

The Extra Care Housing Initiative Evaluation

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Evaluation of the Extra Care Housing Initiative
Feedback Day, 29th November 2007

Project Team

PSSRU at Kent

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Local researchers:

Housing & Care of Older People

- Investigate implications & potential of current developments in housing & care for older people
- Feasibility, desirability & affordability of alternatives to care home provision
- Implications of developments for older people and care home provision

Previous programme activities

- Large scale studies of care homes
- Home closure studies
- Literature search & stakeholder consultation
- Scoping study of extra care
- Sense of control and home in different care settings

Current activities

- ECHI evaluation
- Analyses of care home evidence
- Care home resident expectations & experiences
- Housing and care research network
(www.hcoprnet.org.uk)
- Quality Measurement Framework
 - Quality of care homes

ECHI Evaluation Aims

- Short and long-term outcomes for residents and schemes
- Costs and funding
- Comparison with care homes
- Factors associated with costs and outcomes
- Role in overall balance of care

Linked studies

- Main evaluation of ECHFI funded schemes
 - Additional scheme in Wakefield
- JRF funded study of social well-being
- JRF funded study of Rowanberries
- EPSRC funded study of design evaluation (Evolve)

Main evaluation data collection

■ Residents

- Baseline assessment data about new residents
- 'Self-completion' questionnaire: views & expectations
- Six month interview: functioning, services & well-being
- Follow-up planned 18 months after moving in
- Longer term follow-up?

■ Schemes

- Contextual information on opening
- Costs a year after opening

Rowanberries evaluation

- Lack of evidence on cost-effectiveness
- Compare comprehensive costs before & after moving
- Evaluate methodology
- Additional data
 - Detailed resource use/unmet needs/quality of care prior to & six months after moving in
 - Costs incurred by and views of informal carers
- Reporting May 2008

Evolve

- **Evaluation of Older people's Living Environments**
- Collaboration led by Sheffield University
- Builds on previous research and instrument on design of care homes
- Aim
 - To develop evidence based tool for evaluating design
- Stages
 - Exploratory and consultation
 - Initial design
 - Testing and development
 - Linking to quality of life of residents

Progress to date

- 13 schemes open
- Delays to planned opening
 - Three schemes opening too late for evaluation
 - 19 schemes
- Fieldworkers recruited for 17 schemes
- Baseline data complete from 8 schemes
- Six month and one year on data collection started
- Thank you!!!

What next?

- Ongoing fieldwork
- Interim report & summary findings
- Newsletters
- Series of papers
- Continuing links
 - Other research
 - Housing Lin/CSIP

Workshops

- Overarching aim to feed into ongoing research and development in Extra Care Housing
- Design
- Social well-being guidelines
- Towards a Kitemark
- Dementia and extra-care

The Characteristics of the Residents and Some Comparisons with Those Admitted to Care Homes

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and the University of Manchester

Extra Care Housing Initiative Feedback Day,
Wellington House, London, 29 November 2007

Entrants to Extra Care: Data Collection

- Baseline assessment data (RD)
- 'Self-completion' questionnaire (TB)
- 8 schemes with data in October 2007

Entrants to Extra Care: Presentation

- Description of baseline data for 285 people:
 - Demographics
 - Housing circumstances
 - Care and support
 - Financial circumstances
 - Physical and cognitive functioning
- Comparison with 494 (personal) care home residents admitted in 16 authorities in 2005

Extra Care Schemes: October 2007

	No. units	No. residents	No. with data
Bradford	46	51	37
Brighton & Hove	38	36	36
East Riding	39	36	22
Enfield	48	52	52
Havering	64	31	18
Peterborough	40	41	40
West Sussex	40	50	43
Northamptonshire	270	244/75	37

Age Group

	%
45-59	7
60-64	8
65-74	18
75-84	33
85-89	20
90-97	13

Gender & Marital Status

	Males % of total	Females % of total
Single/divorced/separated	13	14
Married/living as married	14	15
Widowed	6	36
All marital status categories	35	65

Entrants to Extra Care (2006/7) & Care Homes (2005): Demographics

	Extra Care	Care Homes
Mean age [Range]	78 [45-97]	85 [65-102]
Female (%)	65	73
Non-white	5	1
Single/divorced/separated (%)	27	14
Married (%)	30	17
Widowed (%)	43	68
Living alone (EC: priv/shelt) (%)	60	77

Previous Accommodation

	%
Private household	61
Sheltered/supported housing	25
Care home	8
Hospital	4
Intermediate care	1
Other	2

Type and Tenure of Housing (Entrants from Private Households)

	%
Type:	
House	41
Bungalow	18
Flat/maisonette/bedsit/rooms	40
Tenure:	
Owner occupied/mortgaged	38
Rented from LA/HA	47
Privately rented/rent free	15

Household Composition (Entrants from Private Households)

	%
Lived alone	52
Lived with spouse	30
Lived with spouse & children	5
Lived with children	6
Lived with other family	3
Lived with others/other arrangements	3

Entrants to Extra Care (2006/7) & Care Homes (2005): Previous Accommodation

	Extra Care (%)	Care Homes (%)
Domestic household	61	27
Sheltered housing	25	10
Care home	8	12
Hospital	4	38

Receipt of Informal Care

	%
Lived with informal carer	22
More than once a week	26
Once a week	10
Less than once a week/Not known	7
No informal care	35

Receipt of Home Care

	% in last month
Not received	52
>0-7 hours pw	16
>7-14 hours pw	11
>14-21 hours pw	4
>21 hours pw	1
Frequency not known	10
Not known	5

