

A Directory for Promoting Social Well-being in Extra Care Housing and other settings

Developed for the Housing Learning and Improvement Network by **Simon Evans**, Senior Research Fellow, University of the West of England, & **Sarah Vallely**, Research Manager, Housing 21

Updated January 2010 by **Lisa Callaghan**, Research Officer, Personal Social Services Research Unit

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About the Housing LIN

The Housing LIN is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable adults, including people with disabilities and long term conditions. The Housing LIN has the lead for supporting the implementation and sharing the learning from the Department of Health's £227m Extra Care Housing Grant arrangements and related housing, care and support capital and revenue programmes.

About this directory

How was it developed?

- This directory began life in 2007 as the findings from a small research project that explored social well-being in extra care housing. The research was carried out by the University of the West of England, Bristol and Housing 21 and funded by the Joseph Rowntree Foundation. A summary of the findings and a copy of the full report can be downloaded from <http://www.jrf.org.uk/publications/promoting-social-well-being-extra-care-housing>
- The findings of this project were then developed through consultations with professionals, service users and carers.
- The directory was updated in 2010 by Lisa Callaghan, following further work on social well-being in extra care housing. This research was carried out by the Personal Social Service Research Unit at the University of Kent, and was also funded by the Joseph Rowntree Foundation. A summary of the findings and a copy of the full report can be downloaded from <http://www.jrf.org.uk/publications/well-being-extra-care-schemes>
- We hope that individuals and groups will continue to develop this directory further, using their information and experience.

What is the directory for?

- The overall aim of the directory is to identify and promote good practice for achieving social well-being.
- The directory is aimed at people from many different backgrounds, including older people, informal carers, commissioners, planners, managers and architects.
- Although the directory was initially based on research into extra care housing, much of the information it contains is likely to be relevant to other housing with care settings.

What does the directory contain?

- The directory presents some ideas for good practice in promoting social well-being. These are grouped into five themes: general considerations; social interaction; design and planning; funding issues and models of care.
- Where appropriate, these ideas for good practice are supported by signposts to further information, such as the Department of Health's Housing Learning and Improvement Network (LIN) web site.

About extra care housing

Extra care is a relatively new form of housing with care and a range of models have been developed. Key features of extra care are that it is less institutional than residential care and each resident has their own front door. Residents live in self-contained flats, bungalows or houses and their care and support needs are met through flexible packages. The overall philosophy of this form of housing is to promote independence and quality of life within a lively community. Extra care housing can be for rent, outright sale or part ownership, and some developments are mixed tenure, combining homes for sale and rent. A range of activities and communal facilities are usually available.

For more information on extra care and other forms of housing with care click [HERE](#)

Defining social well-being

It is very difficult to define quality of life, largely because different people value different aspects of their life to different extents, and therefore quality of life means different things to different people at different times in the life course. The term 'wellbeing' is widely used, often interchangeably with 'quality of life' and sometimes 'life satisfaction', but usually without any attempt at a definition. Social well being, the subject of this directory can be seen as a subset of general wellbeing and is slightly easier to define. At a basic level it is that aspect of overall well being that relates to social interaction and engagement.

A detailed discussion of definitions of 'quality of life' and 'social well-being' can be found in a literature review that was carried out alongside the JRF study by Simon Evans and Sarah Vallely. This can be downloaded from <http://www.jrf.org.uk/publications/best-practice-promoting-social-well-being-extra-care-housing-literature-review>

For some short examples of good practice in promoting social well-being and some potential barriers, click [HERE](#)

Theme One: General Considerations

1.1 Social well-being is important to older people and therefore needs to be fully taken into account in the planning, designing and managing of extra care housing.

1.2 It is particularly important to assess and review policy and practice for promoting social well-being for residents at the greatest risk of social isolation. This can include people who have impaired mobility and/or reduced cognitive function, those who have recently moved in, people who don't receive regular contact from family or friends, single men and people who have been recently widowed.

For information on supporting people with dementia in extra care housing click [HERE](#)

1.3 Diversity is a key feature of extra care housing in terms of age, care needs, health status, cognitive functioning, ethnicity and lifestyle. Social well-being depends on a range of stakeholders welcoming, understanding and tolerating this diversity, including tenants, family carers and professionals across housing, health and social care. Clear information and good communication are key to achieving this.

For information on producing good quality information click [HERE](#)

Theme Two: Social Interaction

Social interaction is at the heart of social well-being for most people and this includes those living in housing with care settings. For many residents their social lives are based on the friendships and acquaintances that they develop in the place where they live. For others the ability to maintain social networks in the wider community is at least as important. The importance of meaningful relationships and roles for older people is reflected in the Government's Sure Start to Later Life initiative and the recent Partnership for Older People Projects. These aim to tackle social exclusion and maximise the health and wellbeing of older people, including increasing the opportunities for older people to participate in their local communities, which is also one of the aims of extra care housing.

2.1 Opportunities for social interaction often focus on organised social activities. It is therefore good practice to provide activities that meet a range of interests and abilities, including those that appeal to male residents, and residents of different ages/generations. This can include regular and one-off activities, such as music

sessions, dance workshops, exercise classes, and arts and craft sessions. Social activities can help people develop friendships when new schemes first open, so should be set up soon after opening. [More . . .](#)

For information on providing activities click [HERE](#)

2.2 One way of assuring levels of activity on offer is to include this in contracts with local authorities and other agencies. For example, these could specify how many hours of activity per week are provided.

