



## Eden Independent Living: Getting it right for rural communities

This case study describes the transformation and development work of Eden Housing Association (EHA) in rural Cumbria, to reshape its housing support services for older people, and to develop a wider independent living offer.

In 2012, EHA launched Eden Independent Living (EIL), a local partnership of care and support services, delivering assistance, help and reassurance services that people need to continue to live independently in their own homes. The Eden Independent Living service offers an innovative approach

to targeted practical and social support, home care, community alarm and telecare, handy person service, decorating and garden maintenance. The service is offered in the market to older people, adults and families with children across all tenures.

This case study sets out why the service was developed, the journey from planning to implementation and what achievements have been made. It also examines customer feedback and offers learning points for other organisations who are considering developing a similar service.

[www.edenindependentliving.org.uk](http://www.edenindependentliving.org.uk)



Written for the Housing Learning & Improvement Network by **Jean Bray**, Peter Fletcher Associates, and NW Housing LIN regional lead



May 2014

## Background and context

Eden Housing Association (EHA) is a small successful Registered Provider, based in Penrith, a market town in the north of Cumbria. EHA was established in 1997 following the voluntary transfer of Eden District Council's housing stock. It has a rural focus and operates across the northern part of Cumbria, owning or managing approximately 1,800 homes for affordable rent or sale. EHA also acts as managing agents for a number of other small housing providers in the area.

It is important to note that whilst beautiful and much admired, Cumbria is also the second largest county in England. Eden is the largest non-unitary district and also has the lowest population density of any district in England. This means that the population is sparsely spread, access to local services can be poor, public transport is limited, and average wages are low, due to a largely agricultural economy with a seasonal tourist trend.

EHA is a community based housing association and its mission is to extend beyond the role of landlord and to support the sustainability and growth of rural and market town communities in Cumbria. As part of this mission, key aims for achievement between 2012-2015 are to:

- improve key services
- strengthen the business
- support and improve the health and well-being of residents and the rural communities
- value staff

Most of EHA's stock caters for general family needs with around 10% specifically designed for older people. It is generally located in areas of strong housing demand and relatively high market values.



*Heysham Gardens, Carlisle*

In 2011, following a successful bid to the Department of Health, EHA completed the development of Heysham Gardens, a purpose built 60 unit mixed tenure Extra Care housing scheme in Carlisle, their largest ever development which has proved very successful. Further details about this scheme can be found on the directory of DH funded schemes at:

[www.housinglin.org.uk/Topics/ECHScheme/](http://www.housinglin.org.uk/Topics/ECHScheme/)

Further extra care flats are provided in Appleby, and a new extra care scheme is being developed in Kirkby Stephen in the south of the district, on the site of a former sheltered scheme.

### Why the service was developed - The story began in 2011

EHA saw older people as a major market for the future, both in relation to its own housing but also older people in the wider population. In 2011 EHA were only delivering support to its own tenants, apart from offering some limited social support to the wider population through social activities at its sheltered housing schemes. However the population of people aged 65+ in Eden is predicted to increase by 59% by 2030 and the 85+ population by over 90% over the same period, the highest increase projected in Cumbria. Added to which 75% of pensioner households in Eden are owner occupied, indicating a large number of older households that might want to access services to support their independence.

In 2011, EHA were delivering a supported housing service that was seen as expensive, inflexible and becoming outmoded. The EHA board had engaged the services of Peter Fletcher Associates (PFA) to undertake a review of the service, taking into account changes in older people's aspirations, and in the commissioning and provision of housing support to older people that were taking place generally and in Cumbria.

The service then being delivered was typical of many providers at the time, sheltered scheme based staff offering general on-site support, co-ordinating services, advocacy, support planning, facilitation of social activities and luncheon clubs and some housing management functions including health and safety, repairs and other basic tenancy matters. The service was available 7 days a week and 7 hours per day, but mainly focused on the sheltered and extra care schemes with a visiting service to community alarm clients in EHA bungalows.