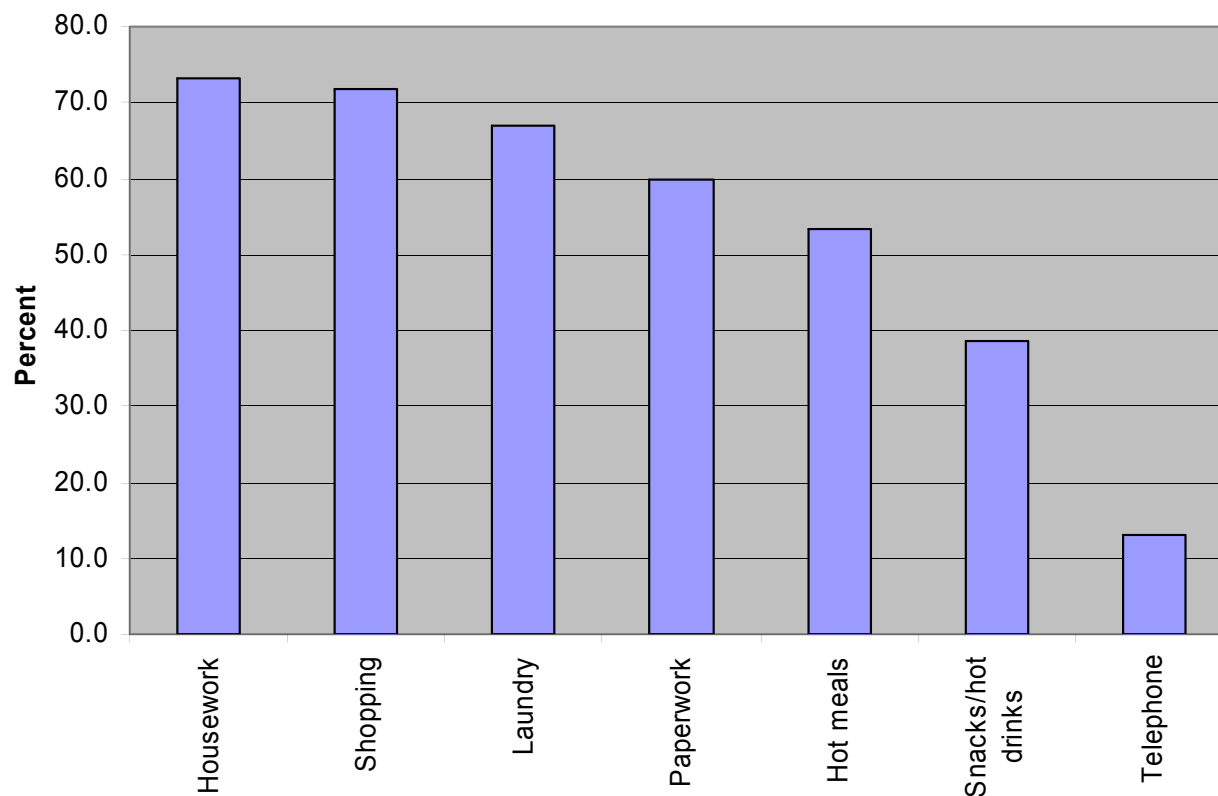
Receipt of Formal Care Services

	% in last month
Home care	43
Day centre	21
Meals on wheels	19
Nurse	15
NHS therapist	6
Intermediate care	2
Direct payments	1

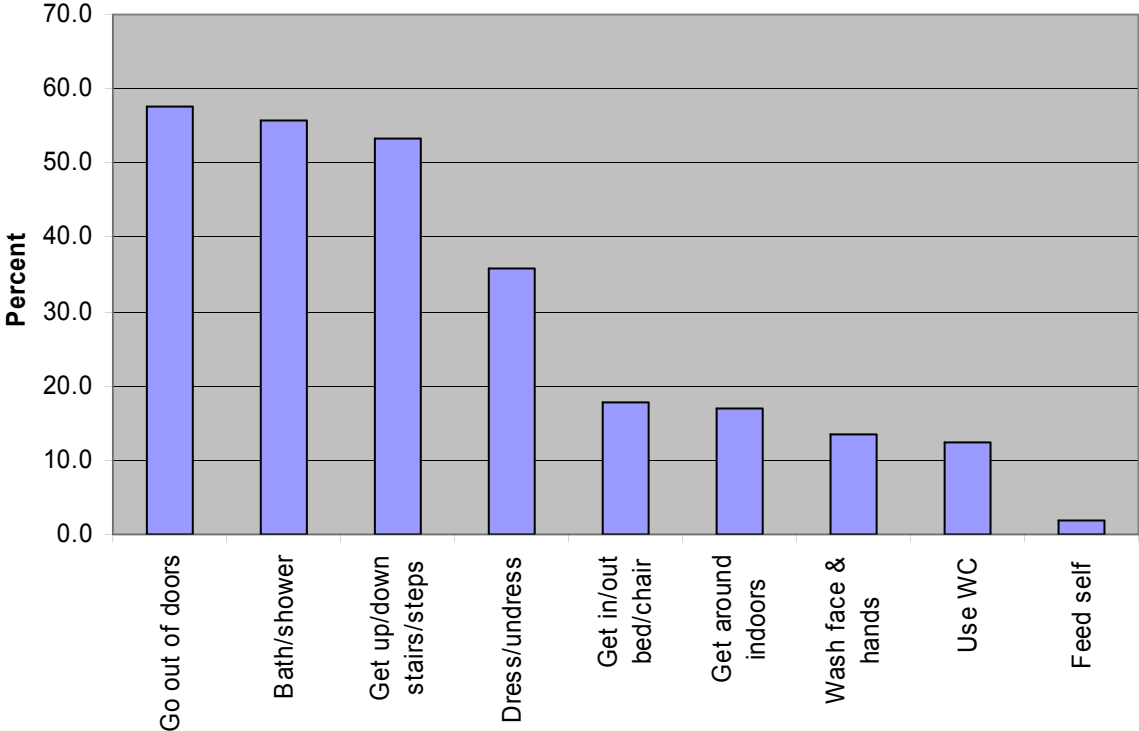
Financial Circumstances

	% in receipt
State Retirement Pension	74
Private pension	27
Pension Credit	40
Housing Benefit	48
Council Tax Benefit	49
Attendance Allowance	39
Disability Living Allowance	22
Other income	13

