacant public land / brownfield sites that might be available for development and the gazetted details will be published in the autumn of 2020. This might be an opportunity for Action Deafness to pursue.

Similar interest has been expressed by Commissioners in Oxfordshire who, broadly, have raised the same points to note as Derbyshire; the need for hearing people to access the provision, the requirement for a number of the units within the scheme to be affordable and the possibility of making available public land for development.

Consultation with Commissioners has evidenced that they are looking for a solution to what is a challenging issue for them; responding to the housing and care needs of a hard to reach group that, ordinarily, they would struggle to engage with. There is recognition that Action Deafness is proposing a solution that, given the evident success of ExtraCare housing in mainstream settings, could possibly be a success for older deaf people. It is for this reason that Commissioners and thereby, Local Authorities, are supportive. Making available public land or commissioning services within such a facility, will enable metropolitan authorities and County Councils to realise targets for those with sensory or 'special needs' as detailed in their respective plans for older people's housing and care.

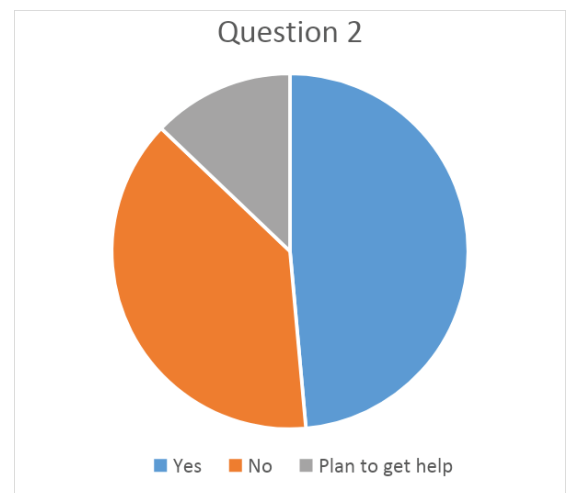
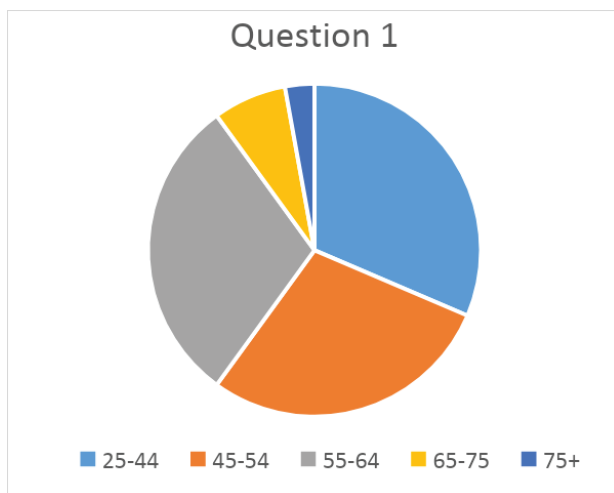
Suffice to say, this clearly, presents some opportunity for Action Deafness and one that will substantially mark out the charity in heritage terms.

Steve Crump
Brighton
August 2020

ANNEXURE 1:

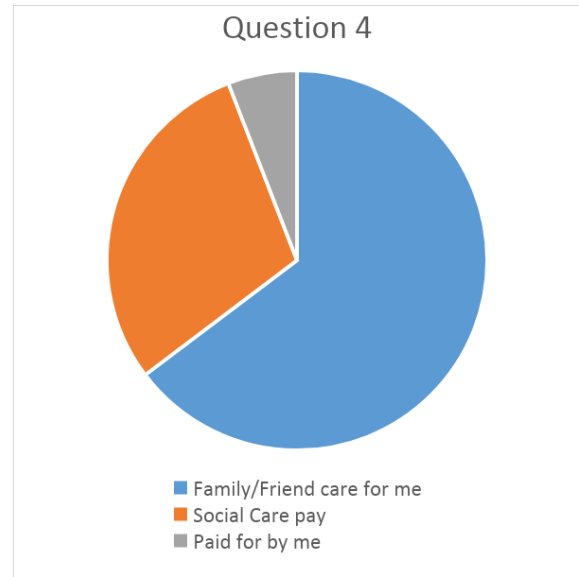
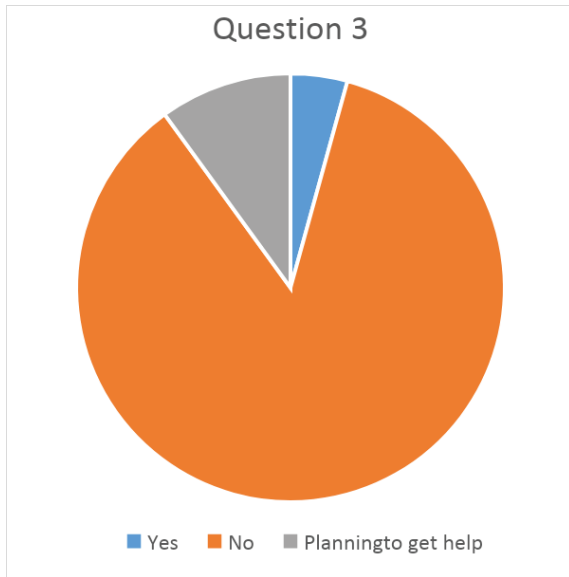
FULL SURVEY EXERCISE FINDINGS