2.3 Careful consideration should be given to how activities are organised. Staff-led and tenant-led models both have advantages and disadvantages, and the choice depends to a large extent on the preferences and abilities of the residents in any particular housing scheme. Whatever model is chosen, staff support is crucial; both when schemes open, and over time as some residents become frailer. [More . . .](#)

2.4 Facilities are important venues for social interaction. Funders and providers should therefore give careful consideration to including an imaginative range of facilities and day opportunities. Some examples are gardens, fitness suites, computer rooms and beauty salons. Facilities are important for helping friendships develop when new schemes open, and so sufficient funding is needed to ensure they are operational when schemes first open. [More . . .](#)

2.5 Restaurants, shops and gardens are particularly important in this respect. They should be considered in the core specifications when commissioning a scheme, while also taking into account the extent of facilities in the immediate vicinity. On-site shops and restaurants can be difficult to sustain as commercial businesses in certain schemes. If facilities such as shops or restaurants are open to the local community, they may be more viable. Schemes in the centre of a community or that provide a needed service to the local community may find it easier to encourage local residents to come into the scheme.

Click [HERE](#) for more information

2.6 Building 'social capital' by supporting residents to integrate with the wider community can have a big impact on social well-being. This can include developing links with local schools and encouraging community groups to use the facilities for meetings, lunch clubs, religious services, parties, etc. Intergenerational projects are valuable in terms of challenging negative views of older people and bringing the generations together. [More . . .](#)

For ideas on intergenerational projects click [HERE](#)

2.7 Encouraging people in the local community to help out with specific events and take part in fund raising activities is another way of supporting social interaction. Former staff and residents' family contacts and friends can also be 'champions' for promoting voluntary work within housing with care settings.

For more information on volunteering click [HERE](#)

2.8 Supporting diversity is key to social inclusion in housing with care settings. It is therefore important that marketing and other information is clear about the value of diversity in terms of supporting tenants with different care needs, levels of dependency and aspirations. [More . . .](#)

For more advice on producing clear information, click [HERE](#)

- 2.9 Family carers are the main source of social contact for some residents. Contact can be supported through, for example, good communication and providing a comfortable and affordable guest room. [More . . .](#)

For more information on carers click [HERE](#)

Theme Three: Design and Planning

- 3.1 Accessible design throughout a housing scheme is central to promoting social well-being for all tenants, particularly those with physical impairments and reduced cognitive function. [More . . .](#)

For information on designing housing for older people click [HERE](#)

- 3.2 Spacious, well designed flats provide a good environment for visits from other tenants, family members and external friends. There are also advantages to including a second bedroom for accommodating guests for overnight stays and pursuing interests, both of which are important to social wellbeing.

- 3.3 Some residents like small 'pod' lounges or similar spaces that they can use however they choose. This can create a feeling of ownership and belonging.

- 3.4 Light levels are important in a number of ways for older people and need to be considered when designing both apartments and communal areas. Good levels of natural light are known to reduce the incidence of depression.

For more information on light levels click [HERE](#)

- 3.5 Consideration should be given to how design can support the use of on-site facilities by the local community. A zoning system of access, sometimes known as progressive privacy, is one way of doing this. [More . . .](#)

For more information on zoning click [HERE](#)

- 3.6 A well-designed reception area can provide a friendly welcome for visitors from the local community, and, if there is appropriate seating, a venue for residents to meet with each other and see people coming in and out of the scheme.

- 3.7 Good design and location are important in providing opportunities to access facilities in the wider community, particularly for residents with impaired mobility and reduced cognitive function.

For information on access to local amenities click [HERE](#)

- 3.8 The opportunity to develop and maintain a social life that is independent of the housing scheme is also important. This means facilitating tenant engagement with the wider community through, for example, accessible design and transport. Good access to local footpaths, bus routes, post boxes and pedestrian crossings is also important. Hilly sites, uneven pavements and poorly situated pedestrian crossings are all examples of potential barriers to getting around, and these can have a particularly negative impact on people with impaired mobility. [More . . .](#)

For information on design of the outdoor environment for older people click [HERE](#)

Theme Four: Funding to support social well-being

- 4.1 Limited funding can make it difficult to provide an interesting and varied range of activities and external trips. Imaginative approaches to fundraising are required.
- 4.2 Some facilities are extremely important to social well-being but in some circumstances they are only viable if open to the wider public. This is particularly true for shops and restaurants.

Theme Five: Staffing and care provision

- 5.1 A person-centred approach to care provision can contribute towards social well-being. This should be based on comprehensive personal profiles developed in collaboration with tenants, their relatives and referrers.
For more information on person-centred care click [HERE](#)
- 5.2 Key working systems can maximise the benefits of interaction with staff, particularly for tenants at the greatest risk of social exclusion. [More . . .](#)
- 5.3 Staff need access to appropriate training and support to enable them to promote social well-being.
For information on training in extra care housing click [HERE](#)
- 5.4 Having staff dedicated to organising social activities (such as an Activities Coordinator) can be valuable in the early stages of a scheme's development. Activities Coordinators could be a shared resource between schemes. [More . . .](#)
- 5.5 Care should be commissioned and delivered in a flexible way to ensure that the care process does not form a barrier to participation. As much flexibility as possible should be built into individual care plans, so that residents do not have to miss opportunities to socialise. Care and/or support staff should have time available to assist residents to take part as needed.
- 5.6 It is important that care and support services are provided and maintained outside core hours of work (often 9 to 5). Some schemes, including those that received funding from the Department of Health, provide waking night time cover. In addition to ensuring that sufficient paid staff are available at these times, a number of creative solutions are useful, such as engaging volunteers and local people with a connection to the scheme to provide activities.
- 5.7 A balanced approach to risk management can maximise opportunities for social interaction, particularly for tenants with cognitive impairment.

Additional information and resources

1 Information on extra care and other types of housing with care

- a The Housing LIN (Learning and Improvement Network) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. It also provides extensive information and advice on extra care housing. For more information and a list of resources visit the web site at:

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/>

- b The Elderly Accommodation Counsel provides information about housing and care options for older people, their families, carers and advisors, and all those who work with and for them. Their website is at

<http://www.housingcare.org/index.aspx>

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2 Some alternatives to on-site shops, and information on catering

- a Offer the premises to a national supermarket. Many have 'community links teams' who may consider linking to older people's housing settings under their 'corporate social responsibility' agenda.

