

SOCIAL CONNECTIONS IN EXTRA CARE LIVING:
BRIDGING THE GAP BETWEEN ACADEMIC
RESEARCH, THEORY AND PRACTICE TO CREATE
SUCCESSFUL EXTRA CARE HOMES



How do spatial relationships in the built environment
help to create communities in extra care homes?

How is well-being affected by social interactions?

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ABSTRACT

The demand of housing for the ageing population is growing rapidly, hence with the help of architects; local authorities, health and care associations and developers are providing urban; suburban and rural housing for the elderly. Extra Care housing is one of the choices for over 55's– it is not specifically a type of a residential dwelling, but a concept.

Many up-to-date research papers on Extra Care focus on the economics and finances; policies and standards; case studies and guides. What often isn't discussed, nor confirmed, is how the social aspect of care contributes to the design of these complex schemes. The main aim of this study is to find out what it is that attracts the elderly population to dwell in extra care homes, and how this contributes to their well-being. What all designers should be aware of, is that this is not a 'tick the box' exercise. Halsall Lloyd Partnership have been involved with numerous 'Supported Living' schemes across the UK since the late 1970's, and recently invested in undertaking a research study called 'Design for Dementia'. The outcome of this research is intended to be further expanded by HLP in the near future or become a part of 'Design for Dementia: Volume 3'.

This paper is not strictly aimed at designers, and may be of interest to academicians, health and care associations, housing associations, carers and the general public.

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INTRODUCTION

The elderly population, now commonly referred to as the 'Baby Boomers' is greatly increasing in comparison to working adults and dependants. To maintain provision of care assisted housing for the elderly, it is required that we build 18,000 homes per year. At this moment in time there are 27,000 extra care and retirement homes either approved or still in the planning process [1], which suggests that the crisis is gradually being addressed.

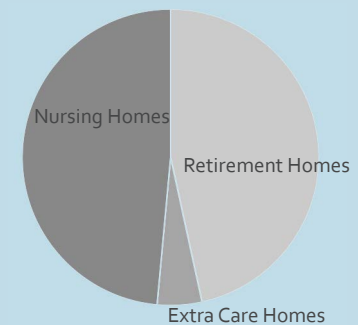
There was a boost in the growth of extra care housing between 1980's and 1990's which, unfortunately with the lack of research in gerontology, were built with the key focus on volume and size, rather than quality. [2] With time, extra care housing began to 'grow in size' in more desirable locations and with improved facilities.

There are multiple types of extra care homes – purpose-built residential villages for the retired population, residential apartment blocks, mixed use schemes, leisure complexes, sheltered housing schemes, etc. Some emphasise leisure and outgoing lifestyles, some – domestic services.

Where does the population of over 60's dwell?



Purpose Homes for the Elderly



Children born today to reach the age of 100



SOURCE: Savills World Research

[1] Hudson, N. (2015) p.9

[2] Hudson, N. (2015) p.8

LITERATURE REVIEW

So what is the 'Extra' in Extra Care?

It definitely doesn't mean 'more' care. Although care is generally available to residents 24 hours a day, some residents only require 3.5 hours a week – which is the minimum amount to qualify. [3] The quality of life has a priority over the quality of care, of course not suggesting that the care is of a poor standard! These are some of the key differences that extra care developments provide, in comparison to nursing homes and care homes:

- Independence
- Greater privacy
- Access to services and transport
- Comfort and safety alongside 'easy living'
- Living 'aspiration' rather than a necessity
- Costs are prioritised on 'luxuries' rather than nursing

Care Services Improvement Partnership emphasizes that extra care models help to build up daily living skills and confidence [4] – this is arguably the key ambition of potential residents who choose to dwell in retirement homes.

Extra Care and well-being

Extra care models aren't just built for the elderly who have recently retired. And neither are they only for those who are physically impaired. Some residents require assistance with their physical and mental health, yet some only necessitate the facilitation of housekeeping. Thus, this type of living doesn't have its own dwelling category, but is set somewhere in between dwelling houses and care homes.

Above all, loneliness is a key factor that has an impact on well-being – and it is very common within the aging population. The loss of a partner, a friend or a family member; lack of care from family; and mental illnesses highly contribute to loneliness. It is therefore vital that older people still have social networks and relations in their later stages of life.

Richard Morton, a retired architect expressed that "*the self-managed nature of the development with large private gardens, all communally maintained, is a big benefit. Possibly most important though is the balance between individual privacy and the support available within the community, with plenty of social activity and close neighbour contact and friendships which are vital to alleviate the loneliness of old age.*" [5]

Models of Extra Care

As described by Nigel King for the Housing LIN Association, "*Extra care housing does not have a precise definition. It is described in different ways; very sheltered housing, category 2.5, sheltered housing plus, housing with care, frail elderly housing, enhanced sheltered housing, assisted living and close care, the last term used particularly by private companies.*" [6]

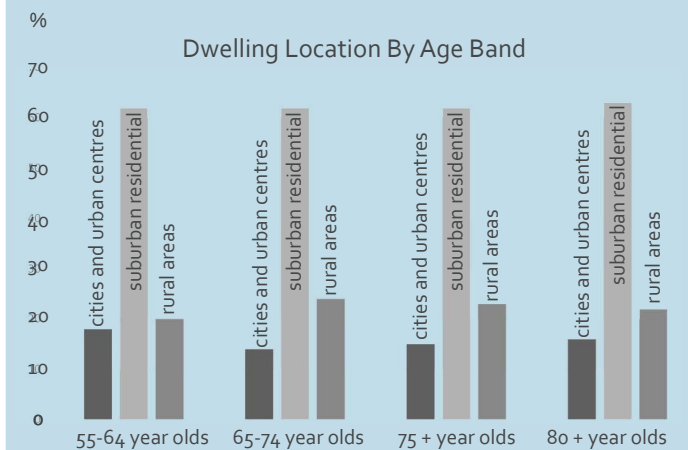
Models of extra care can vary in size, scope of services, facilities and management.

Self-contained flats or bungalows are often either assembled around a central 'community hub', or the communal spaces are spread across the whole scheme to create a more 'domesticated' feel. Similarly, houses for the elderly can either be grouped in a single block, or be spread out across a large development in smaller clusters. Bungalows and apartments commonly consist of 1 or 2 bedrooms, a bathroom with level access, a kitchen and dining room, living room, and storage space.

"The focus for many has purely been on bricks and mortar. If we're going to create truly aspirational communities for seniors it needs to move beyond design and be about connections and relationships."^[9]

-Sara McKee, Evermore Director

HAPPI₃



SOURCE: Public Health England

Communal facilities in Extra Care

Housing and Care 21 specify in their design briefs that the communal facilities should take up a minimum of 30% of the total internal floor area. HAPPI 2 states that in some schemes, this percentage can go up to 40%. [7] The editors argue that this may be a burden to some senior residents and agree with decreasing the footprint of communal spaces. It is understandable to some extent, especially where the extra care model is a small scheme and the costs of maintaining those spaces is split between a few residents. HAPPI's critical elements of achieving successful homes for the elderly include:

- Encouragement of interaction by providing circulation spaces
- Removing the 'institutional' feel
- Provision of shared facilities
- Provision of 'community hubs'
- Enabling independence by design
- Promoting social interaction
- Incorporating communal facilities

Communal facilities in Extra Care

Communal facilities range depending on the scope of a scheme. A communal lounge, kitchen, restaurant, laundry facilities and guest facilities are generally the requirement within smaller schemes; whereas grander designs of extra care models additionally contain hairdressing and beauty salons, cinema rooms, activities and hobby rooms, gyms and saunas, libraries, IT suites and so on... Communal spaces promote social interaction, as well as *"offer a link with the wider community."*^[8]

Is it the balance between provision of communal facilities, or perhaps the arrangement in which they were designed, that has a higher success rate in the community making process?

[3] Housing Learning & Improvement Network, (2017) *East Midlands Region Housing Lin Meeting*, Loughborough, 25th October 2017

[4] Care Services Improvement Partnership, (2008) p.2

[5] All Party Parliamentary Group on Housing and Care for Older People (2016) p.30

[6] Housing Learning & Improvement Network, (2004) p.3

[7] All Party Parliamentary Group on Housing and Care for Older People, (2012) p.11

[8] King's College London, (2016) p. 12

[9] All Party Parliamentary Group on Housing and Care for Older People (2016) p.3

LITERATURE REVIEW

Impact of social engagement on well-being within an ageing community

"Social well-being is the extent to which you feel a sense of belonging and social inclusion; a connected person is a supported person in society." [10]

Just like everyone else, elderly people socialise in order to sustain their well-being. Social networking scales and patterns, however, decrease as one ages. There are three key social theories of aging, as described by Pauline Norris [11]

- *Disengagement* - withdrawal from 'responsibilities' thus societal roles
- *Activity* - decreased levels of interaction due to social barriers
- *Socioemotional Selectivity* - decreased functions of interaction

Taking an active part within a community is therefore highly beneficial in order to avoid social isolation - participating in social activities on a macro scale, as well as creating and sustaining smaller networks are just as important.

A group of social relationships researchers express that "*the narrowing of social networks [...] may be problematic for health in older age and lessen subjective well-being, life satisfaction, and quality of life*" [12]

Impact of social engagement on well-being within an ageing community

Good mental health and social well-being allow an individual to contribute to their community. Likewise, as already mentioned, engagement with the community contributes to one's well-being. "*Higher levels of social participation and therefore social support reduce the likelihood of social isolation, loneliness and depression*" [13] which are extremely common within the elderly population.

Here are some aspects and provisions of extra care housing schemes which aim to increase the residents' social well-being

- organisation of activities to increase interaction between residents
- management of activities by residents to provide them with more choice and control
- provision of staff and resources to support clubs and events
- involvement with volunteering - external volunteers to host activities, volunteering residents to support charities
- provision of public spaces to increase connections with the local community
- suitable provisions of communal spaces depending on the scale of facility

Spatial provision and social well-being

The built environment attempts to tackle the issues of decreased social networking by providing well-designed communal spaces in many residential schemes for the elderly, in particular in extra care homes. These include shared spaces which encourage interaction, multi-purpose rooms where communal activities can be hosted, and guest suites for friends and family members to help retain external social connections. 'Design modifications', as expressed by the writers of *Living Well in Old Age*, have a positive effect on social interactions as well as contribute to psychological well-being. [14]

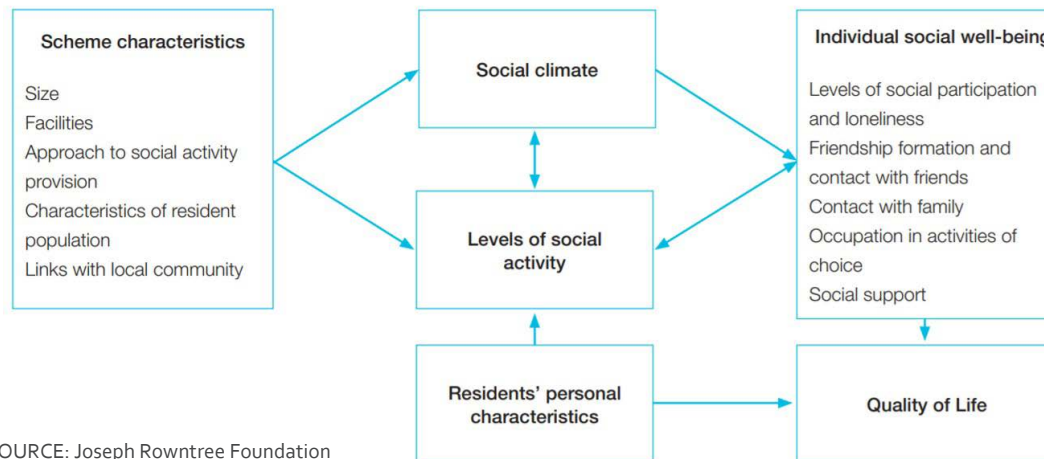
Personal Social Services researchers from the University of Kent suggest that residents from extra care villages have higher levels of social well-being than those from smaller models of living due to the nature of mobility and dependency levels; stating that village residents have better health and less requirement for care, [15] thus are more able to participate in social activities.