QUESTION 1	
Which of these age group are you?	
25 - 44	31.4%
45 - 54	28.6%
55 - 64	30.0%
65 - 74	7.1%
75+	2.9%



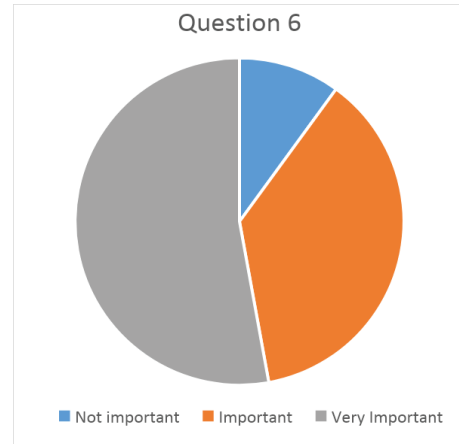
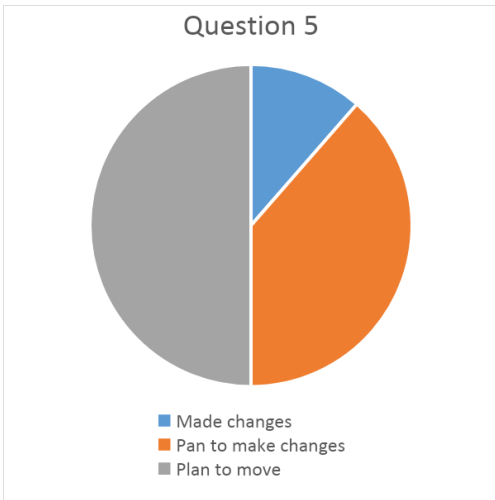
QUESTION 2	
Have you thought about where you will live when you are older?	
Yes	50.0%
No	37.5%
Plan to get help	12.5%

QUESTION 3	
Do you currently get help with daily activities - washing/toilet/food/medication?	
Yes	4.3%
No	85.7%
Plan to get help	10.0%

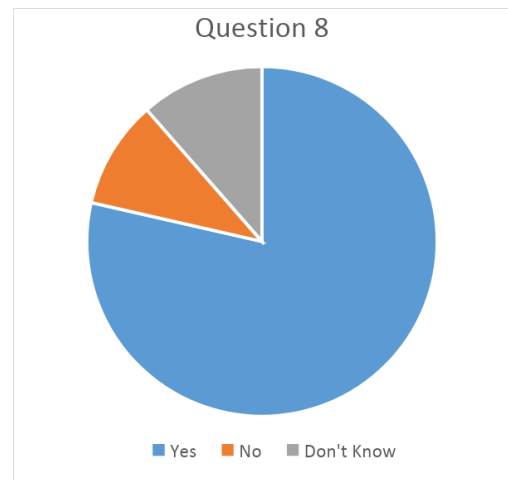
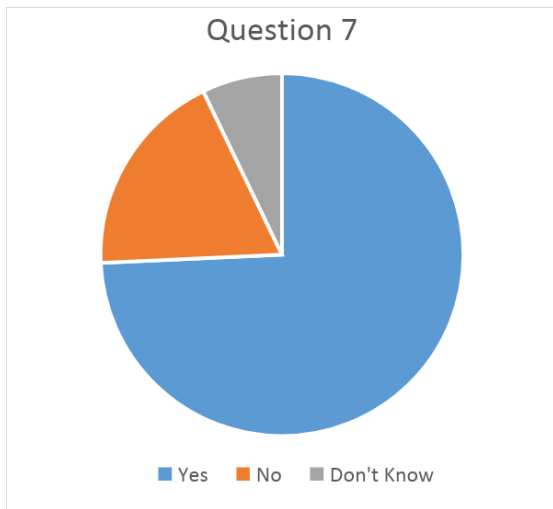