The service review was very comprehensive and examined:

- Commissioning and funding changes
- How providers were responding
- Future service models
- Sheltered housing fundamentals
- Linking potential future service offers to personalisation
- Building a flexible workforce
- Demographic changes
- Changing aspirations of older people
- Examining the wider market potential of older people
- Stock sustainability

The review:

- Challenged EHA to determine whether the older persons market was an opportunity for service development and growth to meet its community objectives, rather than just be seen as a funding problem.
- Took account of the changing support and care commissioning environment – the shift to personalisation and individual budgets, funding cuts of £3m in support services for older people, and a reduced number of contracts and providers – and highlighted that any future model developed by EHA had to be cost effective and flexible.
- Identified that the service being provided at that time was not viable in the future funding environment but fully acknowledged that the staff had skills and qualities that EHA would want to retain if possible, taking account of the changing market.
- Recommended that EHA needed to adopt a consumer based approach that would not rely solely on external funding.

In November 2011, the EHA Board adopted a new Supported Housing Strategy underpinned by three strategic decisions:

1. EHA would in the future be driven by individual older people as customers and consumers of services, rather than relying on contracts from the local authority or other commissioners.

2. The future market would not only be people in EHA houses but the wider population across all tenures.
3. EHA would move from a model of subsidising its support services towards a more commercial approach of making a surplus that could then be reinvested in new service developments to support its community focus and mission.

There were two main components to taking the strategy forward:

- Firstly, a tender bid to Cumbria County Council to provide support services for sheltered housing schemes in Eden and the extra care scheme in Carlisle; and
- Secondly, the development of a wider independent living offer.

## **Scoping and developing the service offer – January – June 2012**

### ***Scoping the offer***

Consultation with tenants, staff and other stakeholders including Adult Social Care, the District Local Authority and the NHS followed, looking at future possible models and taking into account good practice at the time. This took place alongside a housing support funding bid and the cessation of housing support funding for the community alarm service.

### Learning from the withdrawal of community alarm funding

Consultation on the community alarm service was timely in that it helped determine the Independent Living Service offer and interest in it. At that time, late 2011, EHA had 250 community alarm users of which 170 received housing support funding from the county council. The funding was to cease and EHA decided to visit every tenant using the service to advise them of the options available:

- EHA would offer two service levels: Bronze at £2.80 per week which included monitoring and 2 visits per annum or Silver at £3.50 per week offering monitoring and 4 visits per annum, which matched the existing offer.
- Alternatively tenants could be assessed by Cumbria County Council for the telecare service to be delivered by the County contractor VNC.
- Or tenants could opt to not have a community alarm service at all.

The response to this consultation was extremely positive with over 75% (190) service users opting to remain with EHA at their own expense and approximately 50 opting to have the alarm removed. A small number were referred for assessment for the VNC service.

This high level of response from tenants wishing to continue with the service on a self-funding basis reinforced EHA's view that there was potential to promote an Independent Living service to the wider market.



*EIL customer with Advisor Sylvia Garner*

### Developing the Vision and outcome aims

In developing the service offer EHA determined that 'The Vision' would be to support independence at home offering a range of services that were underpinned by the following outcome aims:

- **Prevention** of older people entering the social care system
- **Lifestyle** help to enable people to maintain activities and social networks
- **Re-ablement and recovery** supporting people to regain independence after a period of ill health
- **Partnership approach** to deliver the services through a range of providers

### Addressing the risks

A number of risks were identified to be addressed:

- **Products:** what services would be offered; would they be the right ones and how could the services develop in the future?
- **Price:** was the price right, were all costs included e.g. administration?
- **Place:** how to address the considerable geographical challenges of delivering a service in Cumbria?
- **Promotion:** the concept of the proposed services proved to be well received by agencies when consulted, but how much promotion and marketing would be required to turn this into customers?