- b Explore the potential of involving social enterprise organisations to deliver key on-site services like shops, restaurants and cafes. For example, some schemes have outsourced the restaurant to a learning disability charity, which runs it to develop employment skills for people with learning disabilities.

- c The Housing LIN (Learning and Improvement Network) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. It also provides extensive information and advice on extra care housing.

A Housing LIN factsheet giving information and advice on catering arrangements in extra care housing can be found here:

http://www.dhcarenetworks.org.uk/_library/Resources/Housing/Support_materials/Factsheets/Factsheet22.pdf

- d Information about a survey carried out by Hanover about catering in their schemes can be found on their website at: <http://www.hanover.org.uk/extra-care-catering-survey-results>

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3 Information on activities

- a NAPA (National Association for Providers of Activities for Older People) has a wealth of information on what activities to run and how to organise them, including a guide to benchmarking good practice. There is also information on staff training. Further details can be found on their website at:

<http://www.napa-activities.co.uk>

- b The Stirling Dementia Services Development Centre (DSDC) helps to develop services for people with dementia and their carers. It's web site contains a wide range of information. They provide a list of publications, including some on activity provision, at:

<http://www.dementia.stir.ac.uk/files/PublicationsList-Nov09.pdf>

- c Age UK (the new force combining Age Concern and Help the Aged) works with and for older people and aims to promote the well-being of all older people and to help make later life a fulfilling and enjoyable experience. The following is a link to a range of booklets they have produced about intergenerational practice.

<http://www.ageconcern.org.uk/AgeConcern/1B1A30381B6043519245D7D4DE617314.asp>

The Beth Johnson Foundation is a national organisation that seeks to make a positive impact on the lives of older people, to gain recognition for the valuable role older people play and to challenge age discrimination through pioneering initiatives that bring together research, policy and best practice. Their Centre for Intergenerational Practice may also be a useful resource:

<http://www.centreforip.org.uk/default.aspx>

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4 Information on local amenities

- a The Elderly Accommodation Counsel aims to help older people make informed choices about meeting their housing and care needs. Its web site includes a directory of retirement properties and information on key local services. This can be found at <http://www.housingcare.org/housing/index.aspx>
- b The Walk Score web site is a useful tool for finding out how near a property is to a range of local facilities. Simply type in a post code and you will be shown details of local services and facilities along with an overall 'walk' score. It can be found at <http://www.walkscore.com>

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5 Producing information

- a The Plain English Campaign has lots of information on their website at <http://www.plainenglish.co.uk>. This includes a guide for producing clear and concise information and a tool for inspecting web pages.
- b Once information has been produced for any form of retirement housing, it can apply for the Elderly Accommodation Council's Quality of Information Mark. The EAC Quality of Information Mark is a kitemark to help promote and celebrate all forms of retirement housing, and ensure that elderly people have access to accurate and detailed information when deciding whether to move home. It is awarded to individual schemes following submission of a fully completed QI Mark questionnaire, and is valid for 12 months. Further information can be found on the EAC website:

<http://www.housingcare.org/quality-of-information-mark.aspx>

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- a 'Opening doors to independence', a three year study into older people with dementia who live in extra care housing, warns that the Government's agenda for increased choice and independence of older people is at risk without better resources and increased co-operation between housing, health and social care providers. The research was carried out by Housing 21 in collaboration with the Housing Corporation, the University of the West of England, Bristol (UWE), and Dementia Voice. It found:
- Extra care housing has a key role in maintaining the independence and health of people with dementia
 - With the right support, people with dementia and memory problems are able to live independently in extra care housing for nearly as long (on average around two years) as people without significant cognitive impairment
 - Older people with dementia – and their families – choose extra care housing because it meets their needs and aspirations better than other accommodation options
 - Friends and relatives are more likely to remain part of an informal support network of residents living in extra care housing, compared to people living in hospital, or nursing or residential homes.

A summary of the research can be found at:

<http://www.housing21.co.uk/corporate-information/publications/research-reports/>

- b Housing 21 have also conducted a scoping review of the literature on extra care housing and people with dementia, which was commissioned by the Housing and Dementia Research Consortium and funded by the Joseph Rowntree Foundation. The full review and a summary document can be found at:
- <http://www.housing21.co.uk/corporate-information/housing-21-dementia-voice/research/>
- c Suffolk County Council has produced a useful guide to designing and managing extra care housing for people with dementia at:
- www.changeagentteam.org.uk/_library/docs/ExamplesOfStrategyAndPolicies/extracare-dementia.pdf
- d The Enriched Opportunities Programme (EOP) has been developed by ExtraCare Charitable Trust and Professor Dawn Brooker and her research team as a means of ensuring that people living with dementia in care homes and extra-care housing can continue to enjoy a good quality of life. Key facets of the programs include a specialist staff role "the EOP Locksmith"; staff training; individualized case work; liaison with health and social care teams; activity and occupation; and leadership. For more information and to download reports, see <http://ihsc.worc.ac.uk/dementia/enriched.html>
- e The Housing LIN (Learning and Improvement Network) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. It also provides extensive information and advice on extra care housing.

The Housing LIN provides a wealth of information on housing for people with dementia at:

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingandDementia/>

The site includes information on 'Living well with dementia: A National Dementia Strategy'. Objective 10 of the strategy states that the needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

In addition, the Housing LIN provides information on a consortium to promote research into housing with care for people with dementia at

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingandDementia/Provision/SpecialistHousing/?parent=5050&child=4162>

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7 Information on design and planning

- a The Housing LIN (Learning and Improvement Network) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. As well as extensive information and advice on extra care housing, it provides a range of publications on designing housing for older people, including design guides, factsheets and case studies. There is information on designing new build schemes, and also on remodelling existing buildings:

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/Design/>

Two reports published in 2009 can also be found on the HLIN pages on design. *Homes for our old age: independent living by design* (see <http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=6202>), published jointly with the Commission for Architecture and the Built Environment (CABE), features ten case studies of housing schemes in the report to show how the range and design of housing can help give older people more independence, better choice and the ability to maintain friendships and community networks.

