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Social Well-Being in Extra Care Housing: Emerging Themes

Interim Report for the Joseph Rowntree Foundation

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Acknowledgements

Introduction

Housing and care for older people are rapidly developing areas of Government policy. A new concordat, Putting People First, proposes radical transformation of care services over the next three years on the principles of: the provision of good quality information, advice and advocacy; the development of services which provide help at an early stage and the provision of services which are personalised to each individual (Department of Health, 2007). Alongside this the Government's new National Strategy for Housing in an Ageing Society covers the full range of housing in which older people live, including housing with care settings such as extra care housing (Department for Communities and Local Government, 2008). Extra care housing, also known as very sheltered housing, is a model of housing–with–care that aims to meet the housing, care and support needs of older people, while helping them to maintain independence within their own private accommodation[1]. While there is no exact definition, extra care housing encompasses key government policies of promoting independence (accommodation is self-contained, with one's own front door), control (residents have tenancy rights) and person-centred care (flexible domiciliary care packages can be provided and couples can be accommodated together). Communal and social facilities are often provided, with the aim of addressing social isolation and building community in the scheme.

These policies of encouraging independence, personalisation and social inclusion are part of the wider well-being agenda, which is reflected in a number of policy initiatives over recent years[2].

Opportunity Age (Cm 6466i, 2005), the government's strategy for ageing, has the overall aim of ensuring older people are able to be full participants in society, and lead an active, healthy and fulfilling life. The strategy highlights some key areas of concern, including enabling older people to play a full and active role in society, with an adequate income and decent housing; ensuring that independence and control continue into old age, even if health problems are encountered; and promoting active ageing within the context of the wider community.

In addition, the National Service Framework (NSF) standards include the key objectives of promoting good mental health (Standard 7), and a healthy and active older age (Standard 8), and promoting person-centred care (Standard 2). The report *A New*

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[1] The Elderly Accommodation Counsel recently launched a 'Quality of Information Mark', a kitemark designed to encourage and help housing providers to deliver better and more consistent information about this type of accommodation.

[2] For a fuller discussion of the policy background to this area, see Evans and Vallelly (2007a).

Ambition for Old Age (Department of Health, 2006) sets out the plan for the second phase of the government's 10-year NSF for Older People, with the focus on three themes: dignity in care, joined-up care and healthy ageing. Regarding the latter, the report states that the government 'will provide extra support for socially excluded groups, including those with mobility problems, sensory or cognitive impairments, who are socially isolated, living in poverty or with specific needs arising from race or culture, so that these groups also have the opportunity to enjoy active ageing' (Department of Health, 2006, p. 15).

The initial report from the UK Inquiry into Mental Health and Well-Being in Later Life (Lee, 2006) drew together evidence from a range of sources including older people and their carers to discover what helps to promote good mental health and well-being in later life. Five areas of crucial importance to well-being were identified: lack of discrimination, participating in meaningful activity, supportive relationships, good physical health, and income. In the final report from the Inquiry (Lee, 2007), the focus is on prevention in the area of mental health, with social isolation cited as a common risk factor; additionally older people again mentioned participation and relationships as important to their well-being.

Well-being is also the focus of the final report from the Social Exclusion Unit, *A Sure Start to Later Life* (Office of the Deputy Prime Minister, 2006). This policy initiative aimed to use the Sure Start approach to children's services to reduce social exclusion for older people, through the provision of a 'single accessible gateway' to a wide range of services across a variety of areas including housing, transport, social care, social activities and health, with early intervention being key. The report emphasises a number of issues relevant to the current project. The importance of ensuring that older people are treated with dignity and respect when accessing health and care services is emphasized, reflecting the wider policy emphasis on dignity. Reference is made to the fact that central to the well-being of older people is the ability to continue to have opportunities for meaningful relationships, leisure, learning and volunteering and so address social isolation. The home is recognised as crucial in maintaining independence and quality of life, as is the availability of flexible, accessible local transport. The Link-Age Plus project, which began in Spring 2006, is piloting the Sure Start approach with older people in eight local areas, while other programmes such as Partnerships for Older People Projects are also adopting the model.