"Restaurants and shops played a key role in encouraging friendships to form... Communal lunchtime was an important opportunity for social interaction in many of the smaller schemes." [16]

Spatial provision and social well-being

Undoubtedly, no extra care model is the same. There are so many parameters which are varied across all schemes including user type, in particular: age bands, mobility levels, number of residents, and equally importantly, the provision of communal space. All of these factors relate to various methods of community-making. Therefore, in order to create balanced communities, it is vital not only to establish an environment that is suitable for the user group, but to provide a facility that promotes social well-being for all.

Model of social well-being in extra care housing



SOURCE: Joseph Rowntree Foundation

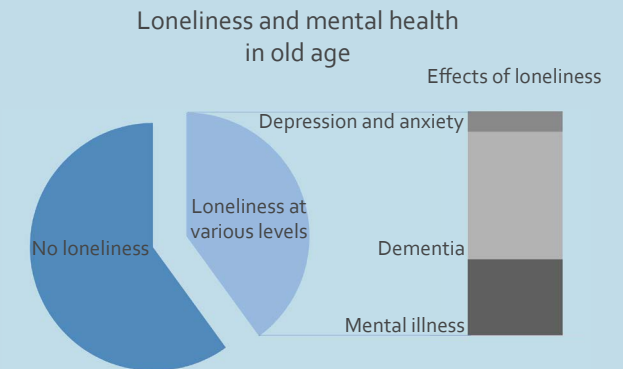
"Communal environment has the potential to reduce social isolation, particularly for residents who move from more rural or remote homes." [17] It has not yet been identified which communal facilities promote highest levels of social interaction, however, it is certain that models of extra care which are deficient in desirable communal space provision reduce the opportunity to form close social relations.

In order to provide suitable environments for the elderly, it is important to investigate existing extra care homes in terms of the preferred choice of extra care models for residents with specific symptoms of old age; as well as the provision of communal space in various models which affect interactions between residents.

"I didn't have a social life when I was at home... and now I've got the friends I've made in here, we have little dos and some of us, we do use downstairs at night, the television ... put DVDs on and have a drink or two." [18]

-Resident

IMPROVING HOUSES WITH CARE CHOICES FOR OLDER PEOPLE



[10] University of Wollongong Australia. (2015)

[11] Norris, P. (2015)

[12] Chang, P. et al. (2014)

[13] Callaghan, L. (2008) p.14

[14] King's College London (2016) ibid p.12

[15] Callaghan, L. et al. (2009) p.2

[16] Callaghan, L. et al. (2009) p.2

[17] All Party Parliamentary Group on Housing and Care for Older People (2016) ibid p.16

[18] Callaghan, L. et al. (2009)

METHODOLOGY

Objectives

The purpose of the proposed workshops is to evaluate how extra care residents dwell in their built environment, compare levels of well-being in a variety of schemes, explore how residents of extra care homes utilise their communal spaces, and simulate 'ideal' extra care home models for specific resident groups.

Three distinctive models of extra care housing schemes will be explored to find a link between provision of spaces and social networking within their facility. In addition to participating in two workshops and completing a questionnaire, residents will have engaged in group discussions relating to their communal environment. It is important to consider individual experiences in specialist housing schemes in order to provide responsive environments to specific needs.

The collection and analysis of data from each workshop will aim to explore the responsive approach to social architecture for the elderly and define parameters for the optimisation of human interaction.

Case Studies

Over 15 Extra Care facilities in Nottinghamshire and Northamptonshire were outlined as potential case studies, however the response rate from management was unpredictably low. Eventually, after gaining the authorisation to host the proposed workshops, three distinct homes in Nottinghamshire have been selected.

Prior to hosting workshops with residents, it was important to review the available services and evaluate the organisation of spaces (balance between private residential and communal space), in addition to defining the size of the scheme and the characteristics of resident population; as these factors could have influenced potential trends in responses.

Each case study will set the criteria of the model; size, facilities, social space and activity provision, and the characteristics of resident population. Initially, the trends in age, gender, ethnic identity and marital status will be outlined from the demographics of the respondents. Observations of the characteristics of the residents as well as the space use patterns will also be made.

Questionnaire

During the workshops, residents will receive questionnaires and will individually respond to questions relating to their extra care home, their experience, community and well-being. To avoid bias, residents will not be directly assisted by extra care staff, neither will the responses be passed back to the staff or management.

These outcomes will be compared between the respondents' demographic group as well as between the three extra care schemes.

The questionnaire aims to generate the response to the question 'How is well-being affected by social interactions'. Additionally, it should develop an idea of the spatial balance and provision in relation to their requirements and preferences.

Three extra care homes have been carefully selected depending on their management type, provision of facilities and scale. The participants; thus their responses, are likely to significantly vary from their peers. The provision and quality of communal spaces, as well as social networking across the schemes is likely to vary, and the success rates will be evaluated based on the model of extra care housing, rather than the distinct facility.

Puzzle Plan

This activity aims to gather the whole group of residents and using 'infinite' puzzle pieces to create diagrammatic models of extra care. The puzzle pieces are pattern and colour-coded to differentiate between types of spaces. White puzzles contain private facilities, blue contain public spaces, blue with white spots show semi-public spaces and white with blue spots show 'other' facilities. Some blank puzzles will also be given to the residents if they feel like an additional space should be provided. It is not necessary that the residents use all of the puzzle pieces provided.

These diagrammatic plans will be compared between the three extra care schemes and should show three completely different responses.

It is likely that the proposed extra care model concepts will somehow relate to the organisation of spaces that is similar to their own facility.

As designers, we should not only learn from existing precedents but also incorporate spatial experiences. That way, the provision of much needed specialist housing schemes will generate better outcomes and increase satisfaction rates.

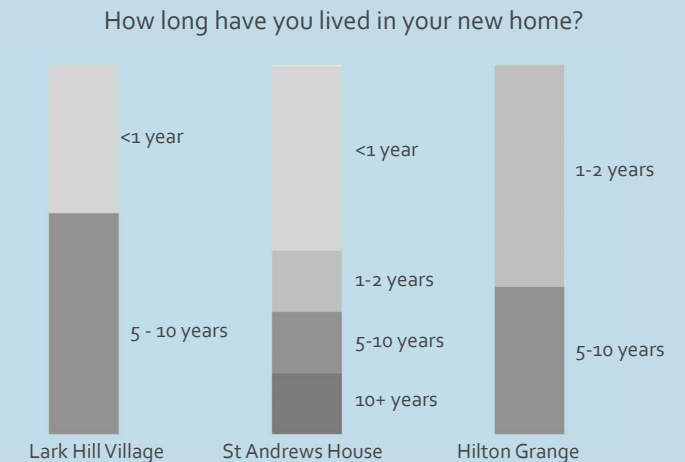
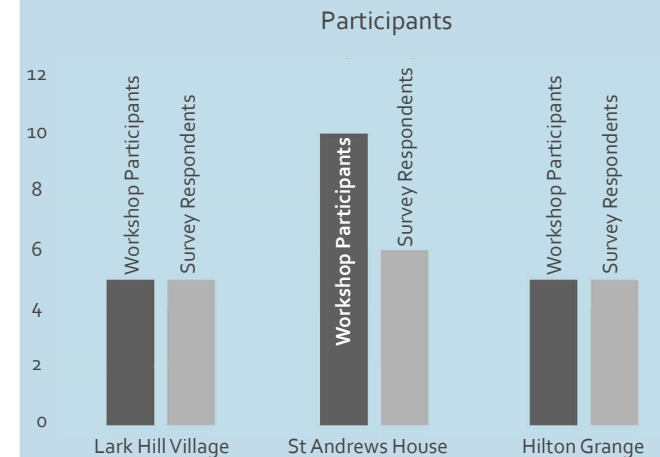
Photographic Cue-Cards

A selection of 8 photographs of various communal spaces within a new extra Care facility in the UK will be given to the participants from three extra care homes. On the reverse side of each photograph is a 'comments' section where the participants, during a discussion, will write down how they feel about the space, whether it is a positive or a negative addition to an extra care home, if they would like to spend time in that space; and if this space would boost their social interaction.

Comments will be analysed and responses will be compared between the three extra care facilities.

Residents may recognise the character of certain spaces, depending on the provision of such spaces in their facility. It is expected that some residents may have positive or negative experiences of inhabiting these particular rooms, thus the comments are likely to be personal and very informative.

It is important to discuss the nature of communal facilities with existing extra care residents as we can learn and implement their responses in future projects. The results of this activity could become an integral part of an extra care design guide.



CASE STUDY | 1

Lark Hill Retirement Village, Clifton

DATE OF VISIT: 21/12/2017

Lark Hill Village is a collaboration of 327 one and two bedroom apartments and bungalows, for residents over the age of 60; also with a provision for 55 year old's with exceptional circumstances. Care is provided for a third of the residents, in addition to specialist care and support for residents with specific requirements.

The development extends over 4 hectares of land, with an additional 2 hectares of landscaping. The bungalows and apartments all consists of 1 or 2 bedrooms, a living room, kitchen and a shower room. Most apartments contain a balcony, and bungalows have shared patio areas.

Health and well-being is one of the key principles of this scheme. In addition to various leisure facilities, the scheme provides for a connection with the wider community, gym membership, joint social events and visiting volunteers. There is also a provision of an Enriched Opportunities Suite for resident with dementia. The scheme is located approximately 6 miles from the city centre, with regular tram and bus links; there are multiple stops surrounding the village.

Provision of facilities

The majority of communal spaces are located right off the main entrance to the hub. These include a café bar, a restaurant, the Village Hall and Village Shop; all open to the local community. The internal 'Main Street' also leads to the reception area, a hairdressing and beauty salon, and multiple hobby spaces including a crafts room, woodworking area, library, IT suite, and a fitness suite with gym, spa pool and steam room. Adjacent, is also an assisted bathroom and laundry facilities. A relaxation room, quiet lounge and a well-being suite are also available to the village residents. In addition, there is a Galleria, a Winter Garden; containing an indoor Bowling green, and a large courtyard.

Activities

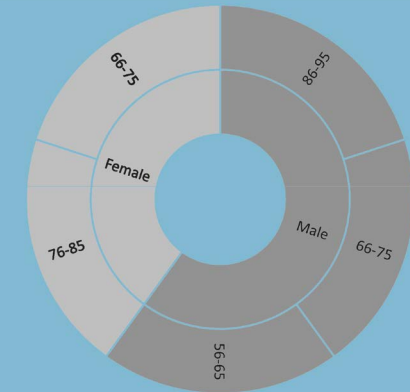
A monthly events newsletter is issued regularly to the residents, in addition to a weekly updated activities timetable on notice boards. In December, 20+ seasonal events were hosted in the communal hub. These included live music, choirs and concerts; parties and dances, film nights, and magic shows. Additionally, up to 10 daily activities are scheduled each week. The majority are free, whereas some require a small charge. The clubs and recurring activities include music and dance lessons, health and well-being activities, and crafts and hobby workshops. There is an involvement with the wider community as well as events and trips, planned by staff and residents.