### Scoping the components of the offer

The service would offer a one stop shop approach, based initially around:

- Supported housing officers being re-cast as Independent Living Advisors, and moving from being individually based at each sheltered scheme, to working in two geographically based hub teams covering a number of sheltered schemes, as well as providing a wider community independent living support role.
- A range of services to be offered on either a one off basis with a come back again anytime approach, or on an ongoing basis. The service offer would cover:
  - Community alarm and telecare, to include bronze and silver offers that included a 24/7 emergency response service and a gold offer which included personal care
  - Personal care
  - Handyperson, and now other property services such as gardening and decorating
  - Practical support
  - Social and leisure support

### Consulting on the concept

By early 2012, EHA had prepared a briefing paper for discussion with Cumbria County Council (CCC) Adult Social Care Commissioners, Eden District Council (EDC), the housing authority, and the community health teams about their plans to develop the wider Eden Independent

Living offer to older people in Eden. EHA were keen to work in partnership with both local councils and the NHS by receiving feedback and identifying potential for them to support the initiative.

Feedback was very positive and very supportive. Those consulted welcomed the opportunity to be involved with developing the concept and model. CCC, EDC and health saw the model for Eden Independent Living (EIL) as adding value in terms of practical and preventative service that would support independent living and enable people to remain out of the social care and health systems for as long as possible.

They also recognized that the development of the EIL service:

- Provided an alternative opportunity for people requiring a higher level of service such as personal care but not wanting to access such a service via adult social care, or to people on an individual budget.
- Offered value for other vulnerable groups such as people with physical or learning disability and particularly people who do not meet the eligibility requirements for adult social care.



*EIL Home Care service*

EHA were also advised by CCC that the Meals on Wheels type service was to cease later that year and CCC felt that there may be options for EIL to 'fill the gap' by helping service users place orders with suppliers such as Wiltshire Farm Foods, helping to heat food or by providing and delivering meals from sheltered schemes.

Another gap identified by CCC was a signposting role particularly for people not eligible for Fair Access to Care Services (FACS) for equipment and adaptations and EHA were consequently asked to consider this and whether EHA staff could link to the Cumbria Centre for Independent Living in Carlisle for training in this area.

As a direct result of these consultations:

- CCC enabled EHA to carry out a wider consultation with social workers and health staff to inform them about and promote the service to their staff.
- EDC made a £5k funding contribution towards the development of a handy person service for the year 2012/13.

### ***Developing the service offer***

#### Housing support tender

EHA developed and submitted a housing support tender to CCC based on the new hub teams. The tender was in line with the reduced level of housing support that CCC would fund, and the support proposal was based on a 5 days a week flexible service which included a small fixed number of hours at each sheltered scheme during weekdays. EHA was successful in March 2012 in winning tender bids for all three areas it bid for - for housing support for sheltered and extra care housing in Eden district and for extra care in Carlisle.

## Building the partnership delivery model

A key principle for EHA was to develop a partnership approach with a number of other providers who could deliver different components of the EIL offer, as EHA saw its own role as:

- Developing and owning the EIL brand, website and concept
- Delivering assessment, advice and signposting services through the Independent Living Advisors
- Providing some of the practical and social support services

This meant that they had to find suitable partners for most of the EIL services to be delivered. The work for this included EHA and PFA working together to undertake market research to identify potential suitable partners.

**Personal Care:** Cumbria County Council were re-tendering their domiciliary care services through a framework agreement, classifying providers into groups A (3 main providers in each of the 6 district areas) & B (other providers).

Based on the market research undertaken EHA identified Eden Country Care as a potential domiciliary care partner. Eden Country Care (ECC) was selected as an A list domiciliary care provider on the CCC adult social care framework and is rated 'excellent' by the Care Quality Commission. Detailed discussions took place between EHA and ECC about forming a strategic partnership and for ECC to deliver personal care, practical services and social support.



*EIL partnership with Eden Housing Association and Eden Country Care*

ECC is a family business established in 2002 and shares the values of EHA as a person-centred organisation. It was used to working across a large rural area, offering a wide range of services to older people and people with disabilities. ECC had carers based in both Eden and into the Keswick area thus providing an already established and skilled workforce.