An important consequence of moving into a care setting is that older people's levels of activity and social well-being are particularly reliant on that community; as people

become older (and frailer), their lives become gradually more affected, and even defined, by their immediate physical and social environments (Godfrey et al., 2004). Thus a move into extra-care housing provides both challenges and opportunities for improvements in people's social well-being.

The Personal Social Services Research Unit (PSSRU) is currently undertaking an evaluation of the first round of the Department of Health's Extra Care Housing Funding Initiative (2004-2006), evaluating 19 of the 22 new build schemes that received support from the fund opening between 2006 and 2008.[3] Table 1 (Appendix C) lists the schemes' opening dates, sizes and tenure.

The main aim of the evaluation is to examine the development of schemes from their implementation and to track residents' experiences and health over time. The schemes being evaluated have put forward a variety of proposals for addressing activity and community participation including user-led approaches and the provision of facilities such as gyms. This presented a unique opportunity to investigate the development of the social life of these schemes and the impact of the move into extra-care housing on individual's social well-being.

The first stages of schemes' development can be critical in the types of communities that develop. Aspects of physical design, location and scheme running and management will have a profound influence on the social climate, friendships and activities of their residents. While there is some information about activity and formation of friendships among disabled older people in a care home setting, there is little in the field of housing and care. The present study should address this problem, and help inform those commissioning and designing these schemes about what residents want to see in place and what is most effective in facilitating social participation, activity and well-being.

This interim report describes progress to date on the project. The aims and methodology are outlined briefly first, followed by a description of the literature review. Some themes emerging from the initial stages of the project are then discussed. The 'Emerging Findings' section of this report is also presented in Darton et al. (2008), the initial report from the PSSRU's wider evaluation. A summary of this report can be found in Appendix A.

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[3] The 22 schemes were expected to open over a period of 18 months, from April 2006 to October 2007. Inevitably with such large-scale projects however, some schemes have experienced delays in opening. This coupled with the requirements of the research timetable mean that it will only be possible to include the 19 schemes expected to open by summer 2008.

Research Aims

The project is focusing on the first year after each scheme opens, when new communities are being formed. It aims to identify:

- How the variety of approaches to developing social activities and community involvement are implemented in practice
- Residents' expectations and experiences of these approaches
- The relative effectiveness of different approaches in terms of friendship formation and activity participation among individual residents
- The variation in social climate and individual well-being twelve months after opening.

Method

The project is being conducted in the 19 schemes that form the basis for the main evaluation[4]. The main evaluation collects two main sets of information about individuals moving into the schemes. First, information on demographic characteristics and care needs is collected on admission, and then six months and 18 months later. Second, new residents are asked to complete a questionnaire about their experiences of moving into the scheme and their expectations of extra care, with assistance as necessary[5].

There are three stages to the social well being project (described below) which runs from May 2006 to May 2009. Due to schemes' opening dates spanning at least two years, necessarily these stages overlap. Stage one is complete. To date (January 2008), ten schemes have reached stage two, and seven schemes have reached stage three. The precise timing of activities is dependent on when schemes open in practice.

Stage 1

The first stage of the project encompassed a literature review, design of initial research materials, and consultation with residents.

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[4] It may be that as the project progresses, more schemes fall outside of the timeframe, although we do not expect the total to reach less than 15.

[5] Local fieldworkers have been recruited to liaise with each scheme, and to assist with data collection, including helping residents complete questionnaires where needed. All local fieldworkers receive training by the PSSRU, and have full CRB checks.

Stage 2

Six months after each scheme has opened, four residents and two members of staff are interviewed in each scheme using semi-structured, exploratory interviews. The aim is to select people reflecting a range of perspectives. There is a considerable range within schemes in the degree to which residents participate so selection of residents is carried out in liaison with the local fieldworker and scheme manager in each scheme, to ensure that we capture the views of individuals who participate on a regular basis, individuals who participate sometimes, and individuals who participate rarely. For each scheme, we also interview the scheme manager and another member of staff best placed to reflect on the activities in the scheme.