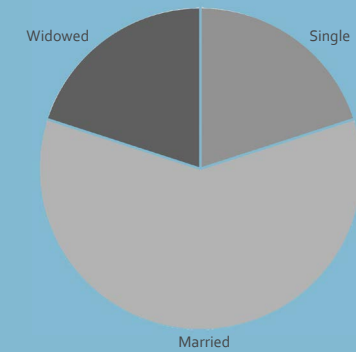
SOURCE: Housing Care

DEMOGRAPHICS

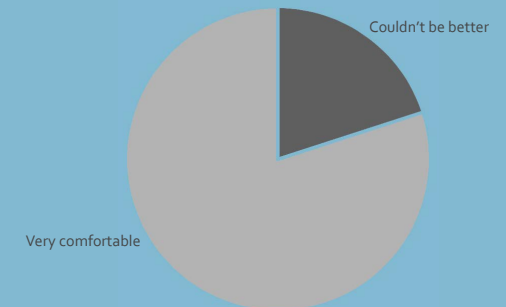
Gender and Age Groups



Marital Status



Comfort



Resident and staff comments

"Lark Hill Village has such a great community spirit with its staff and residents. Many comment of how happy and lovely it is." - staff member

"It's a modern purpose built village which inspires creativity, fun, friendship and wellbeing. Who says you should slow down when you retire? Life begins at Lark Hill." - staff member

"Been a resident since it opened I feel it has enriched my life and kept me young at heart. There are activities and volunteering opportunities for all who wish to participate. It also gives my family peace of mind knowing I am safe and happy." - resident

"Lark Hill has given me a full and rewarding lifestyle and made me feel much younger than my years. I love every moment and would not live anywhere else. The Manager is wonderful and so are his staff." - resident

SOURCE: Elderly Accommodation Counsel

Reasons for moving into this facility

- Previous home was unsuitable for growing old in
- Liked the concept of Extra Care
- Ill health of partner
- Estate problems

Favourite thing about Extra Care

- Making friends
- Activity participation
- Independence
- Sporting participation
- Support for future
- Less concern for family
- Ability to do as little or as much as you choose
- Company, more than anything



SOURCE: Housing Care

CASE STUDY | 2

St Andrews House, Mapperley

DATE OF VISIT: 12/01/2018

St Andrews House was originally built in 1988, and has since been renovated in 2015. In total, there are 32 one and two bedroom flats designed to provide for disability and mobility issues. New residents are accepted from 55 years of age. There is a provision of care for individuals with dementia, mental health conditions, physical disabilities and sensory impairments. The majority of residents are not completely independent in terms of mobility, thus often require the use of equipment, assistance and / or supervision.

All residential, communal and office spaces are facilitated in one building, forming a C shape which opens up indirectly, to the main road and car park. The provision of gardens and landscaping is minimal, and there are no balconies or private patio spaces. The entire building is secure, with only fob access and an intercom to contact management or a resident. The local community has no access into this facility.

Provision of facilities

Due to the small scale of the scheme, the provision of communal facilities is minimal. Ground floor contains a dining area with a lounge, connected to a medium-sized multi-purpose room, both opening onto the entrance hall. There is a daily catering service in a 'commercial' kitchen which is open for a few hours per day. The entrance hall / foyer also leads to offices and staff rooms, in addition to a multi-media room. There is also a provision of seats / sofas in the foyer. Communal facilities are also located on the second floor of the building, containing a hair salon and therapy room. In addition, this facility contains one guest room and an assisted bathroom, a scooter store, and laundry facilities.

Activities

One to two regular social daily activities are available to the residents of St Andrews House. There is generally one activity each evening / afternoon, and sometimes one in the morning; separated by a mid-day dinner hour. The house activities include a memory café, bingo, film night, afternoon tea, games and quizzes.

The management organises a few events each month, often with external hosts. In the past few months, the following events were hosted within the facility; dog patting, dementia café, Sherry's Fashions, Contact the Elderly, Tea Party, Walk and Talk, and Alex Belfield singing.



SOURCE: Housing Care

DEMOGRAPHICS

Resident and staff comments

"The building is fantastic with all adaptations required for vulnerable frail elderly people who live here. The residents are very happy and enjoy the events and activities that are arranged for them. The outlook is lovely and the gardens kept great."
- staff member

"St Andrews House was designed specifically for older people with mobility and dementia issues. The building is bright spacious and has a friendly atmosphere..." - staff member

"24/7 care available. I feel safe and warm. Good activities arranged. I have made new friends and the meals provided are great and the accommodation is good quality." - resident

"St Andrews is a very nice place to live. I feel safe. The scheme has a lovely atmosphere. I am happy to be with other residents. The staff are always helpful." - resident

SOURCE: Elderly Accommodation Counsel



SOURCE: Google Maps

Reason for moving into this facility

- Peace of mind
- Lack of family care
- Ill health
- Good location of this facility

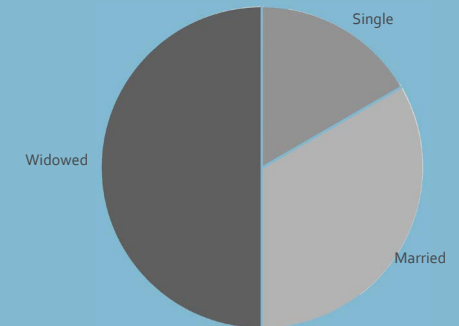
Favourite thing about Extra Care

- Quality of living
- Everything is 'right'
- Assistance
- Having cooked dinners
- Living in comfort

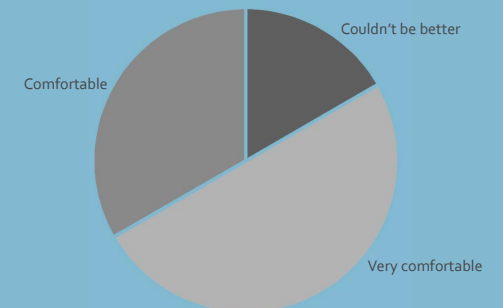
Gender and Age Groups



Marital Status



Comfort



CASE STUDY | 3

Hilton Grange, West Bridgford

DATE OF VISIT: 06/02/2018

Hilton Grange is a homely development of 62 two bedroom flats, built in 2007. The masterplan consists of two L shaped blocks of flats opening up onto a shared courtyard. The first block consists of Hilton Grange Extra Care Home flats, and the second is Leawood Manner Residential Care Home for residents with mental and physical disabilities. The scheme is located west of West Bridgford Sports Club and is surrounded by other residential developments.

This extra care facility has on site care staff, and it is fully accessible for wheelchair users. It is available to people over the age of 55, and as advised by the care manager, the residents are characterised as 'active'.

The communal hub is located in between the northern and western residential wings, accessed via the main entrance off the main street and the rear entrance off the courtyard. The hub is based in the three storey corner block occupying a third of the ground floor, and a quarter of the first floor; second floor contains apartments and building services. This development is only accessible to Hilton Grange residents, whereas the courtyard / maintained communal garden is shared with residents of Leawood Manner.

Provision of facilities

Hilton Grange is a medium / large scale extra care model. The ratio of communal to private space is proportionally smaller, thus more space is available for communal activities. Ground floor communal facilities are divided into two zones; one containing a café, lounge and kitchen off the main entrance; and a laundry room located close to staff rooms and a care office in the west wing. Communal facilities on the first floor are grouped in the corner of the building, sharing a double-height glazed curtain wall on the west facade; consisting of a resident's lounge, fitness room, multi-purpose room, library, and a hair-dressing salon.

Activities

A monthly newsletter is handed out to all residents rather than posted on a notice board, so that each resident can be aware of what is going on. The newsletters consist of important notices, social committee news, thank-you notes, events planned for that month - often with external guests, and regular weekly events. Weekly activities include coffee mornings, games and film afternoons, seated exercises, book club, hairdressing, and rehearsals for resident performances. Previous monthly activities and events included church service, singing groups, entertainment, boccia, music for dementia, and many get-togethers.



Resident and staff comments

"We are working very hard on making a community here, as well as locally. We look for activities for everyone to interest people on a different level. We have good links with the local community, and take a holistic approach in managing this facility."
- staff member

"This place is excellent, well managed, you can mix as much or as little as you want to." - resident

"Here is very cosy, warm and comfortable. It has a very nice feeling about it. Everybody socialises."
- resident

"I feel privileged to have such wonderful facilities. We have many community activities like film afternoons and singing for fun. Shops are also close on a bus route." - resident

"Hilton Grange is very good. I like the socialising part the most. You can go anywhere, and feel like your home is safe and secure." - resident

Reason for moving into this facility

- Previous home was too big
- Previous home was too hard to maintain
- Illness / disability
- Safety and company
- Separated from partner

Favourite thing about Extra Care

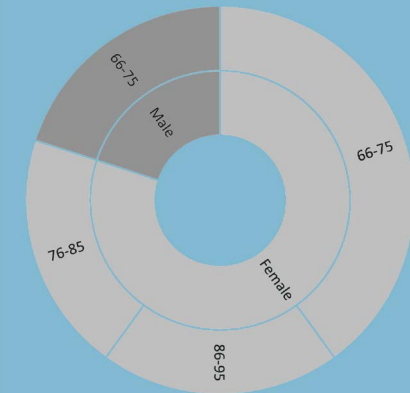
- Safety and comfort
- Always having someone to talk to
- Security
- Community activities
- Well designed and layed out facility