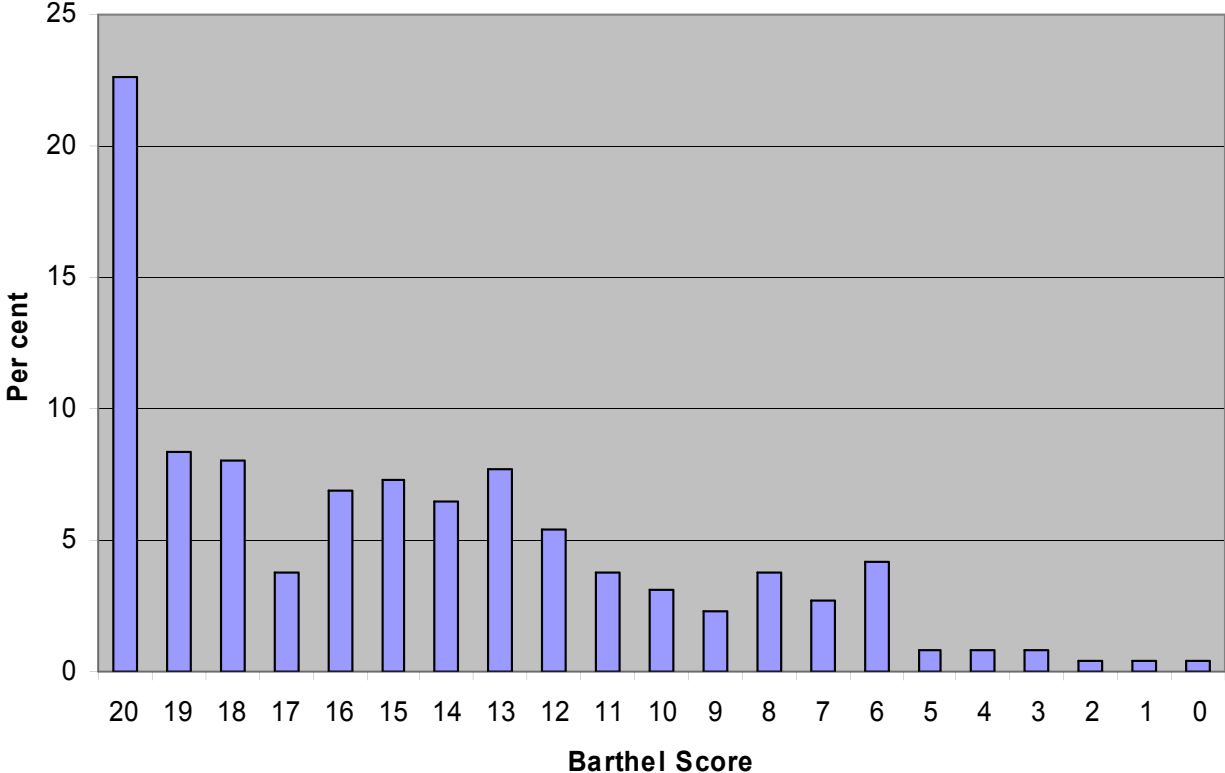
Require Help with IADLs



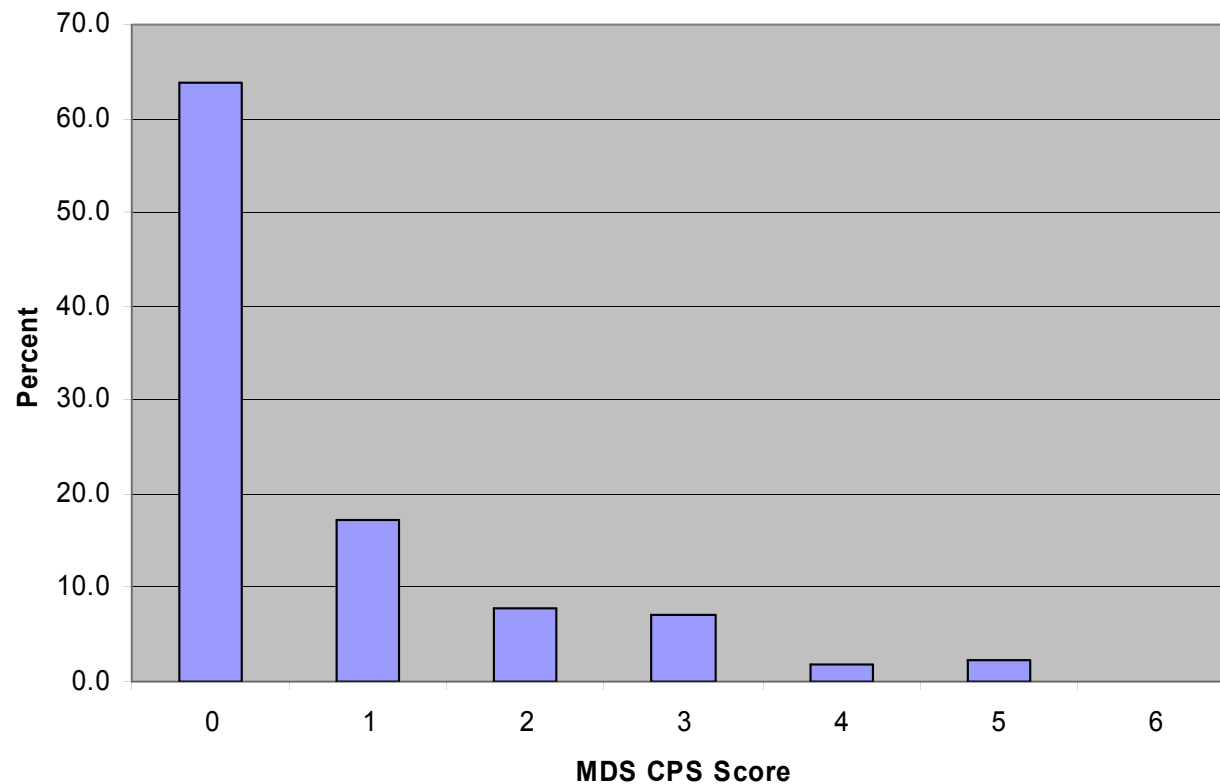
Require Help with ADLs



Barthel Index of ADL



MDS Cognitive Performance Scale



Entrants to Extra Care (2006/7) & Care Homes (2005): Dependency

	Extra Care	Care Homes
Mean Barthel score [0-20]	14.8	10.4
Barthel score 0-12 (%)	29	66
MDS CPS score 0 (%)	64	15
MDS CPS score 1-3 (%)	32	46
MDS CPS score 4-6 (%)	4	39
Total cases	285	494

Balance of Dependency (8 Schemes)

- Balance by care hours (variable):
 - 1/3, 1/3, 1/3: 3 schemes
 - 30% low, 30% medium, 40% high: 2 schemes
 - 50% low, 50% high: 1 scheme
 - 26 housing, 10 physical, 10 dementia: 1 scheme
 - 15, 30, 15, 15, 15 (levels 1-5): 1 village (90 of 270)