The interviews with both staff and residents aim to identify facilitators and barriers to participation (including both social and design factors) and the aspects of schemes that are seen as particularly successful, and thus start to build up a picture of the social life at each scheme.

To supplement the information gathered in stage two, once the interviews have taken place, our local fieldworker in each scheme is asked to record any new activities or groups that are started, along with any changes to those existing activities or groups (such as significant changes in attendance, or changes in organisation of the activity).

Stage 3

Twelve months after opening, all residents who have agreed to be part of the overall evaluation are given a self-completion questionnaire which includes questions about the social life at the scheme, levels of participation and barriers to taking part, contact with friends and family as well as self-perceived health, feelings of control and self-rated quality of life. The local fieldworker in each scheme is available to offer support in completing this questionnaire. Where the individual resident has cognitive impairment, relatives will have been asked if they would like to act as proxies and where they have agreed they will be sent an alternative version of the questionnaire.

Some information is best collected through face-to-face interview, so following the survey, interviews will be conducted with a sample of residents; the aim being to interview up to 10 residents in each of the smaller schemes, and 30 in the larger village-style schemes. The interview includes questions on the schemes' social life, design and facilities available, links with the local community and social climate of the scheme. It

also covers individuals' well-being, relationships, and social support. For examples of the survey and interview schedules, see Appendix B.

Overview of the Literature

The first activity on the project was to carry out a literature review, with the following aims:

- To identify how social well-being has been defined in the literature
- To identify what factors affect social well-being
- To identify how social well-being could be measured in the present study.

A recent literature review by Evans and Vallelly (2007b) explores the literature in greater depth, identifying best practice for promoting social well-being in extra care housing.

The literature review for this study covered a number of themes. First, the literature on well-being and quality of life in later life was reviewed, and the definition of social well-being investigated. Social well-being is the area of overall well-being involving social relationships, social participation, social networks, and social support. Feelings of having a 'social role' or identity also play a part in this aspect of well-being. For the older people taking part in this project, social well-being is likely to be crucially influenced by moving to a housing–with–care setting. Therefore, we focused on the effect of environmental characteristics (e.g. design, the philosophy of care) as well as both concrete and perceptual social factors (e.g. activity participation, social support, feelings of loneliness) on well-being.

In terms of environmental characteristics, we reviewed the literature in the areas of physical design, approach taken to activity provision within the housing/care setting, links with the local community, and staffing and care. The literature on social factors included friendships and social support, loneliness and isolation, social activity and participation, and social climate. A summary of the literature has been written up as a separate document (Callaghan, 2008).

The findings influenced the design of the study in a variety of ways, for example:

- Control over the environment emerged as an important aspect in design, so objective control over immediate environment and daily life was reflected in our instruments in addition to perceived control.
- Links with the local community emerged as an important theme and are explored at scheme level at six months and at the individual level at 12 months in terms of perceived involvement and potential barriers. Focus is on the community coming in to the scheme, as well as on residents going out of the scheme.
- Type, frequency and amount of social activity engaged in are measured in the 12 month survey. To supplement this, the interview at 12 months investigates the perceived enjoyment and benefits of activity (e.g. friendship, mental stimulation), as the literature indicated that it is not always activities per se that are important to well-being but features associated with those activities.
- The importance of social support to well-being in older age and the influence of this on social participation, social networks and perceived social support were identified as key and are measured at 12 months. The presence or otherwise of a confidante is also established, drawing on indications in the literature that emotionally supportive relationships are particularly important.

Emerging Findings

This section reports on preliminary work on the project, describing initial findings for six of the schemes that opened in 2006: Brighton and Hove, East Riding, Havering, Northamptonshire, Peterborough, West Sussex (Horsham DC). The section describes the early development of social life across the schemes, and highlight some emerging themes; more in-depth discussion and analysis will take place in later reports. It should be emphasised that the findings presented here are from the initial, exploratory stage of the work, and from only a small sample of schemes. These schemes are among the first funded by the Department of Health and, at the time of data collection, had only been open for six months. Inevitably, social activities and relationships need time to develop.