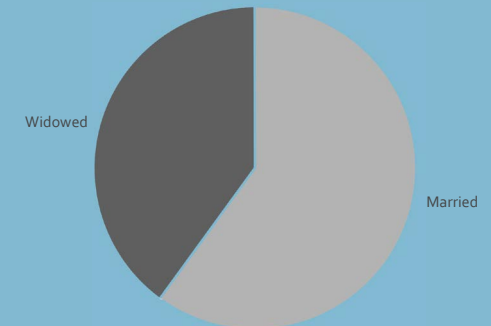
SOURCE: Bing Maps

DEMOGRAPHICS

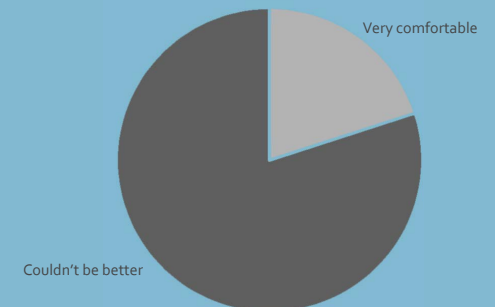
Gender and Age Groups



Marital Status

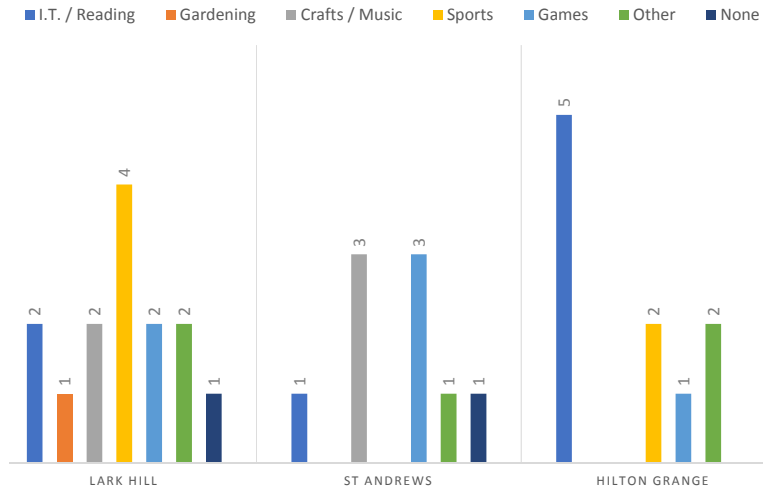


Comfort

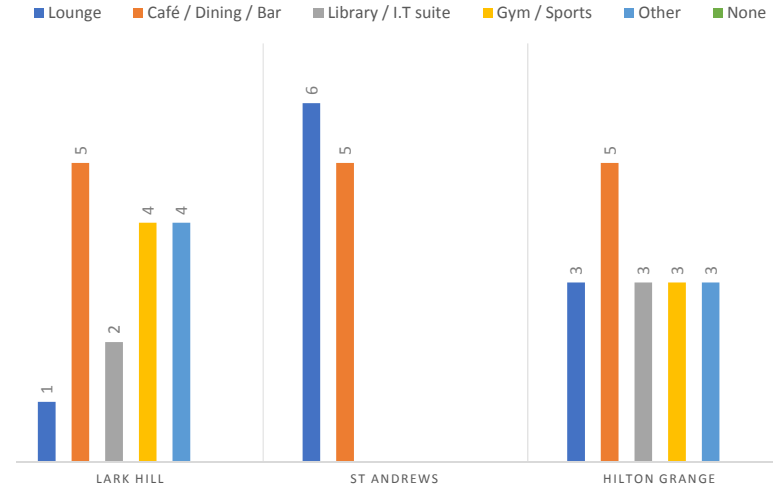


REPORT

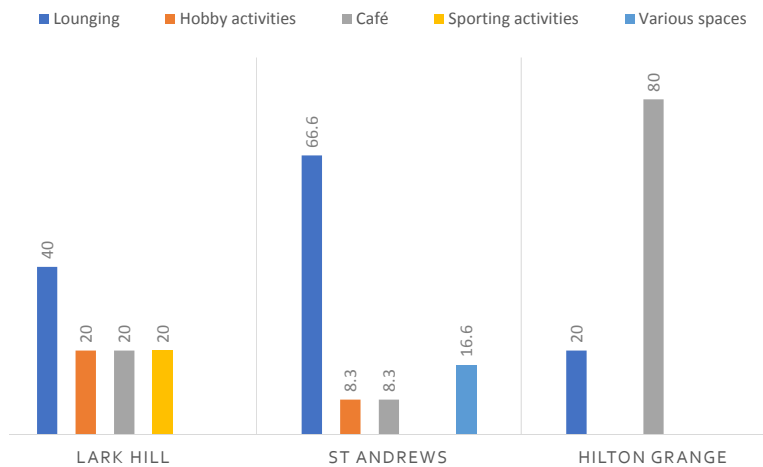
Hobbies



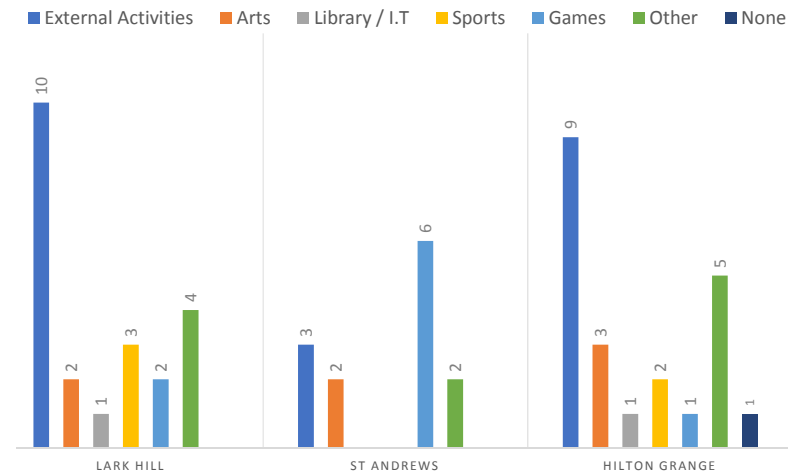
Communal facility use in the past 30 days



How / where did you meet your Extra Care friends?

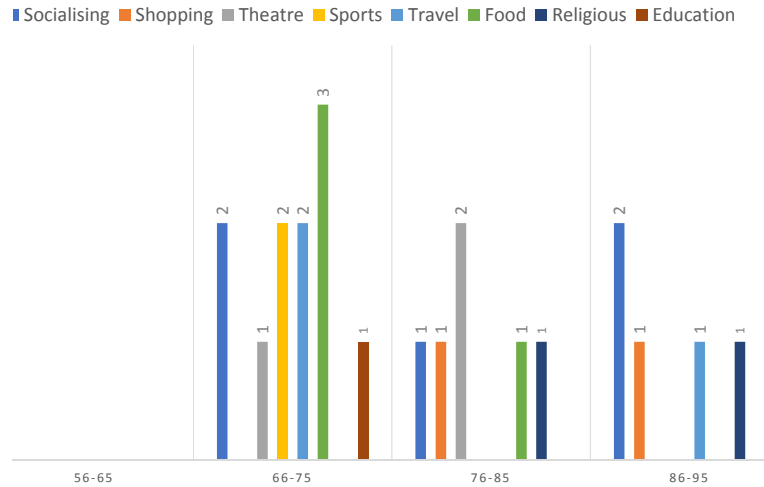


Activity participation

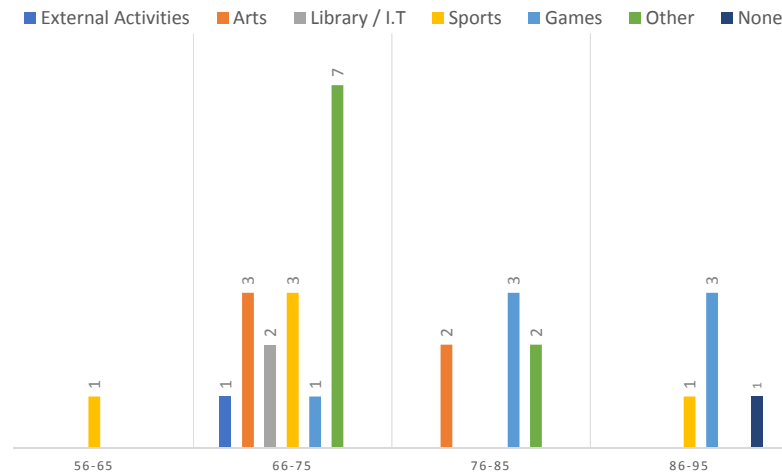


SUMMARY

External activity participation / Age bands



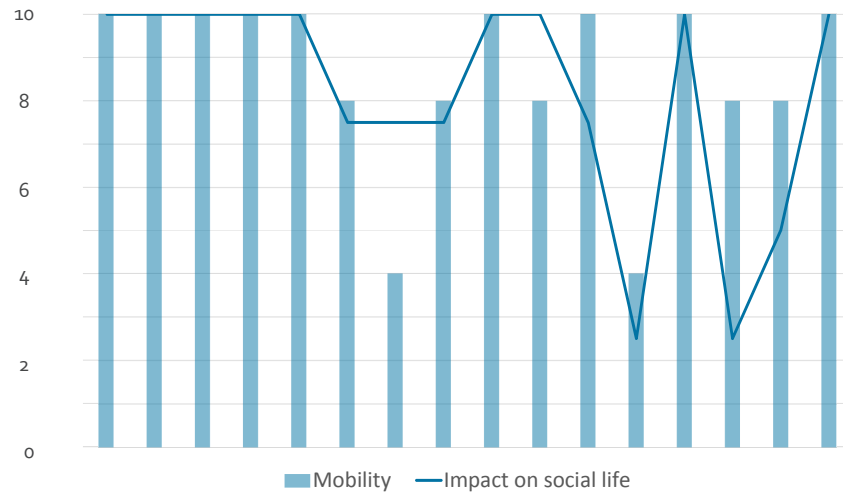
Activity participation / Age bands



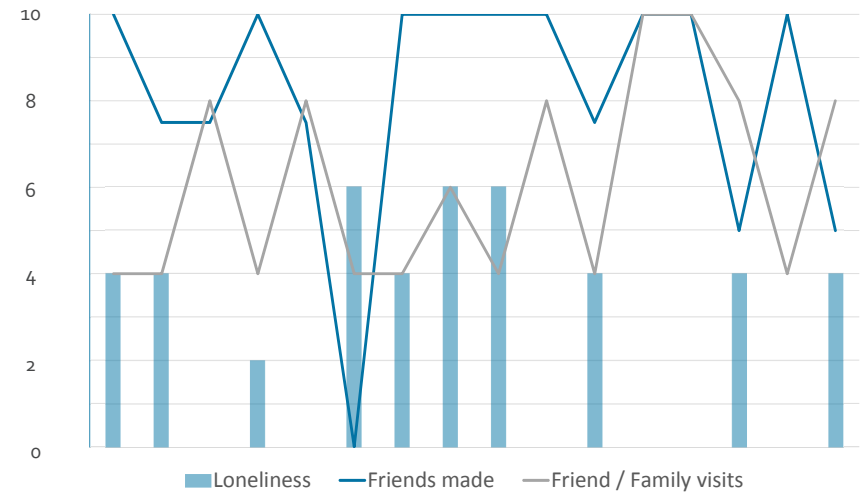
These survey responses will be initiated by outlining the residents' hobbies - as they should justify the patterns in facility use, activity participation and initiating friendships. It is clear that residents within smaller schemes have fewer hobbies. This could be for two reasons: 1 - lack of provision of activities and facilities to engage in a hobby; 2 - residents within smaller schemes generally had poorer health. Hobbies within Lark Hill Village are widely spread across the spectrum, with a greater interest in sports. It was generally the male population which enjoyed participating in sports, both within the village facilities, and externally. Hobbies within Hilton Grange were also diverse, however, with an obvious decrease in interest in creative hobbies - unlike in St Andrews; where residents used their lounge as a multi-purpose room. Reading seems to be the most popular hobby across all schemes, in particular for residents who have more access to resources. Two residents explained they had no hobbies, in particular those in their later years, due to deterioration in health - thus decreasing activity levels in communal spaces. Cafeterias and lounges were the most common places which initiated friendships, as well as the most used social spaces - this is clearly due to the capacity and size, as residents preferred to occupy larger spaces. The level of social participation highly depends on the provision of space as well as the facilitation of diverse activities. Additionally, most of the residents participated in activities outside their facility; particularly eating out.