Home Care Before Entry and Planned After Entry

	Before entry % in last month	Planned %
Not received	52	33
>0-7 hours pw	16	20
>7-14 hours pw	11	16
>14-21 hours pw	4	7
>21 hours pw	1	5
Frequency not known	10	19
Not known	5	1

Meals Before Entry and Planned After Entry

	Before entry % in last month	Planned %
None	75	39
More than once a day	2	9
Every day/nearly	9	42
2-5 times pw	3	3
Frequency not known	5	5
Not known	6	2

Discussion

- Resident profiles differ from care homes
- Average level of dependency lower in extra care
- Very few with severe cognitive impairment
- Imbalance in levels of supply
- Refusals partly associated with dependency
- Dependency profile of all residents planned
- Dependency appears lower than balance
- Variation in definition of dependency levels

The Resident's View: Reasons for Moving to and Expectations of Extra Care

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Resident Questionnaire

- Soon after moving in
- Self-completion, assisted by local fieldworker
- Contents:
 - Decision to move
 - Experience of moving
 - Reasons for moving
 - Expectations
- Follow-up: Study of social activity [JRF]

Resident Response Rate

Schemes	Total No. ID	Respondents	
Bradford	51	36 (1)	
Brighton & Hove	36	35	
East Riding	36	13	
Enfield	52	42	
Havering	31	18	
Peterborough	41	40	
West Sussex	50	39	
Northamptonshire	244	194 (160)	
Total	541	417	77%

(Residents with no assessment data)

Decision to Move

- Mostly own decision, 17 per cent jointly involved, one-third family decision
- Only for 10 and 15 percent instigated by GP or other professional
- 71 per cent selected scheme themselves
- 87 per cent visited the scheme beforehand, as did majority of family; rarely evaluated alternatives

Experience of the Move

- Well-organised move with helpful staff; generally felt in control and not lonely
- Two-thirds experienced quite /very stressful move
 - Stressfulness associated with adverse health effect
- Those without care all live in care village:
 - Moving-in process more intensive than for small schemes

Models of (old-age) Migration

- **Push-Pull Model (Lee 1966)**
 - Negative aspects of current and attractions of new living environment

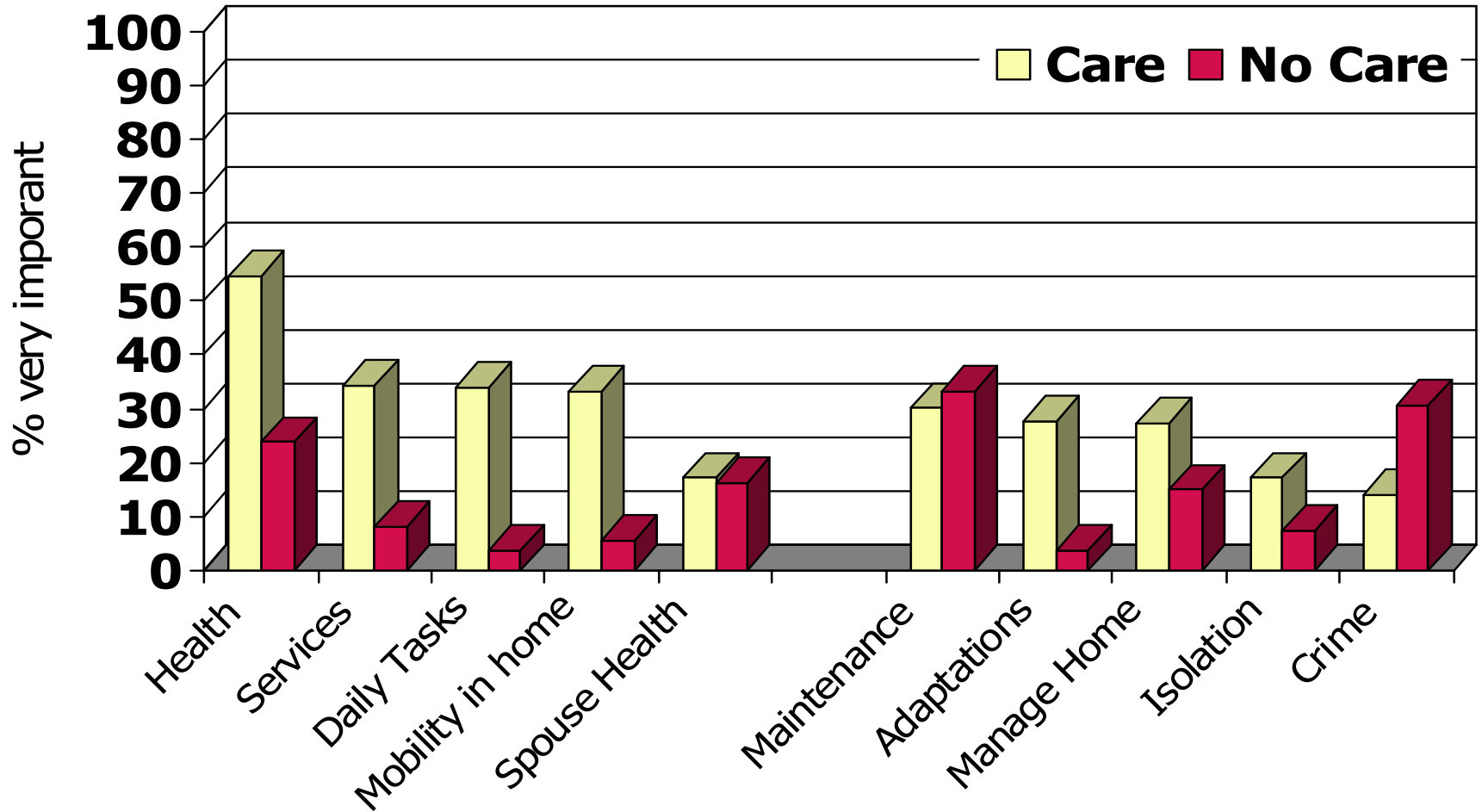
- **Litwak and Longino (1987)**
 - Stage I: healthy retirees plan ahead, facilities/ social network
 - Stage II: frailer less independent, increase proximity to family/ friends
 - Stage III: involuntary move, informal care insufficient

Push: Reasons to Move

- Most important reasons for those with care needs:
 - For 55 per cent own physical health
 - Health-related [lack of services, coping daily tasks]
 - Inappropriate housing [difficulty get around, adaptations]

- For those without:
 - Also physical health, but other health-related unimportant for two-thirds
 - Garden/ household maintenance and fear of crime