Across the six schemes, interviews were conducted with 33 residents and 11 members of staff. Of the residents, 20 were female, and six of the interviews were carried out with married couples. In each scheme, interviews were held with the manager and another member of staff who was involved in some way in the social life of the scheme. These staff members included an additional manager, a community participation officer, two senior care workers, and an activities coordinator. Of the staff members, eight were female.

Approach to Social Activity

In the bids to the Department of Health there were a variety of approaches to social activity and it had been planned that, in the early stages of the project, schemes would be classified in terms of the approach to social activity that they had adopted. It seemed from the bids that some would be user-led, some would be fitness-led, some would emphasise the links with the local community, and some would take no particular approach. To date however, these differences do not seem clear cut, and so schemes have not been classified in this way.

All of the scheme managers that were spoken to cited resident involvement as key to their approach to social activity, and most used the term 'user-led'. Scheme managers seemed to take on a facilitative role. The following quotes from managers of three of the schemes illustrate these points:

> 'We're trying to more and more encourage resident-led entertainment and activities.'
> (Scheme manager 07[6])

> 'We would like the residents to organise and manage their own social life. That's the main aim; it promotes their independence, and they get what they want.'
> (Scheme manager 04)

> 'Even though organising social activities is part of my role, the whole idea is for them to be involved. That's what it's all about, it is their scheme, whatever they want goes – with the help and support of the staff here.'
> (Scheme manager 05)

One noticeable difference, however, is the approach taken by the village-style scheme. Although the scheme takes a user-led approach to activities, the scheme manager also mentioned 'active ageing' as a guiding principle:

> 'What we're trying to achieve is that everybody has the opportunity of reaching their goals, but also having an active older life, because it's demonstrated that if

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[6] Scheme manager ID numbers *do not* correspond to the order in which schemes were listed above.

they maintain an active older life individuals maintain a better quality of life for longer.'

(Scheme manager 07)

In practice, the user-led approach is played out differently across the schemes. Three of the six schemes had some form of residents' committee whose roles seem to range from organising and running activities themselves, to being consulted on ideas presented by staff:

'The residents' association, because they are active and interested, is organising and running certain activities – bingo, coffee morning once a fortnight, the games afternoon. By and large, I leave that up to them.'

(Scheme manager 01)

'I don't put anything on without consultation with them. We have a fortnightly meeting with the residents' committee, and ideas that I have are put to them, and then it's arranged.'

(Scheme manager 05)

The extent of involvement of the scheme managers in residents' social life varied between schemes. In one scheme, the two managers describe themselves as taking a 'hands-off' approach, as required by their employer, the Registered Social Landlord:

'We facilitate and help people if they need advice on starting up any social activities but we don't have as much input as scheme managers might have done in the past. … We don't get involved in many of the social activities at all but we did help them start up a social committee.'

(Scheme manager 02)

'Our philosophy is to leave it tenant led. In the old days, with wardens, part of their role was to do the social life, but with all the other demands and work now, you cannot do that. So, the management position: you manage the building, and let them get on with it, and just give them help and advice.'

(Scheme manager 03)

In fact, it was felt by one of the managers that this was not the best approach to social activities, and that they should be able to get more involved in the social life if residents

were not able to run the social life themselves, which may be the case as residents become frailer:

> '… we should have a say … because they need a social life don't they, they need to have something. If they're not able to do it, I think it should be down to us.'
> (Scheme manager 02)

In other schemes, the manager appeared to take a more active role in residents' social lives, for example, by providing some events themselves (one manager was a qualified keep-fit instructor, and planned to run a class), or by using existing contacts from previous posts (for example as warden in a sheltered housing complex) to put on events and activities. The first quote below from one scheme manager suggests that, at a wider organisational level, managers are expected to play a larger role; the latter quote reflects this from the point of view of a resident in that scheme:

> 'Each individual scheme is left to the scheme manager to decide how they want to do the social life, and to ask the residents what they want.'
> (Scheme manager 05)

> Interviewer: 'How did the activities here start? Was it the residents or staff who decided what to do?'
> 'Theoretically I suppose, it's us, but in fact [scheme manager] knows so many people, she knows the ropes, and she's the one in actual fact who the thing revolves round. It's not the carers, they have nothing to do with it, and the residents generally speaking don't – there is a committee, about five of us on it and [scheme manager] sits on that as well.'
> (Resident 16, male)

Of the three schemes without a residents' committee, one hoped, in time, to resurrect an old 'residents' user group' which was set up for tenants of the sheltered housing previously on the site. Another did set up a residents' committee soon after opening, but this was unsuccessful:

> 'What we are encouraged to do is to get them to start a tenants' association. … But it's not worked here. We did start it, it lasted about three weeks. It was just too much for the people. This is too big a building, and we've got people of varying needs, and it was worrying them.'
> (Scheme manager 06)

There was some suggestion that the third scheme without a specific residents' committee did not have one out of principle; according to one resident, the Registered Social Landlord felt that it might encourage a 'them and us' attitude to develop between residents and staff. This did not appear to have an effect on the scheme's user-led approach to activities however, as there seemed to be significant resident involvement. It is also worth noting that this scheme did hold regular meetings at which residents were given the opportunity to air their views.

Other ways in which schemes have ensured residents' involvement in their scheme's social life include asking them at coffee mornings or other social gatherings what they would like to do, asking them to indicate their preferences on a form, discussing social activities with them as part of their support plan, and in one scheme holding an 'activities forum':

> 'Residents are asked about social life when a support plan is done with them. One of the questions is "is there anything you would like to see happening here that isn't", and "would you like to be a part of running [activities]"'.
> (Scheme manager 05)

> 'Yesterday for example, we had an activities forum on what new things they'd like to see or what other elements they'd like to see being brought into [the scheme], or outside of [the scheme] as well'.
> (Scheme manager 07)

These other methods are important, as not all residents will join residents' committees. Often, it is the less frail residents who are on the committee:

> 'Younger residents… are keen to get involved in residents' association. It gives them something to plan and develop.'
> (Scheme manager 01)

> 'Because of the banking that's involved, and the more physical side of things, it has to be people who are more mobile and able bodied. There is a committee, but the three main people obviously are very able.'
> (Scheme manager 02)

Alongside their general approach to social activity, there is also evidence that scheme managers recognise the importance of not having too full a social calendar, and also that some residents will prefer not to socialise.

> 'Also, it is important to have some time when there aren't activities running and people don't feel pressured to do something. I'm not concerned if there's not something happening all the time.'
> (Scheme manager 01)

> 'Some people are quite happy to live independently and be left on their own.
> I sometimes think there's a bit … of a nanny state – "you need to get them involved". Why? If they don't want to get involved they don't have to. It's up to them, and it should be.'
> (Scheme manager 06)

Activities, Groups and Events in Place at Six Months

The range and extent of activities that the six schemes had in place or planned at six months is shown in table 2, Appendix C. The most common activities were bingo, coffee mornings or afternoon teas, exercise classes, and religious services or groups. Across the schemes, other activities included gardening, arts and crafts, knitting circles, musical groups, IT classes, and games. There were mixed opinions of the activities in place, as demonstrated in the following quotes:

> 'We go to bingo, we love bingo. We like going down to tea and biscuits with all of them – that's Tuesday. They have a singer, one of the residents sings. Thursday they have a general get together with music. It's good.'
> (Resident 21, female)

> 'I mean, sing-alongs and all that – it's quite nice, it gets everybody together – but they don't update the things. I mean, all the music we knew is 50s and 60s.'
> (Resident 23, female)

However, even when activities were not to a resident's taste, there was recognition that they could still serve a social purpose, as indicated in these quotes from residents of two schemes:

> '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 02, male)

> '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 it's community down there, we've all got to try and help it.'
> (Resident 16, male)

> 'The other entertainers tend to be singers – not exactly my cup of tea, but I go down to it. Giving the committee some support.'
> (Resident 19, male)

Furthermore, there were some examples of residents attending activities that they were unable to fully take part in simply so that they could enjoy the social interaction. This was particularly evident in one scheme, where residents attended armchair aerobics for the enjoyment of the music and the company.