REPORT

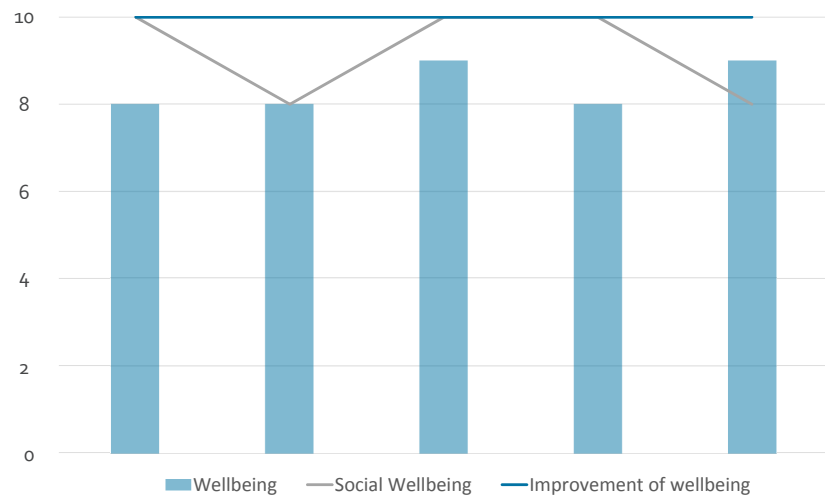
Mobility and its effect on social life



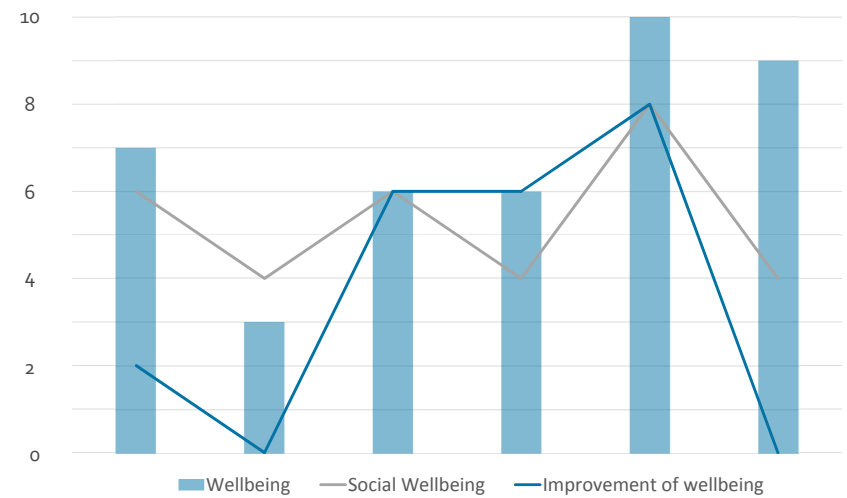
Loneliness levels



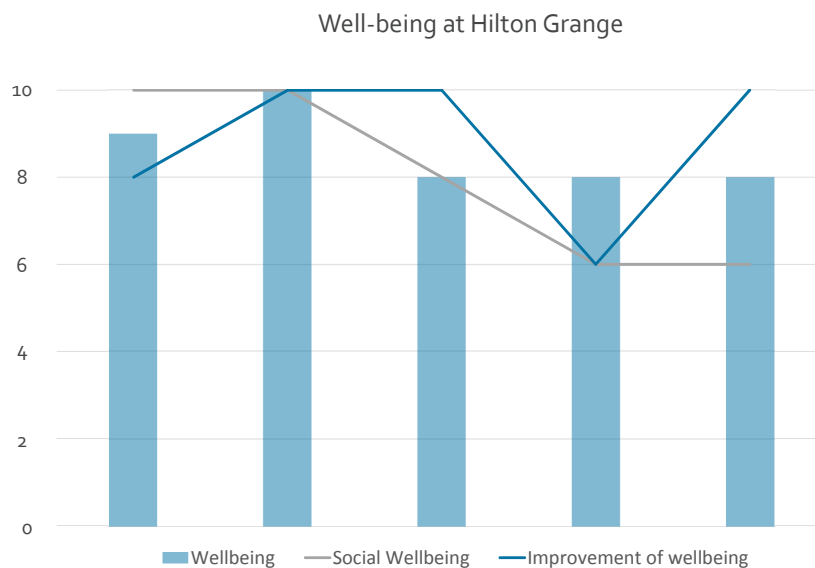
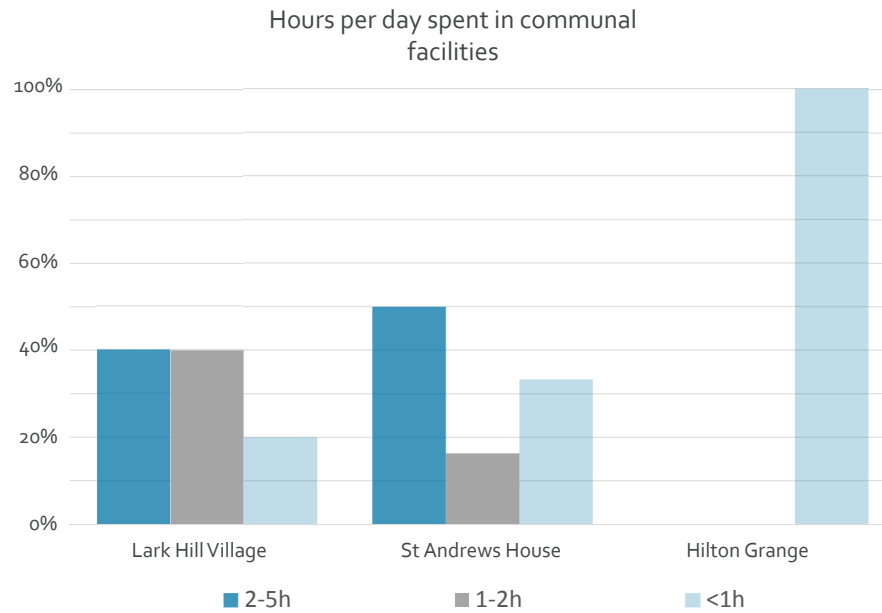
Well-being at Lark Hill Village



Well-being at St Andrews House



SUMMARY

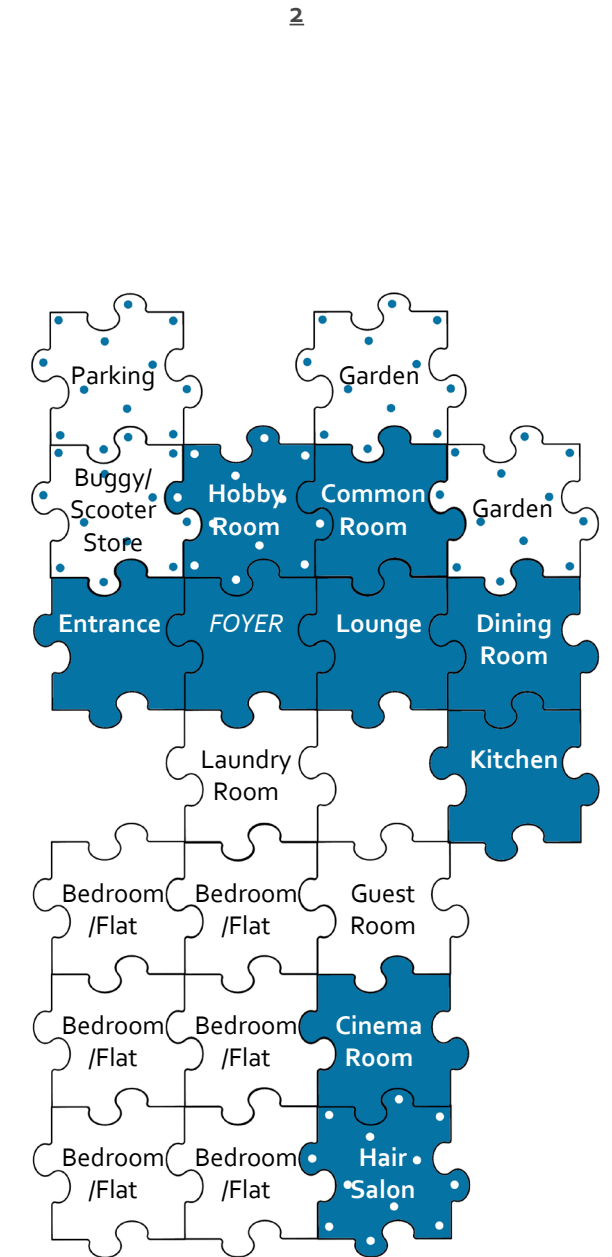
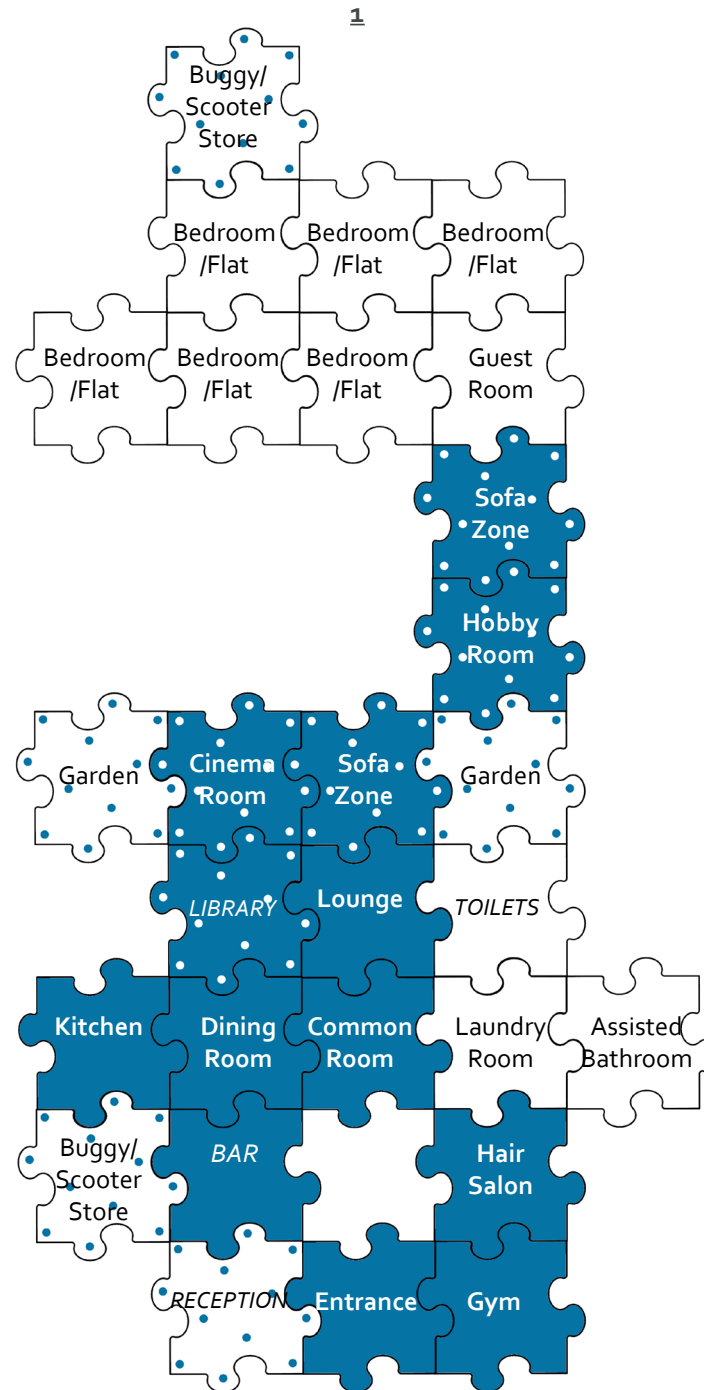


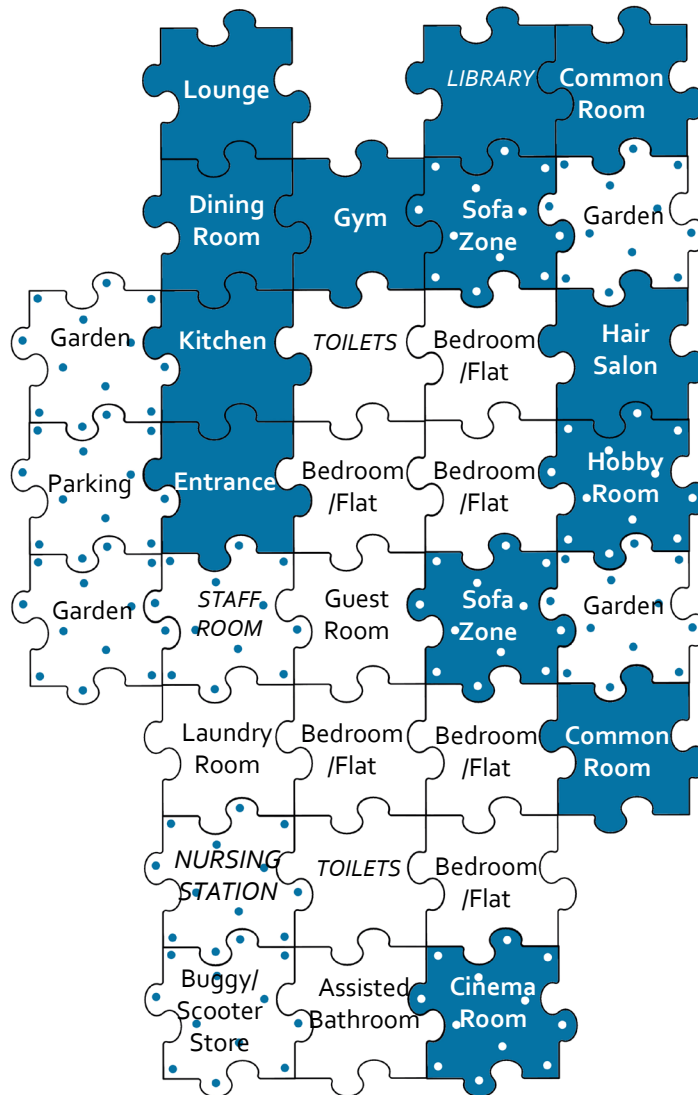
There is clear evidence that mobility issues have an impact on social life. It is particularly obvious within the responses from Hilton Grange residents. Although their level of mobility is moderately below 'completely independent', this factor drastically affected their social life. Prior to hosting the workshops, there was an assumption that active participation within the community increases the level of well-being. However, results from the final workshop at Hilton Grange, determine that it is not the quantity, but the quality of time spent in communal facilities that has the highest impact on social well-being. This can be further reinforced by St Andrews House residents' responses, as they spend the most time in communal facilities, yet have the lowest levels of social well-being. Although social well-being is generally above average across all schemes, residents in St Andrews House experience the highest loneliness levels; even though they claimed to create most social connections. This indicates that close friendships are extremely important in social well-being, reiterating that it is the friendship quality rather than quantity, which contributes to decreasing the levels of loneliness. Spending majority of time in large groups appears to be the cause of lacking close friendship. Additionally, there is a clear connection between loneliness and social connections outside of the extra care facility. Friends and family visit most residents on a time to time basis, however results indicate higher levels of well-being in residents who maintain regular internal and external friendship and family connections.