QUESTION 4	
If you get help, who helps you?	
Family Member or Friend?	64.7%
Careworker paid by Social Care?	29.4%
Care worker paid by me	5.9%

QUESTION 5	
Thinking of your needs as you get older, have you or are you?	
Made changes to home	10.4%
Planning to make changes	37.7%
Planning to move	51.9%

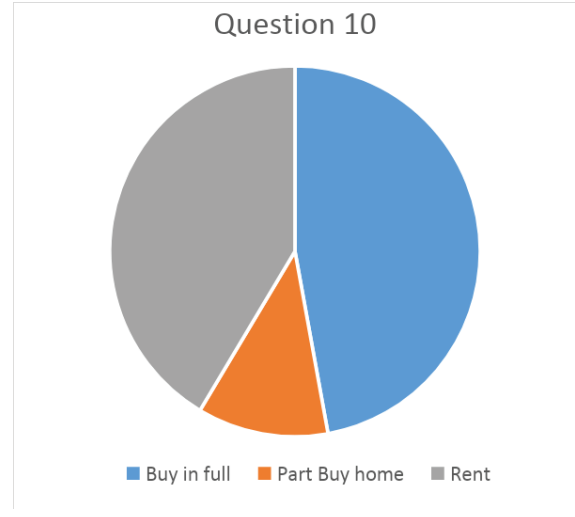
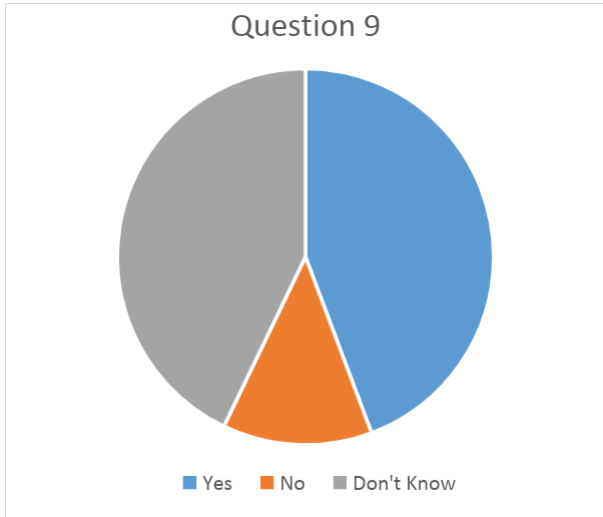


QUESTION 6	
As you age, how important is being near to your family and Deaf friends to you?	
Not so important	9.9%
Important	36.6%
Very Important	53.5%



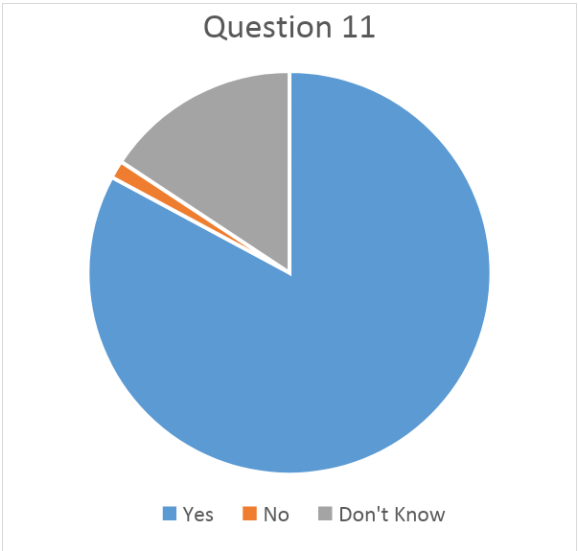
QUESTION 7	
Do you worry about communication / sign language as you get older?	
Yes	74.3%
No	18.6%
Don't Know	7.1%

QUESTION 8	
Is being part of the Deaf Community important to you as you get older?	
Yes	78.6%
No	10.0%
Don't Know	11.4%



QUESTION 9	
Would you consider moving to a housing village for Deaf people aged 55+	
Yes	44.4%
No	13.9%
Don't Know	41.7%

QUESTION 10	
If you chose to move to a housing village for older Deaf people would you rather	
Part Buy The Property	16.7%
Buy the Full Property	42.3%
Rent the Property	41.0%



QUESTION 11	
Would it be important to have onsite care and support in the village?	
Yes	82.9%
No	1.4%
Don't Know	15.7%