On the other hand, there was also a feeling amongst residents that if you did not enjoy a particular social activity that was going on, or would just prefer to be alone, you had that choice, as these quotes from residents in two of the schemes illustrate:

> 'You can do what you like, you can stay in your flat, or you can go down in the lounge and talk to the others. Sometimes you feel you want to be quiet, and be on your own. I'm not unsociable, but I do like to be on your own sometimes.'
> (Resident 18, female)

> '… I would have thought it's the best answer to everything – you've got privacy but you've got activities that are there.'
> (Resident 14, female)

In terms of occasional activities and events, all schemes either had or planned to have seasonal events and other one-off entertainments (see table 2, Appendix C). Two of the schemes had already attempted an outing, while the other four planned to do this in future. Outings were often mentioned as being something that residents would like to see developed.

Alongside such one-off events, most schemes had a number of regular (weekly or fortnightly activities) as illustrated in this example:

> 'There are activities going on four days a week now. Monday is bingo, they love bingo. Tuesday is Karaoke; they all come down and have a cup of tea. Thursday is just a get-together with music, Friday is bingo again – bingo is very popular. So I think, considering we're quite new, that's not bad.'
> (Scheme manager 06)

One scheme, however, had a slightly different approach in that there were not many regular activities, but instead a variety of one-off events. The manager felt that this was a particularly positive aspect of the social life at the scheme:

> Interviewer: 'Has anything been particularly helpful in setting up activities?'
> 'The variety … not having the same thing going on.'
> (Scheme manager 05)

This manager also recognised that you do not necessarily need an organised programme of activities to encourage social interaction:

> 'You don't need to necessarily organise something, sometimes you can just sit as a group … what I did one afternoon was sit with the residents – there was a group of them, 20-25 – and over a cup of tea we went round and everyone said what their job had been when they were younger, so that people learnt a little bit about each other. You can build up from something like that.'
> (Scheme manager 05)

> 'As well as the organised afternoon teas, sometimes the chef bakes them a batch of scones, or leaves a cake out, which she will tell me about, so then I will say at lunchtime "if you want to come down at half four there will be homemade scones and a cup of tea"'.
> (Scheme manager 05)

Although schemes did appear to have a range of activities available, there were a number of residents across the schemes who felt that there was not enough going on. However, there was also recognition that six months was 'early days', and that it can take time for activities to be set up and a social life to get started, as can be seen in the quotes below:

'They're waiting to get a social club together; I'm one of many on the committee. Apparently we're waiting for clearance to get [funds]. I imagine once that's settled, they'll be able to do more.'
(Resident 08, female)

'It takes time – I understand from another manager in another scheme that it took them nearly a year to get everything running. It's sensible, we don't want to do things that fail, we want to do things that work.'
(Resident 14, female)

Facilities Available at Six Months

The range of facilities schemes had available at six months is shown in table 3, Appendix C. An important question for this project is whether particular facilities serve as meeting places for residents and help to foster social interaction and friendship development. Certain facilities are emerging as being important in this respect. Shops can provide an opportunity to meet other residents, as the following quote from one staff member illustrates:

'The shop has been a catalyst to getting people integrating well together.'
(Staff member 02)

In this particular scheme, residents organised and ran the shop themselves, and one female resident involved in this seemed to particularly value the social interaction centred on the shop, as seen in the quote below:

'Oddly, I think the shop has become a social activity. Not only is it nice for people to be able to buy for themselves, but often people come down and chat.'
(Resident 14, female)

There is also some indication that restaurants can aid friendship development, particularly when all residents eat a midday meal together (generally paid for as part of their rent/service charge):