REPORT

Puzzle Plan

Facility	Lark Hill Village	St Andrews House	Hilton Grange
Entrance	✓	✓	✓
Dining Room	✓	✓	✓
Lounge	✓	✓	✓
Common Room	✓	✓	✓
Kitchen	✓	✓	✓
Gym	✓	X	✓
Hair Salon	✓	✓	✓
Cinema Room	✓	✓	✓
Hobby Room	✓	✓	✓
Sofa Zone	✓	X	✓
Laundry Room	✓	✓	✓
Buggy/Scooter Store	✓	✓	✓
Parking	✓	✓	✓
Garden/Balcony	✓	✓	✓
Guest Room	✓	✓	✓
Assisted Bathroom	✓	X	✓
Apartment/Bungalow	✓	✓	✓
RECEPTION / STAFF ROOM	✓		✓
BAR	✓		
LIBRARY	✓		✓
NURSING STATION			✓
TOILETS	✓		✓





SUMMARY

1) A Lark Hill Village resident stated that “living space is living space, communal space is communal space. Those should be kept separate and not interfere with each other.” The rest of the participants agreed, and in a similar way to their facility, proposed a clear segregation between public and private spaces. All residents outlined that some communal facilities should be public and open to the local community, thus providing them with an easy access to the gym, hairdressing salon and bar. The organisation of communal spaces shows a logical arrangement, grouping all public communal spaces and ‘resident’s only’ social facilities.

2) Because St Andrews House has the smallest number of residents, their concept model shows a minimal provision of communal spaces. Residents did not wish to include all proposed facilities, nor implement any additional communal rooms other than given. A hobby room, however, was something they lacked in their facility, and decided to implement it into their concept model as an ideal place for residents to participate in more activities and to develop hobbies.

3) Residents of Hilton Grange proposed to integrate communal / public spaces within private zones; with a balance and symmetry of apartments either side of the entrance. The entrance of the building, in their opinion, should lead to both communal and private spaces, and be in close proximity to staff, visitor, and care facilities. This approach significantly differs from the other two models in terms of size, space distribution and connections.

REPORT

Photographic Cue Cards



COMMENTS

- Nice but needs more colour
 - Comfortable, spacious, seating is nice
 - Like it, hope there's good views
 - Nice area but not enough furniture
 - Very spacious
-
- Excellent space with a large number of seats
 - Very well lit
 - Spacious
 - Good size for a meeting room
 - Light and airy
-
- Looks very comfortable and spacious
 - Bit too much like a hotel lounge
 - Warm and cosy
 - Looks comfortable, a good room for reading

"We all have (good and bad) experiences and stories about living in houses and neighbourhoods. It is important to share and talk about these things because we can learn from these discussions and experiences."^[19]

-Dr. Robert G MacDonald

DESIGN FOR DEMENTIA | VOLUME 2
RESEARCH PROJECTS



COMMENTS

- Too much glazing, unattractive ceiling
 - Ceiling looks commercial, space is too narrow
 - Looks very comfortable
 - Nice private area for discussions and meetings
 - Private area, but does it get used much?
-
- Ideal for small groups to meet
 - Doesn't work because it is too small
 - Don't like it, it looks like an office
 - Not a pretty room and it is too small
 - I like it but would prefer more room
-
- Nice idea having sitting areas in halls
 - Good idea - very intimate space
 - Chat areas are nice, this one in particular because it is enclosed so creating less noise
 - These are useful for smaller groups

[19] Halsall, B. et al. (2015) P.2:3



COMMENTS

- Seems like an excellent facility
- Room for talks, big screen
- Education / entertainment centre
- Great room - film nights are popular
- Would be excellent if all schemes had them

- Very good and large space
- Nice space to 'retire' for an hour or two
- Large and nice room
- Would like it here at our facility
- Don't like it at all, too 'closed in'

- I would like to spend time here, it looks very comfortable
- Looks comfortable and cosy, with enough space for wheelchairs
- Foot stools would be very useful
- Ideal space for showing films



COMMENTS

- Assuming this is a hobby room
- Would like to spend time there
- Very functional space
- Looks like a typical school dining room
- This hobby room looks a little 'classroom-ish'

- Looks okay for eating in
- Adequate
- Formal
- Alright as a dining room
- Good space with separate tables

- Very pleasant looking 'café'
- This room has no atmosphere, not welcoming
- If this is an activity room - not suitable for community activities
- OK for a craft room
- Very cold looking

SUMMARY

The design of the lounge was generally perceived very well, without any concerns relating to use, access or comfort. The aesthetic, however, was not admired by all residents, as it did not portray a 'homely environment.' Windows / lighting was an important topic during the discussion, and all residents agreed that this space performs well in this aspect.

'Sofa zones' between apartments were identified as useful spaces for private and intimate group meetings, although many residents thought this space would be underused. Residents from the smaller scheme commented that this space may cause isolation from the large group. It came to the attention that the size of the room and furniture arrangement does not allow for wheelchair users. Half of all residents did not like the room and would not implement it into their scheme.

All but one resident felt that the cinema room is a positive contribution to an independent living scheme. Although this space may not directly promote social interaction, its provision is beneficial to host regular activities and launch a film club / society. Spatial provision and arrangement responds well to wheelchair accessible design.

Most of the responses to the 4th room were either neutral or negative, however, the majority of residents claimed they would use the space. It seems as though it is not designed for a specific purpose, which is good in a way that it is functional for many uses.

REPORT

Photographic Cue Cards

"Our understanding of spatial judgement prioritises the social aspects of space, and the way that the form affects them."^[20]

-Nishat Arwan

SPATIAL AGENCY: OTHER WAYS OF DOING ARCHITECTURE



COMMENTS

- Looks nice and cosy
- Cosy corner for quiet and private time
- Looks like a nice and calming space
- Comfy and relaxing, good reading area
- Very neat landing

-
- Wouldn't spend time here
 - Not a useful space
 - Would not recommend this space
 - Would be better if it was for bigger groups
 - Ideal for 1 to 1 meetings

-
- Nice seating areas
 - Good space, these 'transepts' are useful
 - Good natural light in this space
 - Spacious and homely, comforting



COMMENTS

- Looks very comfortable
- Don't like residents front doors
- Carpet is too light in colour, wheelchairs would soon make it dirty
- Ceiling spoils it
- Cosy and neat looking 'public' area

-
- Would not spend time here, but nice colours
 - Don't like it, looks too 'cold'
 - Would rather come down to a larger room
 - Would not meet here

-
- There are handrails, that is very important
 - Nice colour scheme
 - Like the handrails
 - The seats are important

[20] Awan, N. et al. (2011) p.33



COMMENTS

- Great salon, plenty of space for access
 - Good that it's private, ours is like a goldfish bowl
 - Needs a bigger variety of bowls, some people need to lean forwards rather than backwards
 - Has plenty of space for wheelchair users
 - Very functional and lovely for the ladies
-
- Nice, clean and tidy
 - Adequate, well lit, and has enough seats
 - Lots of space and seats, nice design
-
- Hair salons are very useful, I go every week
 - Very good and modern, I would use this space
 - Excellent for gents and ladies, works better if appointments are made
 - Front wash needed



COMMENTS

- Too much dusting to do
 - Would prefer it 'minimal'
 - Clutter
 - Nice room divider
 - Homely looking
 - Not safe around wheelchair users
-
- Average
 - Like it
 - Nice for gifts and personal stuff
 - Would suit a personal room more
-
- Nice idea for dividing rooms
 - Very modern idea for a big room
 - People could walk or bump into this
 - Could be in the way if the room was used for a big community activity

SUMMARY

Residents from the two larger schemes felt very positive about the provision of small, landing seating areas, in contrast to the residents who believe that small spaces may cause social isolation. Perhaps such spaces are more suitable for larger schemes, where communal facilities are located in a single zone that is a considerable distance away from private living space.

Similarly, open 'sofa zones' between apartments were not perceived well by residents from the smaller scheme. The remaining residents responded well to the provision of such space, however there was a slight concern about materiality choice and maintenance. Overall, everyone agreed that the corridors are designed well for wheelchair use, and one resident humorously expressed that "*the corridors are so wide you could have a wheelchair race!*"

The provision of a hairdressing salon appears to be a necessity in all independent living schemes. However, what often isn't considered, is the practicality for older people. Such spaces should not derive from a standard interior design, but implement more ergonomic solutions to accommodate for the needs of the older population.

According to the residents of the larger schemes, 'room divider' shelves are elegant, but not very practical or safe. However, as residents within the smaller scheme spend the majority of their day within a similar lounge / dining facility, they outlined that this feature demarcates two room uses, yet doesn't physically disconnect them. 24

CONCLUSION

Building communities in Extra Care Schemes

This study reflects that it is more straightforward to create acquaintances, but established communities are more valued in older age. A resident of a smaller extra care scheme mentioned that generally, about half of their residents regularly spend time together. When asked; how can this be achieved? - the response was "*if you can't make friends, it's your own fault.*" Their strong belief, however, is not supported by the outcomes of the surveys, as those residents appeared to experience higher levels of loneliness, and lowest levels of social well-being.

A common interest is generally an offset to creating communities, thus the greater the provision of social activities and facilities, the easier the establishment of a community. A resident, and a social committee leader reinforced that "*You need a lot of communal spaces in order to create communities. You also need a social committee to organise activities.*" Spatial relationships; the form, space and organisation, play an important role in collaborative models of living; as the more diverse the relationship, the greater the social involvement of residents.

The 'ideal' model of Extra Care

It proves to be the case that there isn't a single ideal model of Extra Care, as the older population is so diverse that it would be inappropriate to develop a general 'tick the box' design guide. An assumption can be drawn from this research that at least two significantly different briefs should be established for small and large-scale developments.

The general preference of smaller schemes is, as explained by a resident of St Andrews House, "*less, large communal spaces over more, small rooms.*" Whereas, residents of larger schemes were in favour of a greater variety of spaces and a lower private:public space ratio.

In addition to some common ingredients in providing comfortable and stimulating environments for the elderly population, architects should take into account the personal experiences, in order to meet the desires of people to live well in old age.

Extra care and well-being

Creation of the built environment helps to recover and sustain psychological, physical and social well-being. Community participation in extra care facilities, in the forms of social interactions, exercise and sporting activities, as well as logic games and memory clubs, stimulate each aspect of well-being. Therefore, the residents who participate in a wider range of activities, tend to have higher levels of happiness, comfort and good health.

In summary, the provision of purpose-built communal spaces; either multi-purpose or task-oriented, boosts active participation within a community. Despite the side effects of ageing, extra care schemes greatly contribute to the overall improvement of well-being; especially in older individuals who dwell in larger models of extra care.

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This research study was undertaken by Julia Radka, Masters of Architecture student at the University of Nottingham, under the supervision of the course conveyor Graeme Barker.

I would like to thank Mark Jermy of Halsall Lloyd Partnership for sharing his expertise in design, and the provision of very valuable resources to compile this paper; my tutor Graeme Barker for consistent academic support; and Jeremy Porteus at the Housing LIN for introducing my study to Extra Care organisations.