Push: Reasons to Move



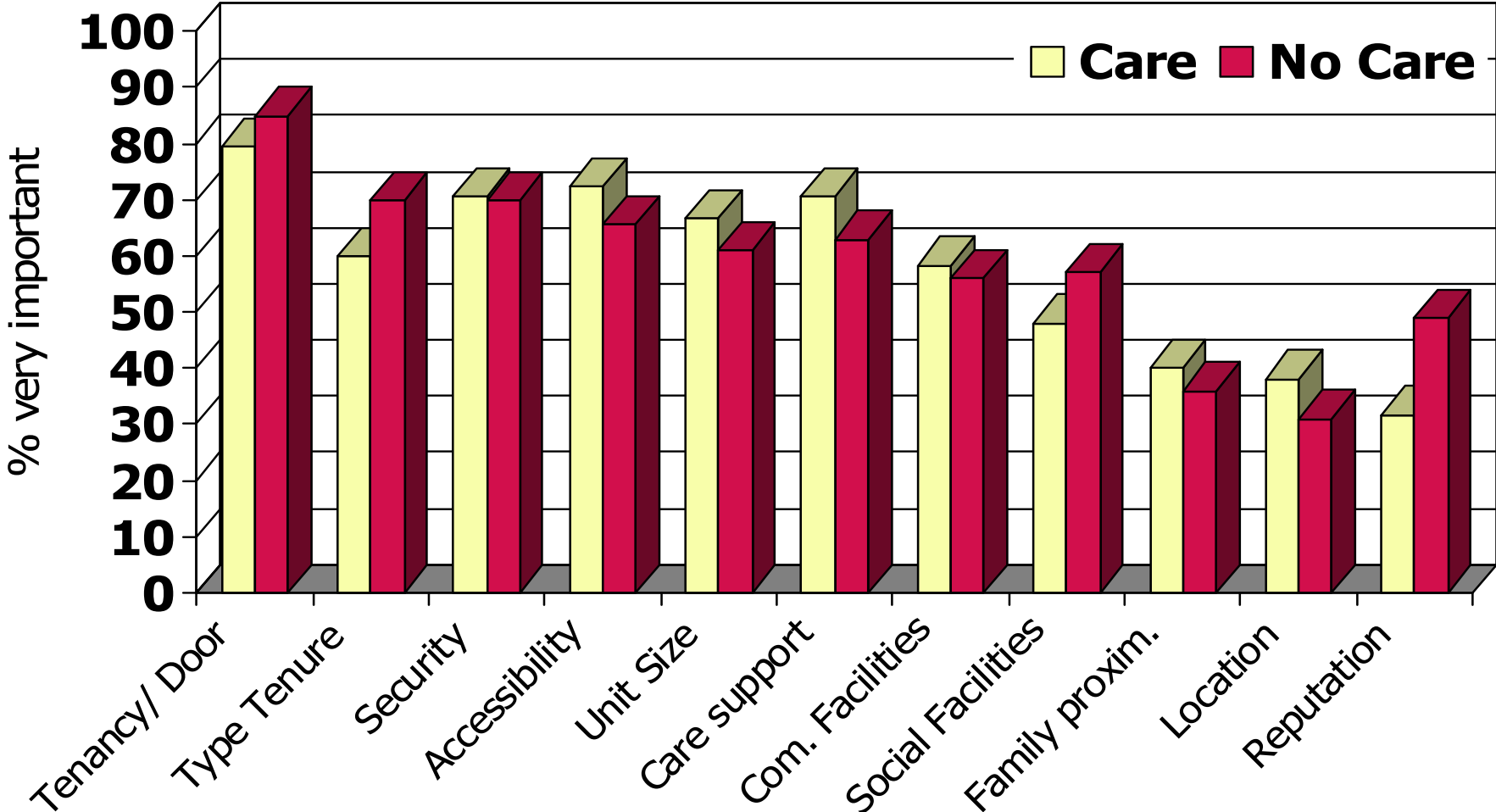
Pull: Attractions of Extra Care

- Residents attracted most by:
 - Tenancy rights and front door, accessible living arrangements, size of units, security and care support
 - Identified very important by approx. 70 per cent
- Self-contained, accessible environ. = independence
 - [Push factors: inappropriate housing]
- Care village: type of tenure attracted 91 per cent

Pull: Attractions of Extra Care (2)

- Flexible care support onsite:
 - Very important to 76 and 62 per cent [care /no care]
 - Care home alternative: not at all reason for 70 per cent
 - Overall self-perception: relatively healthy
- Anticipatory move: for pull factors, anticipate push
- Residents attracted by combination of features that makes extra care distinctive

Pull: Attractions of Extra Care



Expectations: Social Life

- 65 per cent expect no change in contact with family/ friends
 - Proximity pull factor, 45 per cent local moves
- 60 per cent expect improved social life; whereas one-third expect no change
 - Social facilities as an attraction ranked after housing and care features.
 - Independence: choice to participate or not

Expectations: Length of Stay

- High expectations about length of stay: 91 per cent expect to stay long as they wish
- Likelihood of moving to care home:
 - 30 per cent [care needs] indicated no intention to move on, whereas
 - Those without care needs 88 per cent less likely future possibility, but didn't rule it out

Conclusions

- Overall, residents positively chose to live in ECH, not an involuntary move:
 - Push factors created awareness of needs, but did not force a move [3rd stage of migration-model]
- Attractions of extra care much more important:
 - Emphasis on accommodation aspects and care support; mixed response on social facilities
 - Anticipatory move [1st or 2nd stage] = independence
- High expectations of extra care as 'home for life'

Social Well-Being in Extra Care Housing: Preliminary Findings

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Project Aims

- To identify:
 - Approaches to social activities and community involvement
 - Residents' experiences
 - Effectiveness for friendships and participation
 - Perceived social climate and well-being 12 months after opening
- Links with previous JRF-funded study (Evans and Vallely, 2007)

The Project

- 3 stages:
 1. Literature review, design of materials, consultation with residents
 2. 6 months:
 - Interviews with 2 staff members per scheme
 - Interviews with 4-6 residents per scheme
 3. 12 months:
 - Survey of all residents
 - Interviews with up to 250 residents

Progress to Date

- Stage 2: 9 schemes
- Stage 3: 6 schemes
- This presentation:
 - Preliminary findings stage 2
 - 6 schemes
 - Interviews with 33 residents and 11 staff