Interviewer: 'Are people starting to develop friendships?'
'Yes definitely. 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 04)

'They tend to meet up more at lunch time. Some of them will hang around chatting.'
(Scheme manager 02)

Residents seemed to value mealtimes, as illustrated below. Indeed, for some residents, as indicated by scheme manager 04 above, lunchtime is their main opportunity to meet people:

'It's fun really, the meal is at 12.30 but we all start coming at 12 which I think indicates that we like the social activity, and those who have time stay for a cup of tea. It's the social event of the day really. It's one of the best things – for all of us, cooking a main meal is beyond us; you do get one really good main meal.'
(Resident 14, female)

'I just mix with the people I have lunch with, and we might sit there and talk for a while.'
(Resident 09, female)

In one scheme where the restaurant was temporarily shut at six months due to financial reasons, the loss to the scheme's social life was noticed by both residents and staff. The manager of the scheme commented that:

'The restaurant was a really good social area. … It was a big blow when it shut. They did miss it, the ones who had lunch.'
(Scheme manager 06)

Similarly, in one scheme where there was a large restaurant that was not open in the evenings, one resident felt that the impact on social life at the scheme was significant:

'I find that it's difficult to get friends to come here; there's no restaurant open in the evenings so I can't invite them over. … I think it's sad because a restaurant in the evening could be the hub, you wouldn't have to make too many events happen, they would happen normally, people would mix and join each other.'
(Resident 28, female)

In general at this early stage, communal lounges in the schemes did not seem to serve as meeting places for residents, except for when there was a particular activity going on:

> '… but the lounge, I sometimes go down and get a book when the library come, but there's nobody ever in the lounge in the afternoon'.
> (Resident 09, female)

> 'I don't think an awful lot of people use the lounges. The lounge on this floor is beautiful. I've been in there and whiled away an hour or so occasionally. But it isn't really used a lot, apart from functions and things like that … but I'm very pleased it's there. The one downstairs is used a lot more, that's where any activity takes place.'
> (Resident 06, male)

On the other hand, in one of the schemes it was felt by both residents and staff that the lounge was in frequent use:

> '… There's always somebody in the lounge. Some days there are only two or three, but that's only at certain times, others times there's quite a lot, nearly always a lot.'
> (Resident 17, female)

> 'People tend to come downstairs and sit in the lounge area because, I suppose, that's where the tea facilities are.'
> (Scheme manager 05)

However, it seems that this was only by a particular group of female residents, and not all residents in the scheme, as the following comment suggests:

> 'In theory they can [meet up in the lounge], but the point is only a few go regularly, only perhaps seven or eight women go and sit there, either go to sleep, or wait for tea time. … It's not a general thing to get everybody down there, some people never go down – you can't stop it, that's the way people are.'
> (Resident 16, male)

Several possible reasons were put forward as to why lounges were not generally used as meeting places. The following quotes indicate some of these reasons, and also indicate that residents seem to meet up in other ways and at other locations in the schemes:

> 'I think eventually they might start using the lounges more, but it's new.'
> (Scheme manager 06)

> 'People say they're disappointed it [the lounge] is not being used, but I think you have to look at from a different angle and understand that people are happy in their own homes. … There are some residents who are really sociable and go knocking on people's doors, and having coffee and stuff. I think they're more likely to visit each other than meet here. They do sometimes. I think we need to have more social things actually going on in here to get this room used more.'
> (Scheme manager 04)

> 'We meet for social reasons at about 5 o clock down in the hallway. I know it sounds daft when we've got lovely lounges, but we meet there and we talk about anything. … I started it off, by going down to read my book, then others joined me. I think there are about eight of us now… and yet it doesn't take off in the lounge. I think what they like is seeing people coming in and out, passing through, saying hello; they wouldn't see that in the lounge.'
> (Resident 01, female)

> 'I do notice that on this floor there's an entrance out to the garden, and I notice that there's a big area there with some armchairs there, and when I've been up to the laundry I've seen people, about four or five couples, just sitting there having a chat. Perhaps they use that instead of the lounge.'
> (Resident 23, female)