Most of all, I would like to express my gratitude to the residents of all participating schemes for their time and involvement in workshops, discussions and interviews, as well as care managers who assisted in facilitating the workshops - Steven Britton at The Extra Care Charitable Trust, Sue Goliah at Gedling Homes and Elaine Humble at Metropolitan.



APPENDICES

Example email to extra care managers:

Dear [Name of Extra Care Manager]

I am a Masters of Architecture student at the University of Nottingham, currently working part time as an architectural assistant for Halsall Lloyd Partnership. I have a keen interest in the provision of suitable housing for the elderly, especially extra care. My current research is on the spatial provision and balance which helps to create communities in extra care housing schemes. This is a non-sponsored research and will be undertaken solely by myself, with the supervision of the module tutor - Graeme Barker. The deadline of my project is in early January and I have several weeks to collect data.

I have chosen to compare three facilities, including [name of extra care facility], to see how the residents feel about their home and to gain an insight into how the residents would design their own extra care models. My plan is to host a short session at your communal facility, hand out questionnaires and run two workshops - 'the puzzle plan' and photographic 'cue cards'. In the attached 'ABSTRACT' of my research project you will find more information with regards to the proposed workshops as well as an insight into the research as a whole.

I am currently awaiting for the approval of my survey from the Ethics Department at the university to comply with the university policy, before I am able to undertake the surveys. I am expecting to receive approval in the next few working days.

I would be extremely thankful for your permission to host this event with the participation of a group of residents from your residential facility.

Please let me know if you require any more information.

Please find attached the survey, participant form and research abstract as mentioned above.

I am looking forward to discussing with you further.

Yours Sincerely,

Julia Radka

EXTRA-CARE RESIDENT'S WORKSHOPS

HOW DOES THE BUILT ENVIRONMENT HELP TO CREATE COMMUNITIES IN EXTRA-CARE HOMES?

These workshops aim to inform an independent research study undertaken by a University of Nottingham, Masters of Architecture student, **Julia Radka**.

The workshops will consist of filling out a survey and participating in two activities – Photo-Cue Cards and Puzzle Plan.

- Photo-Cue Cards – you will be asked to comment on several communal facilities from a new extra-care model in the UK. Photographs will be passed between the group and your individual responses will go on the reverse side.
- The Puzzle Plan, will involve a collective input from your entire group to generate a conceptual plan of an extra care facility.

The workshops will take place on Tuesday 19th December at 1pm

Please put your name down if you are interested to participate:

This study is undertaken by Julia Radka
Masters of Architecture student at The University of Nottingham
Contact: layjr9@nottingham.ac.uk Telephone: 07516046974

2016-17 academic year only

Faculty of Engineering

Application for approval of research study involving human participants

ALL applicants must provide the following information

The applicant must be the person who will conduct the investigations; each application must be made by one applicant:

- usually the student in the case of taught or research courses,
- usually the researcher (the member of university research or academic staff) who will conduct the study in the case of funded research projects,
- usually the principal investigator in the case of applications for ethics approval in advance of submission of a research proposal

If the applicant is an Undergraduate or Postgraduate taught or research student please complete the information below. The application must be approved by a Supervisor.

Name of student:	Julia Radka	Student No:	4284543
Course of study:	MArch	Email address:	Layjr9@nottingham.ac.uk
Supervisor:	Graeme Barker	PGR <input type="checkbox"/>	PGT <input checked="" type="checkbox"/>
		MSc <input type="checkbox"/>	UG <input type="checkbox"/>

If the applicant is a member of university research or academic staff, please complete the information below: For research staff, the application must be approved by the Principal Investigator

Name:	Principal Investigator (Budget Holder)
Email address:	PI Signature:

Title of investigation: How does the built environment help to create communities in extra-care homes

Planned date for study to begin : 27th November 2017

Duration of Study : 4 weeks

Please state whether this application is:

- New Revised A renewal For a continuation study

Selection of review process

Please indicate whether the application is required to go forward to the ethics committee for formal review, or, in the case of projects completed by **taught undergraduate and postgraduate students only**, whether the application can be approved by the supervisor under the expedited review process*.

- Formal review, application will be submitted to ethics committee Expedited review, application is approved by supervisor*
* This option can only be selected if the Supervisor is a member of the Faculty Ethics committee

Approval by supervisor: expedited review

I approve the application as supervisor of this project, under the expedited review procedure.

Name of supervisor..... Signature..... Date.....

Office use only

Date form received:

Date decision returned to applicant:

Passed to reviewers: 1. Name..... Date.....

(formal review only) 2. Name..... Date.....

2016-17 academic year only

Ethical Issues Checklist

The purpose of this Checklist is to facilitate the review process and to identify any ethical issues that may concern the Committee. It is meant to be an aid to both the researcher and the Committee. Listed below are areas which require some justification and attention on your part in specifying your study protocol. Please answer each question honestly, giving full details where required. Answering "YES" to any of the questions will not necessarily lead to a negative response to your application but it will draw issues to your attention and give the reviewers the opportunity to ensure appropriate steps are being taken. In expedited review, supervisors should ensure that for any questions where the answer "YES" has been given, appropriate measures have been taken to maintain ethical compliance.

Applicant's full name: JULIA RADKA

You must complete ALL of this section before submitting your application

1 Who is the population to be studied?

Approximately fifteen to thirty residents of Extra-care homes (Over 55's). It is expected that around 5 – 10 residents will be present during each workshop. It is intended that a total of 3 workshops will be held in total.

2 Please give details of how the participants will be identified, approached and recruited. (Include any relationship between the investigator and participants e.g. instructor-student).

These surveys will be handed out by the researcher to all interested participating extra-care residents during a workshop I will be running in three extra-care homes in the UK. The workshops will also include two other activities – puzzle plan and photo cue cards. Photo cue-cards will be distributed amongst a group of residents to individually comment on various communal aspects of an extra-care scheme, on the reverse side of the photographs. Some questions with regards to the content of photographs may arise from the participants and those will be answered by the researcher without intending to. The puzzle plan activity will involve a number of 'puzzle pieces' with common communal facilities, for the whole group to create a diagrammatic floor plan of an 'ideal' extra care scheme. These workshops will be planned with the on-site management team and residents will be invited several weeks prior to the event. Each of the three events should last approximately two hours.

- The researcher will arrive early to set up the space so that it is to the maximum comfort for the participants.
- Depending on the availability of space, all participating residents will be gathered around a table each provided with a seat. A set of participant information sheets, consent forms and surveys will be ready for the participants to sign and return to the researcher. The researcher will introduce the study to the group of residents and commence the workshops once all consent forms have been signed by participants. There is no strict schedule thus the residents can decide as a group whether they would like to start with the surveys, or complete them at the end of the session.
- There will be a short (maximum half an hour) break in between the photo cue cards and puzzle plan activities, where the researcher will be available to help with filling out of the questionnaires.
- Each workshop activity will last approximately 45 minutes
- Members of the extra-care home staff may be present during the workshop, however they will not be participating in the activities or questionnaire.
- Responses from the questionnaire will not be passed back to the extra-care staff

3 Will the population studied include any vulnerable members of the public?

Note: for the purpose of ethics approval this includes participants who are under 18, people who are disabled or in poor health, and also those who are non-English speakers and may not be able to understand the consent forms. (If YES, please give further details)

YES NO

Extra-Care residents are above the age of 55 thus some of the eldest residents may be considered vulnerable. It is expected that the residents who have a decreased level of mobility will be accompanied by a member of staff. The researcher will be available to help with filling out the forms and questionnaires. Additionally, the researcher will give further explanation where required. The residents of Extra-Care

2016-17 academic year only

homes, unlike standard care homes are far more active and cognitively stable thus the it is not necessary for the staff to be assisting with the surveys. The researcher will not be asking questions of the sector of population with cognitive impairment / issues with mental health due to the problems this could cause in the interpretation and staff bias. Due to the small number of participants, it may not be necessary to receive any assistance from anyone else other than the researcher.

4 Will it be possible to associate specific information in your records with specific participants on the basis of name, position or other identifying information contained in your records? YES NO

5 What steps have you taken to ensure confidentiality of personal information and anonymity of data both during the study and in the release of its findings?

Participants' names and ID numbers will be kept on a separate sheet; corresponding to the Participant ID on the survey forms – this will be done prior to commencing the workshops. Each participant will be given a sealable envelope, which will be unsealed by myself for data collection once all three extra-care homes have been studied. ID numbers are assigned to each participant in case of their request of withdrawal.

6 Describe what data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.

Paper records should be stored in a locked filing cabinet. Digital data should be stored only on a password-protected computer and/or on a secure server. In accordance with the Data Protection Act, the data needs to be kept securely for seven years following publication kept securely for seven years following publication of results. After this time, electronic files will be deleted and any hard copies will be destroyed.

At the end of a student project, students are responsible for ensuring that all data from the study is passed on to their academic supervisor/s. The supervisors/s will then have responsibility for the storage of that data.

The original paper copies of the questionnaires will be stored securely in a locked file cabinet, with the correlating participant ID forms. All digital copies will be saved on a password protected computer. As required, all survey data will be stored for seven years following the first publication of the compiled document. Thereafter, all digital and paper copies will be destroyed.

7 Will persons participating in the study be subjected to physical or psychological discomfort, pain or aversive stimuli which is more than expected from everyday life? (If YES, please give further details) YES NO

8 Will participants engage in strenuous or unaccustomed physical activity? (If YES, please give further details) YES NO

9 Will the investigation use procedures designed to induce participants to act contrary to their wishes? (If YES, please give further details) YES NO

10 Will the investigation use procedures designed to induce embarrassment, humiliation, lowered self esteem, guilt, conflict, anger, discouragement or other emotional reactions? (If YES, please give further details) YES NO

11 Will participants be induced to disclose information of an intimate or otherwise sensitive nature? (If YES, please give further details) YES NO

2016-17 academic year only

12 Will participants be deceived or actively misled in any manner? (If YES, please give further details) YES NO

13 Will information be withheld from participants that they might reasonably expect to receive? (If YES, please give further details) YES NO

14 Will the research involve potentially sensitive topics? (If YES, please give further details) YES NO
Some questions are relatively personal – about one's comfort, mobility/disability and wellbeing.

15 Will data be collected which requires potentially invasive procedures (eg attaching electrodes to the skin) and/or other health-related information to be identified (eg heart rate). If yes please give details YES NO

If you require space for additional information, please add it here and identify the question to which it refers:

2016-17 academic year only

Ethics Committee Reviewer Decision

Checklist of information to include with your application:

Please tick the boxes below to confirm that you have included the following information with your submission. Failure to include the required information may result in your ethics application and approval for start of your research to be delayed.

- A brief description of the study design:
 - number and type of participants
 - number and duration of activities participants will be involved in
 - equipment and procedures to be applied
 - information about how participants will be recruited
 - whether participants will be paid (state how this will be done)
 - plans to ensure participant confidentiality and anonymity
 - plans for storage and handling of data
 - information about what will happen to the data after the study
 - information about how any data and images may be used
 - state whether it will be possible to identify any individuals.

- Copies of any information sheets to be given to participants (include recruitment information (e.g. adverts, posters, letters, etc))

- A copy of the participant consent form

- Copies of data collection sheets, questionnaires, etc

I confirm that all of the above is included in the application:

As the applicant I confirm that I have read and understand the Ethical requirements for my study and have read and complied with the University of Nottingham Code of Research Conduct and Research Ethics.

Signature of applicant	Date	04.12.2017
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As supervisor, I confirm that I have checked the details of this application.

Signature of supervisor	Date
-------------------------------	------------

NB The signature of the supervisor on this part of the application DOES NOT indicate supervisor approval for expedited review. If supervisor approval is granted then the front page of the application MUST be signed for approval to be confirmed.

This form must be completed by each reviewer. Each application will be reviewed by two members of the ethics committee. Reviews may be completed electronically and sent to the Faculty ethics administrator (Jo Deeley) from a University of Nottingham email address, or may be completed in paper form and delivered to the Faculty of Engineering Research Office.