The Housing our Ageing Population Panel for Innovation (HAPPI) aimed to seek out good practice and ideas on the future design of housing for older people which meets their needs and aspirations. A copy of the report along with a summary of findings can be found at:

<http://www.homesandcommunities.co.uk/Housing-Ageing-Population-Panel-Innovation>

- b Progressive privacy or zoning is a method of dividing housing into public and private access. This allows the local community to access on-site services while also providing security for residents. An article describing the concept can be found at:

<http://eprints.ucl.ac.uk/archive/00003360/01/3360.pdf>

- c Inclusive Design for Getting Outdoors (IDGO) is a research consortium focused on ways to improve the design of the outdoor environment to enhance older people's quality of life. The project website contains design guides and other information about supporting older people in the outdoor environment. http://www.idgo.ac.uk/older_people_outdoors/index.htm
- d The Sensory Trust promotes an inclusive approach to design and management of outdoor space. Its website includes information on design for older people. <http://www.sensorytrust.org.uk/welcome.htm>

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8 Accessible design

- a Ricability is a national research charity dedicated to providing independent information of value to disabled and older consumers. Their web site provides a range of consumer reports, including one on designing kitchens with appropriate lighting. http://www.ricability.org.uk/consumer_reports/at_home/making_your_kitchen_easier_to_use/
- b The Royal National Institute for the Blind provides information on making the built environment more accessible for people with disabilities at http://www.rnib.org.uk/professionals/accessibleenvironments/Pages/accessible_environments.aspx
- c The Thomas Pocklington Trust is a provider of housing, care and support services for people with sight loss in the UK. Their website has a range of information about lighting the homes of people with sight loss. <http://www.pocklington-trust.org.uk/lightinganddesign/>

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9 Volunteering

- a Age UK (the new force combining Age Concern and Help the Aged) has a range of opportunities for volunteers who want to work with older people at: www.helptheaged.org.uk/en-gb/HowYouCanHelp/GiveYourTime/Volunteering/
- b Community Service Volunteers is the UK's largest volunteering and training organisation. It's web site provides information for people who want to volunteer, including a section on opportunities for 'Senior volunteers' at: <http://www.csv.org.uk/Volunteer/>
- c REACH is an organisation that helps voluntary organisations and charities across the UK attract volunteers with a wide range of skills and professional experience. More information can be found on their web site at: <http://www.reach-online.org.uk/>

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Information for carers

- a The Princess Royal Trust for Carers provides a range of information on local and national services at www.carers.org. There may also be a local carers centre in your area. More details can be found on their web site at: <http://www.carers.org>
- b The government has information and advice for carers at: <http://www.direct.gov.uk/en/CaringForSomeone/index.htm>
- c Carers UK is an organisation that campaigns for equality for carers and provides a range of information and an advice line at www.carersuk.org/Home
- d Counsel and Care is an organisation that provides advice, information and financial support for older people, their families and carers, as well as influencing policies, services and funding. A guide to their services can be found at www.counselandcare.org.uk/

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Models of care

The Housing LIN (Learning and Improvement Network) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. It also provides extensive information and advice on extra care housing. A Housing LIN technical brief outlines some of the variations and common features in care in extra care housing at:

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingExtraCare/ExtraCareProvision/SupportServices/?parent=990&child=1647>

- a A report published by the Joseph Rowntree Foundation presents the findings from a study on promoting person-centred care: <http://www.jrf.org.uk/knowledge/findings/socialcare/0296.asp>
- b The Government's National Service Framework for Older People includes a standard for person-centred care. This can be found at: <http://www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Olderpeople/OlderpeoplesNSFstandards/index.htm>
- c The Alzheimer's Society has published advice on understanding and respecting the person with dementia as an individual. This can be found at: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=84
- d The Housing LIN website includes a page on housing and personalisation. For services such as housing, health and social care, personalisation means making services as responsive and flexible as possible and increasing individual's control over factors like budgets, assessment and care packages. For more information on ways in which this person - focused approach can be developed, see: <http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/Housing/Personalisation/>

- e Sue Garwood has written some useful papers on personalisation, individual budgets and extra care. See the links below:

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingOlderPeople/OlderPeoplePersonalisation/?parent=3678&child=4372>

<http://www.suegarwood.co.uk/>

- f The Department of Health have produced guide on the use of resources by local authorities, which includes a chapter on self-directed support and personal budgets. See:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107596

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12 Workforce issues in extra care housing

- a The Housing LIN (Learning and Improvement Network) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. It also provides extensive information and advice on extra care housing, including a fact sheet on staff training and other workforce issues. This can be found at:

www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1626

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13 Reducing social exclusion

- a In January 2006 the Social Exclusion Unit (SEU) published A Sure Start to Later Life: Ending Inequalities for Older People. This initiative, focusing on enabling older people to maintain their independence in later life through prevention and local services, is being piloted in 8 local authorities. For more information see <http://www.communities.gov.uk/publications/corporate/surestart>

- b Partnerships for Older People Projects (POPP) was launched in 2005 to develop and evaluate services and approaches for older people aimed at promoting health, well-being and independence and preventing or delaying the need for higher intensity or institutional care. More information can be found at:

<http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm>

The report 'Improving care, saving money' sets out the key learning from the POPPS programme:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111223

- c Building a Society for All Ages is the government's vision for a society for all ages. It was published in July 2009, and develops the Government's 2005 strategy, Opportunity Age. For more information, see:

<http://www.hmg.gov.uk/buildingasocietyforallages.aspx>

- a The Housing LIN (Learning and Improvement Network) is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. It also provides extensive information and advice on extra care housing, including a technical brief on the principle ways in which Extra Care Housing developments are financed.