Approach to Social Activity Provision

- User-led approach universal
 - Scheme managers took facilitative role
 - Played out differently across schemes
- Involving residents
 - Discussions at coffee mornings
 - Support plans
 - Activities forum
- Recognition that not all will wish to socialise

Activities, Groups & Events (1)

- Mix of regular activities and one off-events
- Mixed opinions of activities
- Social activities serve social purpose and contribute to sense of community

'We have the usual things, like bingo; I never thought it would be popular, but it is... It makes money for the residents' association, as well as giving people something to do for a couple of hours'.
(Resident)

'They had a singer once... terrible. I go for the sake of the community, whether I really enjoy it or not. People singing is not... I wouldn't pay to hear them. But its community down there, we've all got to try and help it.' (Resident)

Activities, Groups & Events (2)

- Some felt there was not enough to do
 - 6 months is 'early days'
- Freedom not to take part

'...I would have thought it's the best answer to everything – you've got privacy but you've got activities that are there.' (Resident)

Facilities

- Some facilities may be important for social interaction
- Shops
- Restaurants
- Mealtimes

'I think a lot of it is down to the dining room at lunchtime, because they have to come down and eat their meal together, that's where they form their friendships – they're getting out and meeting people which is a really good thing, otherwise a lot would be in their flats all day and wouldn't meet people. Lunchtime is a really good positive part of the day.' (Scheme manager)

Links with Local Community

- Schemes as community resources
- Ways of making links:
 - Facilities, e.g. shops, restaurants, lounges
 - Activities and events
- Benefits to both residents and local community
 - In general, positive comments from residents
- Accessing local community
 - 'There is a bus, but its getting to the bus and getting on the bus.' (Resident)
- Importance of local context

Difficulties in Establishing Social Life (1)

- Health and mobility of residents
 - For significant number of residents, getting involved in set-up and running of activities difficult
 - Importance of mix of 'fit' and 'frail'

'The problem we have with extra care is that the residents are frail... We're lucky here because we have some residents from [sheltered housing scheme previously on site], who are in better health. If it wasn't for them there wouldn't be a social life.' (Scheme manager)

Difficulties in Establishing Social Life (2)

■ Care routine

'The residents' association tried a coffee morning but it didn't work; in the morning a lot of them are having care and so that's the carers' busiest time. So you can't release the care staff to go and bring them down, because when they do an activity, it takes at least half an hour to go round and get everyone.' (Scheme manager)

■ Lack of interest

■ Unwillingness to pay for activities

Factors Aiding Development of Social Life

- Residents
 - Active residents' committee
 - Interested residents
 - Existing skills and expertise
- Staff
- Set lunchtime
- Facilitative design

Barriers to Participation (1)

■ Health and mobility

- Getting to and from activities

■ Inflexible care routine

'...It would be nice to have a system where the carers have flexibility to take people downstairs for impromptu reasons, but they are tied to times. So it would be nice to have the flexibility of a nursing home but with the independence of extra care, it would be fantastic. I hate saying to people that their carers can't do something because it isn't paid for, it's so sad.' (Scheme manager)

■ Implications for evening social life

Barriers to Participation (2)

- Type of activities available
 - Providing for wide age range
 - Benefits of larger schemes?
- Being single or widowed
- Financial constraints

Developing Social Climate

- Sense of community
- Neighbourliness
- Cliques
- Mixed communities
 - Tenure
 - Dependency
- Scheme manager

Summary

- Preliminary findings only
- User-led approach
- Activities
 - Social interaction
 - Help build community
- Shops and restaurants may aid integration
- Links with local community
 - Take time to develop
 - Dependent on local context
- Barriers: Health, mobility and care routine
- Facilitators: Residents, staff, design
- Social climate: previous existence of SH scheme onsite, resident mix, scheme manager

Extra Care Housing initiative feedback day
Wellington House 29 November 2007

Summary of workshop

Design of extra care housing: developing a building evaluation tool

The EVOLVE project is developing a design evaluation tool for extra care housing. This workshop was an expert Focus Group consultation, considering what the tool should include. The questions considered were what older people need from their physical environment, and what design features work well, or should be avoided. The very wide ranging discussion has been summarised under the following headings:

1. Location
2. Design of the scheme as a whole, layout
3. Communal areas
4. External areas
5. Apartments, living units
6. Procurement, finance
7. References

Within these headings items have been categorised into the following domains where appropriate:

Universal personal requirements:

- Privacy, personalisation, ownership
- Social engagement
- Activities
- Access to nature

Support for old age:

- Accessibility, mobility
- Sensory support
- Cognitive support
- Safety, fire, security
- Comfort, heating sustainability

Management

Some requirements conflict with others, for example the need for security and free access to outside spaces. These are highlighted. Some items that were raised cross categories, and have been included under more than one heading.

1. Location

Privacy, personalisation, ownership

- Schemes located in rural areas and small villages without local amenities and transport tend to isolate people. While they are suitable for a small number of people who have lived in rural settings there can be real difficulties letting them and some have had to be decommissioned
- Wellbeing and remaining independent has been linked to having interesting attractive views from living units. (e.g. a scheme in Wandsworth which is south facing and opposite the park)
- The neighbourhood as a whole should be appropriate for older people. The recent publication Lifetime Neighbourhoods is relevant (Department for Communities and Local Government 2007)
- Providers do not always have control over site selection (see section 6 on procurement)

Social engagement

- Locations overlooking intergenerational activities such as children's play areas would be appreciated by older people. (Though there are controversial aspects to this).
- Play areas designed for people of all ages have been developed successfully in Scandinavia

Accessibility, mobility

- Minimising travel distance to local facilities or transport links is very important. If the walking distance between resident's individual accommodation and the lifts is too far they will be too exhausted to get access to the outside world or get onto local transport such as the Tesco bus to do their shopping. In larger schemes and villages distances can become excessive. Buggy parks should be located near the entrances and near people's own accommodation
- Use of buggies and scooters is widespread (95% of people who use buggies have some form of mobility as long as travel distances is minimised)
- Many residents may not be able to use public transport which is not low floor and wheelchair accessible