**Community alarm and telecare:** EHA already had a good working relationship with Riverside Careline, the community alarm service based in Carlisle, which provided the community alarm service for the EHA sheltered and extra care housing and bungalows. They were brought in as delivery partners for these services.

**24/7 Emergency response:** originally this service was to be provided through a domiciliary care partner linked to Riverside Careline. However, this arrangement fell through and Eden Community Alarms, a local charity, was brought on board to provide this service for people who opted to pay for the silver and gold services.

**Handyperson, decorating and gardening services:** EHA developed a delivery partnership with One Call Services, a property maintenance company covering Penrith and the surrounding areas to provide a handyperson service, and following on from this other property services such as gardening and decorating.

**Other partners for signposting to:** a further part of the offer, through the Independent Living Advisor role, is to be able to signpost people on to other services that can support them. One example was referring people on to Age UK Carlisle and Eden for specialist financial advice and benefits checks. (Since this time EHA has formed a partnership with Cumbria Law Centre to provide this service).

#### Developing the front end access system

EHA appointed an additional part-time staff member to take EIL referrals – direct or via the website – and to either set up the service(s), or arrange for an Independent Living Advisor to undertake a face-to-face well-being check for the potential customer in their own home.

#### Developing the brand and marketing tools

The decision to name the service Eden Independent Living was made in late 2011, and work was then undertaken before the launch to:

- Develop this as a brand.
- Commit all the partners to deliver services for referrals and direct applicants that come via Eden Independent Living, under the EIL brand. For example One Call Services have badged their van as Eden Independent Living alongside their own company signage.
- Develop an Eden Independent Living website, separate from but linked to the EHA website [www.edenindependentliving.org.uk](http://www.edenindependentliving.org.uk)
- Produce a marketing leaflet jointly badged between EHA and ECC, thereby being able to promote the ECC quality standards and registrations such as Investors in People, CQC, and UKHCA.
- Provide transparency on pricing, with all service costs listed both on the website and in an insert to the leaflet.

Funding had been set aside in the business development plan to fund marketing and branding for the service. This included leaflets, website, stationery, uniforms and IT such as smartphones.

### **Eden Independent Living - The Launch**

The service was launched on a staged basis with EHA tenants and Eden Country Care customers from 1st June 2012 and then the wider population from 1st July.

There had also been some investment into the purchase of key-safes and community alarms. By this time the previous service had been reconfigured. Sheltered scheme based staff had divided into two teams, covering North and South geographical areas. The teams were delivering a generic service in these areas that included the reduced level of service in sheltered housing, reflecting the lower housing support grant regime.

The role of Sheltered Housing Officer (SHO) had become Independent Living Advisor and provided the customer interface with the EIL service and offered:

- An independent living self appraisal check
- Information and advice to address the issues that older people and their families identify (income maximisation, shopping, personal care, community alarm)



- Setting up EIL service for individual customers
- Signposting and referrals on to other services
- Ongoing visiting and telephone contact support at a level agreed with the customer

Eden Country Care offered full domiciliary care services, including:

- Care visits between 7am-11pm 365 days per year
- Personal care – bathing, showering, dressing
- Medication
- Meal preparation
- Companionship
- Shopping
- Domestic services
- Practical and social support

The handyperson service was still in development at the time of launch but proved popular when it went 'live' shortly after.

### How has the service been taken up

During the first 18 months of operation (June 2012- December 2013), some 275 enquiries were received with 205 customers taking up at least one service.

A mail shot in July 2012 created many responses with further peaks in October 2012 and April 2013. On average 14 enquiries are received each month with a successful conversion rate averaging 10. Take up has been:

Community Alarm	34
Care/support	23
Key safe	9
Handyperson	101
Gardening	23
Painting & decorating	2

The handyperson service proved popular very quickly once established. Like the handyperson service the gardening offer was not available on launch but has also proved very popular and was been identified as an area of growth for 2013-14. The decorating service has only had a low take-up so far. It offers a fully comprehensive bespoke service, added value elements such as furniture removal and replacement of furniture before and after decorating, at an average cost of £140 per room. However, it is perhaps seen as expensive in comparison to alternative contractors and the added value elements need further marketing.