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/browse/HousingExtraCare/FundingExtraCareHousing/?parent=1007&child=1646>

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Good practice in promoting social well-being

- ▶ Provide restaurants, shops, gardens and other on site facilities as venues for tenants to interact and also to attract people from the local community into extra care schemes. Make sure there is adequate funding for these, and, for new schemes, ensure that they are operational as close to opening as possible.
- ▶ Provide some small 'pod' lounges or similar spaces that tenants can use however they choose, creating a feeling of ownership and belonging.
- ▶ Establish links with local schools and arranging for the children to hold activities and events at the scheme. E.g. school project work, concerts.
- ▶ Encourage community groups to use the facilities for meetings, lunch clubs, healthy living days, religious services and parties.
- ▶ Organise a range of regular and one-off activities, including music sessions, dance workshops, exercise classes, and arts and craft sessions. Ensure that residents have as much as input as they want, whether this is organising and running activities, or giving direction and feedback about what staff provide.
- ▶ Provide roomy, well designed flats that create a suitable environment for visits from other tenants, family members and external friends.
- ▶ Incorporate a well designed reception area that provides a friendly welcome for visitors from the local community, with appropriate seating so that residents can use the area as a meeting place too, and see people coming and going.
- ▶ Ensure good access to local footpaths, bus routes, post boxes and pedestrian crossings in order to allow tenants to get out and interact with the local community.
- ▶ Incorporate detailed information on care and support plans about the individual, their interests, hobbies and preferences for activities.
- ▶ Include 'local connection with the area' as part of the allocation assessment criteria. Having common points of reference, schools, work-places and local landmarks can stimulate a sense of community, belonging and friendship amongst the resident population of extra care schemes.
- ▶ Encourage volunteering: find ways to enable people in the local community to help out with specific events and take part in fund raising activities. (Former) staff or residents' family contacts and friends can be 'champions' for promoting voluntary work within extra care settings

What we should avoid to promote social well-being

- ▶ Bingo is fine but it's not enough! If only a narrow range of social activities is available, not all tenants will be willing or able to take part.
- ▶ Limited funding can make it difficult to put on an interesting and varied range of activities and external trips. Imaginative approaches to fundraising are required.
- ▶ Misunderstanding about the aim and nature of extra care housing can lead to social exclusion. It is important that marketing and other information is clear about the value of diversity in terms of supporting tenants with different care needs, levels of dependency and aspirations.
- ▶ A lack of on-site facilities can limit opportunities for social interaction: a shop, a restaurant and an accessible garden are particularly important in this respect.
- ▶ Poor design and location can restrict opportunities to access the wider community, particularly for tenants with impaired mobility and reduced cognitive function.
- ▶ A lack of affordable, accessible transport can be a barrier to tenants who want to access facilities and social networks in the wider community.
- ▶ Lower levels of staffing in the evenings and at weekends can restrict opportunities for tenants with impaired mobility to get to socialise with other tenants because no-one is available to help them get around.
- ▶ An overcautious approach to risk management can limit opportunities for social interaction, particularly for tenants with impaired mobility
- ▶ For some tenants, care staff are a major source of social interaction. Task led systems of care provision can limit the opportunities for staff and tenants to interact.
- ▶ Hilly sites, uneven pavements and poorly situated pedestrian crossings are all examples of potential barriers to getting around and these can have a particularly negative impact on people with impaired mobility
- ▶ The absence of a comfortable and affordable guest room can discourage friends and relatives from visiting tenants and providing essential social contact.

Findings from two research projects funded by the JRF:

- **Evans and Vallelly (2007) 'Promoting Social Well-being in Extra Care Housing', based on interviews with residents and managers at 7 extra care housing schemes.**
- **Callaghan, Netten and Darton (2009) 'The development of social well-being in new extra care housing schemes', based on interviews and surveys from residents and staff at 15 new extra care housing schemes (2 village-style schemes and 13 smaller schemes).**

Social Activities

Evans and Vallelly:

The main opportunities for social interaction as described by tenants were provided through activities arranged within the scheme, both social and occupational. The importance of social activities was recognised by tenants. The study found a wide range of activities on offer across the six housing schemes in the study, including tea mornings, arts and crafts, bingo, card games, dominoes, fitness classes, entertainers (including magicians, an opera singer and belly dancers), parties for birthdays and other occasions and quizzes. A variety of external trips were also organised for tenants, including visits to restaurants, garden centres, concerts and a firework display, boat trips and regular visits to a swimming pool.

Some schemes were much busier than others in terms of the number of organised activities available to tenants. To some extent this seemed to depend on the importance placed on them by the scheme manager. The biggest difference between schemes, however, was not in the number of activities but in the range of activity types. All of the schemes studied organised regular social activities but some were more imaginative in the range of activities on offer, particularly in terms of occupation and exercise. Examples found during the study included music and dance workshops, exercise classes, arts and craft sessions, a men's group and hydrotherapy.

Callaghan et al.:

Social activities were valued by residents, and – particularly in the smaller schemes – were important for friendship development. In both schemes and villages, friendship was cited as the most important benefit of participation in social activities and events, followed by mental stimulation. Residents' feelings about their social life were related to how often they took part in an activity or attended a social event, with more frequent participation linked to reporting that their social life was 'good' or 'as good as it could be'.

Some schemes encountered difficulties in providing activities for the diverse range of people living in extra care. Nonetheless, even if certain activities were not to a particular resident's liking, they could still provide a venue for social interaction and promote the development of community.