2. Design of the scheme as a whole, layout

Privacy, personalisation, ownership

- Progressive privacy is a key concept in the planning of communal space. If the scheme is to be used by the wider community they should not be able to access the private living accommodation. Lifts should be sited to avoid giving access to private living accommodation from the communal areas
- Residents should be able to have easy access to outside space.
- It is desirable that they should have a feeling of ownership of the outside areas (e.g. individual Juliet balconies, patios)
- Outside landscaped areas need to be accessible directly from apartments rather than via corridors if they are going to be used. These areas also need to be completely secure. There is often a conflict between providing easy access to outside space and security; residents may not want patio doors opening onto gardens because of fear of crime
- The aim should be to avoid an institutional feeling. Size is a factor in this; schemes of over 70 units (apart from villages) tend to seem institutional; it is better to split schemes of this size into 2
- Good interior design is important. The cost of employing a professional interior designer is small compared with the total project cost (typically £5000 in a £5 million scheme). Light fresh and bright colour schemes are more welcoming. PRP architects schemes and Penoyre and Prasad Colliers Gardens scheme at Bristol are examples of well designed interiors. Contemporary design with the feeling of city centre apartment living is seen as more appropriate than a traditional decor.
- The challenge is to design appropriately for a wide range of people, from people in their 60s who want 'fashionable attractive' interiors to people with special needs (e.g. dementia, visual impairment)

Accessibility, mobility

- The provision and siting of lifts is very important. E.g. two lifts in the same lift cluster for a 270 unit scheme are seen as inadequate. The travel distance from the apartments to the lift forces people to use scooters who may not otherwise need them and the lift capacity is reduced to accommodate the scooters. Also if one or both lifts are unavailable because they are being used to transport a patient to hospital, or being serviced, residents are not able to access the common areas and get down for meals etc.
- Lift provision should be based on a formula that includes maximum number of units per lift (30 units maximum was suggested) and a maximum travel distance from individual living units and a buggy store by each lift so people can park and go straight up in the lift to their accommodation. The situation of buggy storage areas needs to take account of their relationship to the lifts, access to the outside areas and travel distances to living units. Placing lifts near entrances with adjacent buggy stores is a good option. Some schemes provide buggy stores within the living units, but this is not always liked by residents. The preferred option is to provide communal buggy parks.
- The location of buggy charging needs consideration. Where buggies are charged in corridors the corridors can become cluttered, and may not be acceptable on the fire escape route.

Cognitive support

- Colour schemes appropriate for people with dementia should be used

Safety, fire, security

- Security is a very important issue for older people, fear of crime is widespread
- Using the design guidance in Secured by Design is recommended (ACPO 2004)

- People will not sit out in the gardens unless they perceive them to be secure. In one case service users did not want French doors from the living units to the outside on the ground floor because they were seen as a security risk. (Note this conflicts with requirements for easy free access to the outside)
- A good solution is to enclose the gardens and put them on the same fob system as the main entrance and key pad system so people can only access their gardens either through their own apartments or externally by the fob system
- However use of swipe card and fob systems can be easily bypassed by visitors asking someone going in to let them in at the same time. Reception desks are only manned from 9-5, and often by volunteers rather than security personnel. Provision of 24 hour manned security has proved too expensive on a village scheme
- There are widespread misconceptions about levels of security provided by schemes. Residents and their relatives may wrongly assume that the availability of 24 hour care extends to the availability of 24 hour security cover. Managing expectations is important in marketing the concept of extra care housing.
- Night cover does not necessarily imply there is someone awake on the premises. This raises issues about the definition of extra care, which is very loose. The DoH suggests that to qualify as extra care schemes should provide 24 hour waking cover.
- Design of sleepover rooms and provision of night cover needs to be considered
- Residents prefer a physical presence to a technological solution for night cover
- A converse security problem occurs in a situation when a scheme is perceived by residents as very secure so they don't lock their front doors.

Comfort, sustainability, heating

- Sustainability is important for older people. In consultation they emphasise the importance of energy efficiency, high standards of insulation etc. Many residents are on the benefit threshold and are interested in keeping their heating costs low.
- Central heating systems with heating and hot water included in the service charge are preferred. Although this gives less independence it means resident's outgoings are more predictable and they do not have to deal with fluctuating costs
- Residents are interested in recycling and provision of recycling facilities such as bottle banks and paper collection. It is better to provide these initially; it is hard to introduce them retrospectively

3. Communal space

Privacy, personalisation, ownership

- Residents will take ownership of communal space. Activities need to be planned into the scheme from the beginning; it is difficult to introduce new services, or day centres retrospectively because of the democratic process (even when these are beneficial to residents)
- Progressive privacy is a key concept in the planning of communal space. If the scheme is to be used by the wide community they should not be able to access the private living accommodation. Lifts should be sited to avoid giving access to private living accommodation from the communal areas

Social engagement

- Open plan communal areas seem to work better than enclosed rooms. IT suites sited off the main thoroughfares are liked because they give people opportunities to socialise.
- However it is important that areas have clearly defined functions; for example small sitting areas placed around circulation routes do not seem to get used, possibly because people feel they have no reason to sit there.
- Rooms that are shut off (e.g. libraries) tend to be less well used than open plan areas.
- People seem to prefer being in spaces on thoroughfares. It is suggested that they sit there because 'that's the only way they get to talk to other people'
- While it is useful to designate a use for some of the smaller open plan areas it is also sensible not to over-designate space use to allow for change and flexibility. There is a lot of experience of spaces in existing schemes changing function. (This conflicts with the earlier item about residents resisting change in scheme activities)
- Intergenerational facilities allow people to interact socially. IT suites can be used by younger family members

- Restaurant areas will need to cater for large numbers on special occasions (e.g. a 40 place scheme had 60 places already booked for Christmas dinner in November, with one resident of very limited mobility inviting 10 members of her family)
- Restaurants need to cater for children; high chairs should be provided

Activities

- IT suites are liked, though preferably not in separate rooms (see above)
- Assisted bathrooms and hairdressing rooms are tending to be integrated into Health Spa style wellbeing suites in line with high budget private sector schemes and are seen as less institutional.
- Gyms are sometimes included in the communal areas but rarely used. ('some of the schemes I've seen they put gyms in and when you go back 6 months later you can wipe the dust off the equipment')
- Laundries are often provided with external drying areas that are not used. Residents say they would like external drying areas. Provision of drying areas contributes the BREEAM energy saving rating. In practice they are seldom used because they are sited without regard to privacy (for hanging out personal washing), security and travel distance from apartments. This means that all clothes have to be tumble dried.