*EIL Handy Person service*

Analysis of referrals shows that just over 50% of customers are owner occupiers from the private sector. This is particularly relevant as this is the target area that EHA had identified as their major market for the future.

It was not possible to collect data from every referral but where collected shows referrals, as at December 2013, have come from the following sources:

62	EIL/EHA/ECC or care provider staffing
35	Repeat customers
25	Adult social care/NHS
7	Eden District Council
5	Age UK
13	Mail shot
10	Word of mouth
1	Alzheimer's Society
1	Website
8	No customer information

### **Performance against targets**

In the first nine months of operation from June 2012 – March 2013, whilst still showing a deficit, the service outperformed the original EIL business plan forecast, and substantially reduced the historic subsidy that EHA has put in to its housing support services.

The focus for the 2013/14 financial year was one of incremental growth by increasing the customer base rather than offering new services. However due to demand it is the intention to expand the gardening service. Targets were set for the growth of both bronze and silver community alarm customers by 40 respectively, 20 new care and support customers and 50 handyperson service. Eden District Council had again pledged a further £5k in funding for the handyperson service for 2013-14, and a further £4k was secured from the Neighbourhood Care Independence Programme administered by Cumbria Third Sector Consortium C3C.

The target for the handyperson service has been achieved, and the other targets nearly achieved. This has been mainly through organic growth and the marketing plan will show a reduced deficit by the end of March 2014. Further marketing will take place through the development of new posters, targetting B&Q pensioner days (Wednesdays) in Penrith, and a programme of news releases and staff attendance at conferences and events with banners and leaflets.

The handyperson service has been extended to include Carlisle, specifically Heysham Gardens & Meadows, the extra care scheme developed in 2011, and it is planned to increase the availability and days that can be offered.

### **Learning points and the challenges faced**

Eden Housing Association and its partners in EIL have encountered challenges in the first two years of operation and are keen to allow other organisations considering the establishment of a similar service to benefit from their learning experiences.

**Managing change:** One of the main challenges was that of change itself both for staff and customers. The service was implemented alongside wide ranging funding cuts by CCC. This resulted in reducing the level of housing related support and the ending of free community alarm service to the bungalows, unless people are assessed as being eligible for CCC funding for the telecare service. EHA fully consulted through this process, benefitting from feedback received to develop the service offer of EIL.

**Changing the culture:** changing the service delivery culture amongst staff needs to be seen as a long-term and continuous development exercise. This is addressed by EHA through regular training and coaching sessions. This instills the need to understand that EIL is a social business that needs to grow to be financially viable, and that there is a need for staff to 'sell' the service and investigate other potential development areas where people may be helped to remain in their own home as long as possible.

**Balancing social and commercial approaches:** EHA operates as an ethical business that has an innovative approach to offering targeted support to vulnerable people. However, the funding cuts have made it necessary to adopt a business like attitude to balance social and commercial approaches alongside each other. Decisions have had to be made about balancing service levels, quality and price in relation to tendering for contracts. It was necessary to step back and determine that in some situations it was not possible to deliver a satisfactory or cost effective service for the tender price available. The same principles applied when developing the service offer and pricing for the private payer market. EHA has found the partnership with ECC very helpful in learning how to operate in a commercial environment, whilst still retaining the underlying principles of running a social business.

EIL was a new 'start up' service in the market, and consequently the practicalities of developing a charging model that shifted EHA from operating a subsidy to a surplus model had to be embraced. Staff at EHA had no previous experience of this to draw on and it was a learning curve from the outset. Similarly in the financial modelling for the new service there were many unknowns but it was necessary to set aside enough resources to ensure that the process of learning could be managed.