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How activities are organised

Evans and Vallelly:

The study found that the way in which activities were organised might have an impact on the extent to which tenants took part in them. Two different models for arranging activities were found: in four schemes they were organised by staff while in the other two schemes they were organised by tenants. Under the 'staff-organised' model the role of organising activities

was carried out either by care staff in their spare time or by a part time paid Activities Co-ordinator, funded by the local authority or the housing provider.

Tenants were aware of the work done by staff who organised activities, particularly where this was a paid role. However, the tenant-organised system appeared to have a number of advantages. Firstly, there was some evidence that tenants were more willing to engage with a programme of activities that were organised by other tenants. In one scheme there had been an initial reluctance to take part in activities arranged by staff, and it was only when tenants took over this role that things really got going. Another advantage of this system, which may be related to the increased participation in activities, is that tenants had a much greater say in what activities took place and so the events that took place were more popular. In addition, taking on the role of organising activities led to feelings of satisfaction and sense of purpose among those tenants on the organising 'committee'. Finally, under this system the tenants were able to put on events that raised significant amounts of money, which was ploughed back into further activities.

One potential disadvantage of a tenant-led system is that it requires a membership that is reasonably balanced in terms of support needs in order to maintain the capacity to carry out its function. This balance can be difficult to achieve when an extra care housing scheme is 'top heavy' in terms of dependency levels. This raises questions for Local Authorities in terms of their funding being increasingly geared towards high dependency service users.

Another important aspect of how activities are organised is funding. Some schemes had specific funding to employ a part time activities co-ordinator as part of their contract with the local authority. Others rely on the good will of staff and other volunteers in organising activities in their spare time, while others have handed over this responsibility to tenants. Whatever model is chosen, it is important that sufficient funds are available to support the provision of a range of activities in order to promote social well-being.

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Callaghan et al.:

This study found that all schemes took a user-led approach to providing social activity, with resident involvement being key. However, there was considerable variation in how this approach was implemented, depending on levels of staff and resident involvement. Some schemes had a full-time member of staff responsible for coordinating the scheme's social life, such as an activities coordinator. In other schemes, although there was no specific activities coordinator or similar, care and/or support staff at the scheme had some of their time specifically dedicated to the support and facilitation of the scheme's social life. In the remaining schemes, the manager was responsible for the scheme's social life, with widely varying degrees of resident involvement.

Having dedicated activities staff was valuable in the early stages of a scheme's development, with more activities being set up sooner after opening in those schemes with such staff. However, having dedicated activities staff was not associated with better individual social well-being one year after opening. This may be because social activities and friendships had become established by this stage, and gained momentum.

Active resident involvement in running social activities was beneficial, giving residents more control and ownership over social lives, encouraging other residents to participate, and providing a satisfying role for those on residents' committees. It is important to note, however, that residents who took the lead were more likely to have lower levels of physical impairment; in some schemes there were challenges in accomplishing a truly 'user-led' approach, with the most notable barrier being the frailty of some of the residents. Although it is beneficial to encourage resident involvement from an early stage, it is crucial to have adequate staffing and resources to support them in this role, not only at the beginning, but also over time as levels of frailty increase.

Supporting diversity

Evans and Vallely:

The study found some evidence of a lack of tolerance by some tenants of those who they perceived as being different from them in various ways. Extra care housing tenants span a large range of ages, from 55 to over 100, and some tenants felt that this wasn't appropriate.

One key aim of this form of housing is to support independence for people across a range of needs, but some tenants didn't acknowledge the purpose and nature of extra care housing.

One tenant said that it was difficult to have a conversation with tenants with memory problems, but she also described how she frequently knocked on their doors to remind them to come to social activities taking place in the scheme. This suggests that the way tenants view others who they perceive as different does not necessarily influence their actual behaviour towards them. However, it does raise the possibility that understanding and tolerance can impact on the opportunities for social interaction in long term care settings.

The current study we did find some evidence of low level interventions to facilitate social interaction for people with memory loss. For example, care staff wrote messages on yellow stickers as a reminder for one tenant to attend activities and social events in the scheme. The messages, written large in black marker pen, were attached to her sideboard and not only reminded her to go, but also reminded her carers to prompt her.

Callaghan et al.:

This study found some indications of tensions in the two villages regarding attitudes to frailty and disability, with some residents being surprised that less active, frailer people had also moved in. This highlights the importance of clear marketing of villages and schemes to prospective residents, particularly regarding schemes' aims to support a range of people with diverse needs, in order to avoid potential difficulties and social exclusion.

The study also found examples of extra support to participate in social activities for people with memory loss and dementia.

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The role of family carers

Evans and Vallely:

Family members played a large part in the lives of many tenants. Many of the tenants interviewed during this study had family living locally, but even for some tenants whose family lived further away they were an important source of social contact. Family carers played an important role in the lives of most tenants, not least in terms of the practical and emotional support they offered. Practical support included hair cutting, cooking, decorating, home maintenance, shopping and providing transport to attend a range of events, facilities and appointments. For some tenants going out of the scheme was only possible when relatives came to take them out. Several tenants needed help with mobility, either to feel confident in walking or help with managing their wheelchairs.

Relatives also provided a range of activities, including taking tenants out for lunch, shopping, visiting local attractions and beauty spots and providing company at home. There was a real sense that visits by relatives made tenants feel cared about, supported and special. In families that demonstrated care, affection and support tenants clearly articulated a sense of belonging that supported their independence and well being. It appeared that how close local relatives lived to the court determined to a large extent the frequency with which they visited; however, more important than the frequency of visits was the reassurance tenants gained from living in close proximity to their family, particularly at times of difficulty. At the

same time, some tenants expressed the view that their relatives worried less about them now that they were living within the court as they knew they were being cared for and checked on regularly. Overall it appeared that tenants who had no close relatives or whose families lived too far away or were too busy to visit felt this was a loss and were more isolated.