Sensory support

- Residents with hearing loss have problems with the acoustics of atria

Comfort, heating

- Atrium spaces can overheat in summer

Management

- There is less certainty about the design of communal space than individual living units. The perception is that practice is evolving and changing
- Getting the balance between designated and undesignated areas in the communal space is not easy. There needs to be a degree of flexibility, as uses of space often change over time

4. External areas

Privacy, personalisation, ownership

- There is a strong view that residents do not take ownership of the outside areas, and that the design of external space does not encourage people to go out. This may be because access to the outside space is not directly linked to the living units, or that people do not feel secure sitting outside.
- Residents in consultation express a preference for productive gardens. Gardens are important to residents. Gardens should be functional as well as providing sitting space. There is a desire for gardens to grow produce for the kitchens with fruit trees and vegetable plots, and a variety of different areas (e.g. 4 quadrants with 4 different uses) and transitional indoor/outdoor spaces.
- The outside and garden areas should be visually accessible from the living spaces.
- The inside and outside spaces should be designed together around a series of daily activities so there is a seamless integration between indoors and outdoors. This approach is described in Garuth Chalfont's book (Chalfont 2007). Activities can include hanging out washing, feeding bird at bird tables, talking over the hedge
- Greenhouses are liked, but should be available for people to grow things themselves rather than simply a display of pot plants
- There is a need for people to feel ownership of the outside space to feel they can 'potter about' in it.
- It is helpful, particularly for people with dementia to have clearly defined 'named' areas such as kitchen garden, back yard.
- Transitional inside/outside spaces are liked, for example deck areas, roof gardens, terraces similar to outside cafés that can be used for barbecues etc.

Accessibility, mobility

- Car parking in some schemes is felt to be very inadequate, though this depends on the age profile of scheme residents. Car parking spaces are needed for care workers (it is their place of work), visiting families and friends and resident's own cars. Schemes with parking problems have to operate on the basis that people cooperate and if necessary block each other in.

- In schemes with older residents the car parking is less of a problem. E.g. in a scheme where the average age is 87 only one resident has a car
- Disabled parking spaces need to be sited very near to people's own living accommodation

Management

- Garden maintenance needs to be considered, e.g. by using of local enterprise volunteers to help residents

5. Apartments, living units

A standard model for the design of individual apartments is widely used. It seems to work well, though there is a feeling that space standards are increasing

Privacy, personalisation, ownership

- Flexibility is very welcome. For example the JRF village at Hartrigg Oaks has bungalows with a loft space. It was not assumed that the loft spaces would be used but they have been widely converted for various purposes, e.g. a studio, computer room, library, space for camp beds for the grandchildren.
- Storage space is not adequate in many existing schemes

Accessibility and mobility

- Kitchens installed in some schemes are causing problems because the shelves are mounted too high and too low to be accessed by older people. Many older people (especially older women) are quite short. Their restricted reach (between approx 600mm-1.2 m above floor level) means that only one shelf and work area is accessible; standard kitchens are not appropriate
- Worktop height needs to be appropriate for older people. One example was given of a scheme where all the worktops had to be replaced because they were too high
- Flush floor shower rooms are widely used. Initial concerns have been that this would limit choice but this has not been a problem in practice. (Baths have often had to be replaced in older schemes)

Safety

- Electric hobs are not considered safe for use by older people because of the risk of scalding or falling or accidentally leaving a pan on.
- Induction hobs can be used but it was discovered by a relative that certain types of induction hobs are not compatible with pacemakers. (In this case a policy has been agreed that if anyone moves into the scheme who has a pacemaker the contractor will replace the induction hob)
- Two fires that have burnt out kitchens have occurred in one scheme caused by pans being left on hobs

Cognitive support

- It may be appropriate to replace solid kitchen cupboard doors with glass fronted ones for people with dementia so they can see what is inside. These have been used successfully in the University of Stirling Dementia Services Development Centre.

Comfort, heating

- Ventilation can be a problem where kitchens back onto corridors and have no opening windows. Cooking smells (e.g. curry) can linger for a long time

Cost

- Space standards are tending to increase. 55m²-64m² has been currently recommended. East Sussex is now providing 71m² minimum

6. Procurement

Procurement, planning

- Providers may not have a lot of control over site selection. Land availability is restricted, especially in the South East, so providers may be forced to compromise over location. Section 106 agreements are often used by planners to ensure developers provide some affordable housing, e.g. a development of 300 properties may have a section 106 agreement to provide 30% affordable housing. Extra care housing is attractive to developers because car parking provision requirements are less onerous than general needs housing.

- Schemes are often developed in partnerships between different agencies on the sites that are available so providers may have little control over location. However it is important to ensure that demand is sustainable.
- The schemes tend to be large so available sites are not abundant
- Extra care housing is high density development, and is perceived to generate less traffic and car usage. This can be an advantage in gaining planning permission and highways approval
- The aim should be to avoid an institutional feeling. Size is a factor in this; schemes of over 70 units (apart from villages) tend to seem institutional; it is better to split schemes of this size into 2
- An adapted form of Design and Build is seen as an appropriate procurement method. Providers sit down with architects, contractors and service user's representative in a design team. The contribution of service users at the design stage is seen as very important.
- Differences in the interpretation of regulations and guidance are experienced (e.g. from Fire Officers, and Housing Benefit Departments)
- The needs of BME groups need to be considered as they are not widely currently represented in sheltered housing, but are increasing proportionally in the population.

Cost

- Communal facilities take up about 40% of the footprint of extra care schemes and have a big impact on overall cost. Communal spaces with only one use should be limited to maximise cost effectiveness.
- The size of units is tending to increase. Formally apartment sizes ranged from 35m²-55m². Current recommendations are for 55m²- 64m². Some providers (e.g. East Sussex) now work to 71m² as a minimum
- It would be useful to have a cost benefit analysis to help identify what items are most beneficial for quality of life
- CLG are currently doing a study on funding models. There are 3 funding models, PFI, DoH schemes and Housing Corporation. Broadly PFI costs tend to be 3x as high as DoH costs and twice as high as Housing Corporation costs for very similar types of accommodation. Legal fees in PFI costs are known to be high, but there is still a discrepancy that is not accounted for.
- A mini cost model has been developed by Davis Langdon, Hanover's cost advisors. The model first appeared in an article in Building Magazine in November (Wilkes 2007)

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