**Choosing the right delivery partners:** The choice of the right EIL delivery partners has been key to its growing success, as demonstrated by the increasing level of repeat business. EHA has taken time to ensure that there is a 'fit' in ethos between EHA and its delivery partners, in particular ECC and One Call Services. The proposed 24/7 emergency response partner had to be changed because the original partner chosen was not able to deliver the right service to the right standards to meet the requirements of the EIL model and approach.

**The importance of consultation:** Consultation was key, both with staff to ensure that those who wanted to be 'on board' with the new service were fully informed and able to buy into the new thinking, and with customers to ensure that their input was taken on board in planning the services to be delivered.

Wider consultation with other stakeholders such as the County and District local authorities, health partners and third sector providers was also vital in getting them on board. It was essential that the service would be seen as preventative and that referrals would come from these areas, and that financial support where possible was received. Eden District Council and 3C3 have both committed resources, and at time of writing continue to do so.

**Branding and marketing:** Freeing up the thinking to create a separate EIL brand was important in ensuring that the EIL service and model could be scoped without being constrained by traditional housing management or support service thinking.

Allied to this, the development of a proper marketing plan and marketing tools were essential to providing the platform for the service launch and development. It is easy to underestimate marketing costs, both at set up and to meet ongoing marketing requirements. Web site development can be expensive. Advertising, for example, has proved to be costly and has not proved to be successful in attracting new customers.

**Customer information and analysis:** Analysis of where customers come from and how they apply is important to inform how to build the customer base in the future. Many referrals have been found to come from EHA or ECC staff, whilst word of mouth built around customer satisfaction, and building on the potential of EHA's own customer base are also key in growing the service.

When customers terminate a service, data is gathered and reasons behind them discussed to determine whether this could have been avoided. For example this might be in the situation of a customer potentially needing to move into institutional care, where the offer of further services might allow them to remain in their own home. Staff are encouraged to seek guidance and support in complex cases through 1:1 management/coaching sessions.

EIL is also gathering customer feedback through an annual satisfaction survey.

## What do the EIL customers think?

Several customers of EIL were contacted to determine their views about: their satisfaction with the service, how take up of the service came about, the level of cost, family involvement in referral, whether they would recommend the service to others, and whether it had made a difference to their life and prolonged their independence.

Feedback was extremely positive. All questioned were happy with the service being received



*EIL customers at home*

and felt that costs were appropriate and affordable. Some people had arranged their own services direct with EIL and then informed their family what they had done. Others, especially when there was a crisis situation, had the service/s set up for them via family or friends, or through a referral from another agency.

A comment made on several occasions was how helpful the staff from EIL are, and that they 'will do anything' or 'you can ask them anything'.

The feedback received shows that EIL is attracting customers from the rural areas and from outside the tenant base of EHA. Most new customers of the community alarm service have had a crisis or bout of ill health that has resulted in the decision to install an alarm rather than installing it as a proactive preventative measure. All customers contacted were comfortable with the cost, whatever the service they received. There were no negative comments about any of the services voiced by those contacted.

### **Short case study examples**

**Mr. G.** had suffered a diabetic coma and said that he had laid undetected for a while. He commented that he feels more secure now that he has a community alarm installed and that there is someone on the end of the phone.

**Mr. M.**, who is partially sighted had found out about the services and also a flat via word of mouth through his local pub landlord who had referred him to EHA/EIL. He was now extremely happy. Having previously suffered depression, he had relied on EIL to support him establishing his tenancy. The service had 'definitely changed my life, wonderful'.

**Mrs. S.** is an EHA tenant who has used both the gardening service and the handy person service and was effusive in praise of them. The gardener 'did a fantastic job and cleared up as well'. She is now awaiting better weather for the installation of new fencing to replace panels previously storm damaged. The Handyman has been out and measured for the specification and will return when weather allows. Her overall appraisal of the services are that they are 'fantastic' and that the £15 per hour handyman service is more than reasonable. She would like to see it given more publicity and for the service to be extended, and that EIL was a 'brilliant idea'. This lady gave up her community alarm when it ceased to be free of charge.