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Engaging with the wider community

Evans and Vallely:

Tenants who took part in the study were asked to reflect on their relationship with the wider community. Responses focused on the ways in which they engaged with activities within the local community and how local community members accessed resources within the court. Several tenants talked about how church services offered them an opportunity to get to know members of the local community. Some visited local churches while others attended meetings within the court. During interviews tenants did not generally focus on their on-going relationships with people within the local community. However, there was a real sense that being part of community activities that took place away from the scheme made life more interesting, stimulating, exciting and engaging. Male tenants in particular commented about enjoying watching changes taking place within the local community, while several female tenants felt their spirits were lifted by contact with children from local schools who regularly came in to sing or perform for them. For many tenants getting 'out and about' was something they would continue to do for as long as they possibly could. For those with less mobility who found it difficult to access local facilities, a range of businesses visited with takeaway foods, pastries, eggs, vegetables, clothes, cosmetics and groceries, all of which engaged tenants in a sense of participation with their local area.

Community professionals working locally played an active role in the schemes, undertaking health promotion and community safety activities for staff and group members. The ability to engage with community activities was linked to a range of factors, including the availability and accessibility of transport, the quality of pavement access for electric scooters and the support of care staff. Those residents who were not able to access the community because of lack of mobility or ill health suggested that this affected their general sense of well-being, largely because they felt restricted and missed doing activities they had enjoyed in the past. Several tenants talked about using their scooters as a way of getting out and about, allowing them access to local pubs and amenities. They also identified how poorly maintained footpaths and anxiety about crossing local roads could act as barriers to visiting local amenities.

Callahan et al.:

Most of the schemes in this study sought to promote links with their local communities. Across the schemes, there were varying degrees of community interaction, with some being particularly keen to become community resources. It was recognised by residents and staff that links could benefit both the people living at the scheme and people from the local community.

Examples of links schemes had made with their local communities included inviting local people to open days, fairs or bazaars and coffee mornings, holding religious meetings at the scheme, inviting residents of other sheltered housing or extra care schemes to visit or join activities, and linking with local schools. Examples of services or resources that schemes sought to provide to the local community included day centres, shops and restaurants, and in one scheme a doctor's surgery was planned. In some cases, schemes also provided a place to hold clinics (e.g. with the community nurse, or a 'Healthy Legs' clinic) for the benefit of both local and scheme residents.

Many residents valued maintaining or building up links with the local community, but lack of accessibility and appropriate transport proved a barrier for some to getting out. The location of schemes was important in determining the extent of involvement that had developed. Schemes benefited from being at the centre of a community, and providing a needed service to the local area such as a shop or cafe/restaurant.

However, residents had mixed opinions about local people coming into the schemes to use facilities. It is important that schemes make potential residents aware of intentions regarding links with the local community.

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The role of facilities

Evans and Vallely:

The extra care housing schemes that took part in this project had a range of on-site facilities available. These included shops, restaurants, communal areas, hairdressers, beauty salons, gardens, day centres and guest rooms. Many of these facilities were situated on indoor 'streets', providing an accessible and safe environment in which tenants can access a range of services. For many tenants such facilities were at the core of their social lives, particularly shops and restaurants. Most of the schemes had a shop at which tenants could buy basic goods including toiletries, household goods, basic food products and newspapers. In addition, tenants could order just about anything they needed and it would be available within a day or two. In the schemes that had on-site shops, they provided a major focal point and meeting place for tenants. Two schemes had no shop and tenants said that they missed the opportunity for social contact that it could provide. Restaurants were another facility that provided a focal point for social interaction, although in some schemes they were quite small and had to accommodate tenants in several 'sittings'. One scheme had a restaurant when it opened, which was operated on contract by a local business. However this had proved uneconomical and had to close down after about 9 months. Tenants now had ready-cooked meals delivered to the scheme, which they heated up in their own kitchens and ate in their flats. This led to comments about missing the social interaction that communal mealtimes provided as well as criticism of the quality of the food. All six extra care schemes had communal gardens that could be used by tenants and for some this facility provided another important social venue, particularly during the summer.

All of the schemes had a range of communal areas and these were the focus of social interaction and therefore central to the social life of many tenants. These areas are usually large rooms containing a range of comfortable seating, often arranged into clusters so that tenants can sit in small groups. Most have a television and some include a sliding partition so that the room can be used for more than one purpose at any one time. The function of these areas was extensive and included acting as a communal 'lounge', a venue for social activities and somewhere for tenants to meet with family members and external visitors.

On site facilities can also promote social interaction and wellbeing by attracting people from the local community into extra care schemes. Restaurants and shops appeared to be particularly successful in this respect and schemes with both of these facilities gave the impression of being the most integrated with the local community. In some schemes these facilities could only be maintained as commercially viable through the custom of local residents. Some scheme managers told us how they encouraged residents and groups from the local community to use the facilities. Their strategy included offering the use of meeting rooms, setting up lunch clubs, holding local events such as healthy living days and inviting local people to scheme events such as Christmas parties, religious services and fetes.

Callaghan et al.:

Communal facilities available at the schemes were important for developing social well-being. Restaurants and shops played a key role in encouraging friendships to form, particularly when a scheme first opened. Communal lunchtime was an important opportunity for social interaction in many of the smaller schemes. In one scheme where the restaurant was temporarily shut at six months due to financial reasons, the loss to the scheme's social life was noticed by both residents and staff.

In some schemes, shops and restaurants were open to members of the local community, and so provided additional opportunities for residents to interact with other people. In addition, some schemes made rooms available for people from the local community to hold meetings, or to hold clinics (e.g. with the community nurse, or a 'Healthy Legs' clinic) for the benefit of both local and scheme residents.