Applicant full name Julia Radka

Reviewed by:

Name A12

Signature (paper based only)

Date 20/11/2017

- Approval awarded - no changes required
- Approval awarded - subject to required changes (see comments below)
- Approval pending - further information & resubmission required (see comments)**
- Approval declined – reasons given below

Comments:

The researcher needs to provide a full protocol for the workshops she is undertaking. The schedule of it does not need to be definite but the ethics committee need to see evidence of ethical consideration in the design of those activities that are planned to involve participants for a longer period of time. Will the workshops be attended by care home staff? Will the researcher provide frequent breaks for participants? Need a protocol, participant information sheets and consent forms for the whole study.

It is unclear if the surveys will be handed out by researcher or by staff in care homes?

Pt 2 on application: Photo cue-cards will be distributed amongst a group of residents to comment on various communal aspects of an extra-care scheme, on the reverse side of the photographs. – what do these look like?

How many people will be involved in each workshop group?

Pt 3 on application, vulnerable participants, response 'No': If people are attending/residing in these extra care homes then they could be considered vulnerable. Do they have any physical (mobility, dexterity) or cognitive difficulties? The survey form indicates that researcher will be recruiting from very elderly populations and again this may indicate vulnerability...will assistance be provided to them if they need help filling in the form? If they are assisted by the staff at the extra care home then there is a possibility that this might then bias the participant responses. Researcher needs to consider these points and respond.

Need to state if data will be passed back to care homes in any form.

Comments regarding Survey Form document.....

This is a non-sponsored project – Isn't it sponsored by the university and therefore not independent?

Information Sheet needs to explicitly tell the participant that their involvement in this study will not in any way impact the care that they receive or their relationship with the 'extra care' home.

Title of Investigation - *How does the built environment help to create communities in extra-care homes*
Section 5 of survey - *On average how many hours of care do you require per week? – Relevance of this question to the title of the investigation? It is a sensitive question, does it add to the overall enquiry/ topic?*

I give consent to take photographs of me in connection with the research project, for the purpose of illustrating the methodology of the research. The photographs will not be connected with this survey. – Need to make clear that identifying features will be obscured in photos

Please note:

1. The approval only covers the participants and trials specified on the form and further approval must be requested for any repetition or extension to the investigation.
2. The approval covers the ethical requirements for the techniques and procedures described in the protocol but does not replace a safety or risk assessment.
3. Approval is not intended to convey any judgement on the quality of the research, experimental design or techniques.
4. Normally, all queries raised by reviewers should be addressed. In the case of conflicting or incomplete views, the ethics committee chair will review the comments and relay these to the applicant via email. All email correspondence related to the application must be copied to the Faculty research ethics administrator.

Any problems which arise during the course of the investigation must be reported to the Faculty Research Ethics Committee

Ethics Committee Reviewer Decision

This form must be completed by each reviewer. Each application will be reviewed by two members of the ethics committee. Reviews may be completed electronically and sent to the Faculty ethics administrator (Jo Deeley) from a University of Nottingham email address, or may be completed in paper form and delivered to the Faculty of Engineering Research Office.

Applicant full name Julia Radka - resubmission

Reviewed by:

Name A12

Signature (paper based only)

Date 03/01/2018

- Approval awarded - no changes required**
- Approval awarded - subject to required changes (see comments below)
- Approval pending - further information & resubmission required (see comments)
- Approval declined – reasons given below

Comments:

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Please note:

1. The approval only covers the participants and trials specified on the form and further approval must be requested for any repetition or extension to the investigation.
2. The approval covers the ethical requirements for the techniques and procedures described in the protocol but does not replace a safety or risk assessment.
3. Approval is not intended to convey any judgement on the quality of the research, experimental design or techniques.
4. Normally, all queries raised by reviewers should be addressed. In the case of conflicting or incomplete views, the ethics committee chair will review the comments and relay these to the applicant via email. All email correspondence related to the application must be copied to the Faculty research ethics administrator.

Any problems which arise during the course of the investigation must be reported to the Faculty Research Ethics Committee

EXTRA-CARE RESIDENT'S SURVEY - ID

HOW DOES THE BUILT ENVIRONMENT HELP TO CREATE COMMUNITIES IN EXTRA-CARE HOMES?

Name of Residence _____

Participant ID	Surname	Forename	Date
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

This report is undertaken by Julia Radka
 Masters of Architecture student at The University of Nottingham
 Contact: layjr9@nottingham.ac.uk Telephone: 07516046974

EXTRA-CARE WORKSHOP

CONSENT FOR PARTICIPATION AND GENERAL INFORMATION

Participant Awareness

You have been invited today to participate in two workshop activities which are undertaken by a University of Nottingham, Masters of Architecture student, Julia Radka. The university is not financially contributing to this study and the results will be supporting a piece of coursework for a compulsory module. Any participation will be treated with strict confidentiality.

All personal data obtained will not be further processed or used for other purposes. All collected data will be stored in accordance with the Data Protection Act 1998; on a password protected computer, for 7 years from the date of participation. Both paper and electronic copies of this data will be destroyed thereafter.

Your involvement in this study will not in any way impact the care you receive, or your relationship with the extra-care home.

- At your arrival, you will be asked to fill out this form, alongside a participant awareness form for the questionnaire and a participant ID sheet for the entire workshop
- There are two workshop activities in addition to the questionnaire: Photo-Cue Cards and Puzzle Plan
- During the first activity – Photo-Cue Cards, you will be asked to comment on several communal facilities from a new extra-care model in the UK. Photographs will be passed between the group and your individual responses will go on the reverse side.
- The second activity, the Puzzle Plan, will involve a collective input from your entire group to generate a conceptual plan of an extra care facility.
- Your participation in this workshop is voluntary and you may end your participation at any point
- These findings will be compared between participants from three various extra-care schemes to compare the levels of social activity in various extra-care 'models', and to establish the 'ideal' model of extra-care in terms of connections and community-making, from the user's perspective.

- I have read and understood the purpose of this workshop and I give consent for the results to be used anonymously in an academic research paper.
- I am aware that the compiled research document may be published and that all my personal data will be kept strictly confidential.
- I give consent to take photographs of me in connection with the research project, for the purpose of illustrating the methodology of the research. Identifying features will be obscured in photos.

This report is undertaken by Julia Radka
 Masters of Architecture student at The University of Nottingham
 Contact: layjr9@nottingham.ac.uk Telephone: 07516046974

EXTRA-CARE RESIDENT'S SURVEY

HOW DOES THE BUILT ENVIRONMENT HELP TO CREATE COMMUNITIES IN EXTRA-CARE HOMES?

Participant awareness

This questionnaire aims to inform an independent research study undertaken by a University of Nottingham, Masters of Architecture student, Julia Radka. *The university is not financially contributing to this study and the results will be supporting a piece of coursework for a compulsory module. Any participation will be treated with strict confidentiality.*

All personal data obtained will not be further processed or used for other purposes. All collected data will be stored in accordance with the Data Protection Act 1998; on a password protected computer, for 7 years from the date of participation. Both paper and electronic copies of this data will be destroyed thereafter.

Your involvement in this study will not in any way impact the care you receive, or your relationship with the extra-care home.

- This survey should take between 10 – 15 minutes to complete.
- This is an anonymous survey, unless requested otherwise by the participant.
- This survey is voluntary and you have the right to omit sections or completely withdraw.
- These findings will be compared between participants from three various extra-care schemes to compare the levels of social activity in various extra-care 'models', and to establish the 'ideal' model of extra-care in terms of connections and community-making, from the user's perspective.

I have read and understood the purpose of this questionnaire and I give consent for my data to be used anonymously in an academic research paper.

I am aware that the compiled research document may be published and that all my personal data will be kept strictly confidential.

I give consent to take photographs of me in connection with the research project, for the purpose of illustrating the methodology of the research. The photographs will not be connected with this survey. Identifying features will be obscured in photos.

Participant ID _____

This report is undertaken by Julia Radka
Masters of Architecture student at The University of Nottingham
Contact: layjrs@nottingham.ac.uk Telephone: 07516046974

EXTRA-CARE RESIDENT'S SURVEY

SECTION 1 ABOUT YOURSELF

This section focuses on the demographics of your Extra Care Home

Data collected from this section will help to generate conclusions from this questionnaire according to your demographic group.

Age

<55	56-65	66-75	76-85	86-95	96+	Prefer not to say
-----	-------	-------	-------	-------	-----	-------------------

Gender

Male	Female	Prefer not to say
------	--------	-------------------

Ethnic Identity

White	Mixed / Multiple Ethnic Groups	Black	Asian	Other Ethnic Group	Prefer not to say
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Marital Status

Single	Married	Divorced	Widowed	Separated	Other	Prefer not to say
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EXTRA-CARE RESIDENT'S SURVEY

SECTION 2 YOUR EXTRA-CARE HOME

This section focuses on your **residence** at the Extra-Care Home

How long have you lived at your new home?

>10 years	5-10 years	2-5 years	1-2 years	<1 year
-----------	------------	-----------	-----------	---------

Why did you move from your last home?

.....

How comfortable are you at your new home?

Couldn't be better	Very comfortable	Comfortable	Neither comfortable or uncomfortable	Uncomfortable
--------------------	------------------	-------------	--------------------------------------	---------------

How often does your family and friends visit you / How often do you visit them?

All the time	Often	Average	Sometimes	Never
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What is your favourite thing about living in an Extra-Care home??

.....

EXTRA-CARE RESIDENT'S SURVEY

SECTION 3 YOUR EXPERIENCE

This section focuses on your **communal facilities** at the Extra-Care Home

How many hours per day do you spend in the communal spaces / facilities?

>5 hours	2-5 hours	1-2 hours	<1 hour	< once a week
----------	-----------	-----------	---------	---------------

Which communal facilities have you used in the past 30 days?

.....

What is your favourite place to spend your time?

.....

What are your hobbies?

.....

Do you participate in any community activities? If so, what are they?

.....

What other social facilities would you like to see where you live?

.....

How often do you feel lonely?

Very rarely	Rarely	Sometimes	Often	Always
-------------	--------	-----------	-------	--------

EXTRA-CARE RESIDENT'S SURVEY

SECTION 4 YOUR COMMUNITY

This section focuses on your **social networks and interactions** at the Extra-Care Home

How many friends have you made in your new community?

>10 friends	5-10 friends	2-5 friends	1 friend	I haven't made any close friends yet
-------------	--------------	-------------	----------	--------------------------------------

How and where did you meet your new friends?

.....

Do you get along with all your neighbours?

Always	Most of the time	Sometimes	No
--------	------------------	-----------	----

Assess your social well-being:

Couldn't be better	Very good	Good	Neither good or poor	Poor
--------------------	-----------	------	----------------------	------

What activities do you enjoy participating in with your friends?

.....

What social activities do you undertake outside of your extra-care home?

.....

EXTRA-CARE RESIDENT'S SURVEY

SECTION 5 YOUR WELLBEING

This section focuses on your **wellbeing** at the Extra-Care Home

On a scale of 1-10 assess your current wellbeing? 10= couldn't be better

10	9	8	7	6	5	4	3	2	1
----	---	---	---	---	---	---	---	---	---

How mobile are you?

Completely independent	Requires use of equipment	Requires assistance or supervision	Requires assistance and equipment	Dependent and / or sedentary
------------------------	---------------------------	------------------------------------	-----------------------------------	------------------------------

Does your mobility have any impact on your social life?

Yes	Most of the time	Sometimes	No
-----	------------------	-----------	----

Has your wellbeing improved since you have moved in to your new home?

.....

EXTRA-CARE RESIDENT'S SURVEY

HOW DOES THE BUILT ENVIRONMENT HELP TO CREATE
COMMUNITIES IN EXTRA-CARE HOMES?

Thank you for taking your time to fill out this survey.

If you require any more information about this research; or would like your feedback removed from the document, please do not hesitate to contact myself or my research supervisor via information given below.

Julia Radka

Part 1 Architectural Assistant

Masters of Architecture student

University of Nottingham

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