**Mrs A.**, an owner occupier from Appleby, who by her own admission is a very independent person, and until recently was a regular driver, was aware of the service but felt that it was not something she required. However, following a recent bout of ill health she has now arranged with EIL for a community alarm and visiting service. She already has long standing arrangements for domestic cleaning and a gardener. She explained that she would use EIL for these services if her current arrangements failed. She is also going to use a service called Rural Wheels, a car sharing service with volunteer drivers to allow her to get into Penrith as she is no longer able to drive. The community alarm gives her family peace of mind as they do not live in the locality. She commented that the service was 'very good indeed, very helpful'

**Mrs. W.** now lives in Penrith after moving from Kirby Stephen. She is reliant on personal care each day through EIL and welcomes the contact since she has moved home and has lost her friends from her previous location. She is happy with the service and will tell others about its benefits. Her family are also happy that she has this service and actively encouraged it. She made a constructive comment about the care she receives in that she prefers the mature members of the team as she finds it 'less embarrassing' than when the younger women on the team attend.

**Mrs. W.** from Lazonby, a tenant of another housing association, had recently moved from Lancashire to be nearer to family. She had used the Handyperson service to help her move into her new home. The service had helped her hang pictures, mirrors and curtains, essential to help her settle. However, she could not remember how she heard of the service but it was not through her landlord or family. The service was good and cost reasonable.

**Miss G.** of Great Asby praises the service she receives, a twice weekly domestic cleaning service, saying that 'you can ask for anything and they will come up with an answer'. Great Asby is a rural location, with only a limited mobile network. Broadband is shared through the village school and 'without Eden Living there would be no one at all'. Miss G has been using the service for three months and is very satisfied.

## What are the benefits?

The case studies based on the feedback from customers of EIL illustrate the benefits that they have found using the EIL services. However, it is important to note, there are other benefits to consider as well.

EHA is reducing its reliance on subsidy, providing a service with a growing demand to its wider community other than tenants alone. The result should be a surplus that can be reinvested into initiatives to support its community purpose.

The establishment of partnerships with other service providers is enabling the service to grow organically and build the range of services on offer. The addition of the gardening service, which is proving very popular, is evidence of this.

The whole of the rural area of Eden is covered, and the geographical covering is growing, as seen in rolling out the handyman service to Keswick. One customer receiving care and support in a remote area of Cumbria, a village that has no delivery services such as a milkman, quoted 'without Eden Living we would have no one at all' and that they are 'very reliable and I look forward to seeing Elspeth'. This illustrates EHA are reaching their target audience beyond their own tenants.

Such comments can only enhance the reputation of EHA as an organisation and reinforce the opinion that EIL is seen as part of the solution to enable people to maintain their independence as many statutory services are reduced.

The fact that the process begins (if people wish it) with a well being check to ensure that all aspects of someone's requirements are assessed and appropriate service(s) offered or signposted to, goes some way towards creating a 'One Stop Shop' for people. This is one thing that consumer research regularly shows that people want.



*Eden Independent Living celebrates 1st birthday*

## Note

The views expressed in this paper are those of the authors, and not necessarily those of the Housing Learning and Improvement Network.

## Acknowledgements

We are also grateful to Carolyn Greenhalgh, Assistant Director - Housing and Support, Eden Housing Association, and Peter Fletcher for their additional comments and editorial contributions.

## About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please contact us.

For further information about the Housing LIN's comprehensive list of online resources and shared learning and service improvement opportunities, including 'discovery' visits and network meetings in your region, visit: [www.housinglin.org.uk](http://www.housinglin.org.uk)

## Published by

Housing Learning & Improvement Network  
c/o EAC, 3rd Floor,  
89 Albert Embankment  
London SE1 7TP

Tel: 020 7820 8077

Email: [info@housinglin.org.uk](mailto:info@housinglin.org.uk)

Web: [www.housinglin.org.uk](http://www.housinglin.org.uk)

Twitter: @HousingLIN