All of the schemes had a large communal lounge. These spaces were regularly used for social activities, and in some schemes seemed to have become the main 'hub' of social activity. The location and design of communal spaces (e.g. lounges, circulation areas) was important for facilitating their use. Lounges located centrally, which were easily accessible and easy to see into, were valued.

In most of the schemes six months after opening, outside spaces were not yet regularly used for social activities and as places for interaction. However, there were plans for using outside spaces for gentle exercise such as walking, and for gardening and summer barbecues. In some of the schemes, gardens were already in use and very much valued.

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The importance of location**Evans and Vallely:**

Our findings suggest that several aspects of location can impact on social well-being. The main impact of location in terms of social well-being seems to be on access to the local community and the opportunities it provides for social interaction. For example, schemes in a rural area are less likely than those in an urban setting to be within easy reach of shops, banks and other community-based facilities, particularly for tenants who are physically frail. It can also be more difficult for people living in rural schemes to maintain contact with external friends, unless they live very locally. Equally, it is less likely that people from the local community will visit a scheme to use facilities such as the shop and restaurant if it is difficult to access, and this can also reduce opportunities for social interaction. Other aspects of where a scheme is located can apply to both urban and rural schemes. For example, good access to footpaths, bus routes, post boxes and pedestrian crossing can all encourage tenants to get out and interact with the local community. The nature of the immediate site on which an extra care scheme is built is also important, particularly for physically frail tenants.

Callaghan et al.:

This study found that the location of a scheme was important in determining the extent of community involvement that developed during the first six months after opening. For example, if a scheme is located in an area where there are other extra care or sheltered housing schemes, it is more probable that people from outside the scheme will come in, as activities are more likely to be of interest to them. In addition, a scheme's location at the heart, or on the edge, of a community can influence the likelihood of the scheme being used by the local community – schemes benefited from being at the centre of a community, and providing a needed service to the local area such as a shop or cafe/restaurant.

Residents mostly valued maintaining or building up links with the local community, but lack of accessibility and appropriate transport proved a barrier for some to getting out, and good local access and suitable transport are needed to encourage interaction between scheme residents and their local community.

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Progressive privacy

Evans and Vallely:

One of the unique features of extra care housing compared with other long term care settings is its design. Although a wide range of models fall under the umbrella concept of extra care housing, one increasingly common design feature is the use of indoor ‘streets’ around which schemes are arranged. These streets form a central route through the scheme and are often the site for a shop, the restaurant and a range of other facilities. Access to corridors containing tenants’ flats is via a security-controlled doorway which leads off the street. This arrangement, sometimes called ‘progressive privacy’, means that people from the local community can come into the scheme to use a range of facilities but cannot access individual flats without the consent of tenants. This promotes feelings of safety among tenants and encourages a sense of community by, for example, allowing tenants to leave their front doors open during the day.

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Accessible design

Evans and Vallely:

The indoor street style of design has a number of advantages. By providing a safe, dry and level environment it maximises accessibility and increases the opportunity for tenants to move around the scheme and meet each other for both formal and informal social activities. There are additional potential benefits in terms of getting the exercise that walking provides and accessing on-site facilities, thereby supporting independence. Accessible design is of course crucial in long-term care settings and particularly for tenants with impaired mobility. The layout of a scheme can have a considerable impact on the overall social environment by encouraging interaction. For example, some feel more welcoming than others to tenants’ family and friends and people from the local community. This is partly achieved by having an open plan entrance area with comfortable seating and a visible reception area where staff can easily be approached. The design of individual flats can impact on social well being by providing a comfortable and pleasing environment for visits from other tenants, family members and external friends. Many tenants told us that they appreciated the design of their flats, particularly in terms of their size.

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Person-centred care

Evans and Vallely:

To a large extent the overall approach within any scheme towards tenant welfare and wellbeing is determined by the policies of provider organisations and the experience and attitude of scheme managers and other staff. Recent research literature argues for a person-centred approach to care provision, largely on the grounds that this is the only way to identify and address the needs of older people, including the maximising of their quality of life, well being and independence. For some tenants care staff are their biggest source of

social contact and this is most likely to be the case for those who have little or no regular contact with family and friends. At a general level, the system of care working in operation may be important. Some schemes operated a key worker system whereby one or two care staff regularly supported each tenant, while other schemes have a more generic approach. It could be argued that the keyworker system offers more opportunity for social interaction through the development of a stronger relationship between tenants and staff. There is certainly evidence that tenants appreciated contact with care staff.

The opportunity for staff to interact with tenants on a social basis can also be limited by the task-orientated nature of the contract with the local council to provide care and support. This means that in theory tenants should be charged for time that staff spend sitting and chatting with them. One tenant described how this system operates, saying 'sometimes they haven't got time and you have to sign their book, but usually they have at least 5 or 10 minutes talk with you' (Female tenant 050). In practice a more flexible approach is often taken and staff frequently give up some of their own time. One scheme also had a number of ex-staff who volunteered to come in and help out for specific events and trips in this way. Another scheme had an established group of 'Friends' who provided a range of support, including arranging trips and raising funds. Overall there appeared to be scope for further work in developing links with external 'supporters' for the benefit of tenants.

A task-centred approach also impacts on the ability to support tenants in accessing activities and facilities both within the scheme and beyond it in the local community. This may be particularly true for those who had little or no contact with friends or family carers. This means that there is little or no capacity to offer additional support to help a tenant get out, unless a tenant pays extra for this service.

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Contact Details

Simon Evans
Tel: 0117 3281120
Email: Simon.Evans@uwe.ac.uk

Lisa Callaghan
Tel: 01227 827891
Email: L.A.Callaghan@kent.ac.uk

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The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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Housing Learning & Improvement Network
304 Wellington House
135-155 Waterloo Road
London, SE1 8UG
Tel: 020 7972 1330
Email: info.housing@dh.gsi.gov.uk

www.dhcarenetworks.org.uk/housing