Links with the Local Community

Across the schemes, there were varying degrees of community interaction. One of the schemes already seemed to have achieved to some degree its aim (stated by the scheme manager) to become a community resource, with a restaurant open to the community, and activities and social evenings to which local residents and residents of other nearby extra care or sheltered housing were invited. The benefits of this interaction are described by the scheme manager below:

'It's a two-way thing. The ground floor is a public space, a resource for the community. … The benefits of that are many-fold. Not least, if you've got people that are loathe to connect and are becoming withdrawn, it makes it that bit easier; it's a stepping stone.'
(Scheme manager 01)

Another scheme also strongly emphasised the community element, with plans for a doctor's surgery and a café open to the community which will house part of the collection from the local library (which was to be temporarily closed down). It was hoped that these facilities would encourage people to come in, and interaction to happen between local residents and residents at the scheme:

'As more and more people start to use the building, on the lower ground floor, the community area, contact will happen naturally, especially through things like the library.'
(Staff member 02)

'A lot of them [the residents] were quite isolated before, so it's good for them to have the interaction with people other than those they live with.'
(Scheme manager 04)

Other schemes were keen to build up their links with the local community, but recognised that this can take time, especially as residents need time to settle in themselves:

'We're hoping to get people more involved [from the local community], but at the moment we haven't. … I don't think the place has really been open long enough to get things like that going.'
(Resident 19, male)

'Initially, I think it was thought that it was going to be more of a community resource, and I think it will be. For example, the assisted bathrooms are not used very much by our residents because the individual bathrooms are lovely. Our director would quite like it to go out into the community; people could come in via Age Concern or the day centre to use the bathrooms. The kitchen as well; people could come in. Apparently there's a 90-year-old lady who lives round the corner, it's been put to her that she could come in and have her hot meal here

Monday to Friday, or even all week. She hasn't done so – that's her choice – but it would be a good idea.'

(Scheme manager 02)

One scheme seemed to take a more cautious approach to community involvement for a number of reasons, including the nature of the locality, and the difficulty of monitoring who would come in, and when:

'I'm not sure whether people coming in from the community is a good idea. There was a lot of talk about the internet café being open to the community. … Do we really want young kids from round here walking in and out of the building? No. Nobody thought it through, we don't want that. It's fine if people want to come and do things here and the tenants can join in, but I would be very careful of who, and what groups would use it.'

(Scheme manager 06)

This highlights how important the setting and context of the scheme is to its relationship with the people in the community it is situated in. For example, if a scheme is located in an area where there are other extra care or sheltered housing schemes (as in the first example given in this section), it is more probable that people from outside the scheme will come in, as activities are more likely to be of interest to them. Similarly, if the scheme can provide a service to the surrounding area, local residents will have a reason to come in, and making links may feel more natural:

'We're going to have a doctor's, and that will make a big difference, we'll be having the estate coming in. And the café … I think the idea of just coming in unless there's a reason or an invitation to come in, may not be very easy to accept.'

(Resident 14, female)

In general, residents commented positively about people coming into the schemes, giving reasons such as the added opportunity for social interaction, and the financial benefit to the scheme:

'They were aware from the start that the ground floor is a public arena. Also, room rental comes directly off residents' service charge. Most of them like the idea that it's a public domain – they know they have their privacy upstairs; you can't get up there without a fob. It took them a while to get used to it, one or two

felt like they'd moved into a home, but I tell them: once you go upstairs you lock your door in the same way as on a street – if you want to talk to your neighbours you can, but you don't have to, it's totally up to you.'
(Scheme manager 01)

'I don't think it [the scheme] could stand on its own two feet really, if people didn't come in from other complexes.'
(Resident 04, male)

'None of us want to be old people shoved out of the way. I think the idea of meeting with the community as often as possible without them feeling we're a nuisance … I think this [the scheme] is so much in the centre of [local area] that if we can offer facilities for them and they can come and help us, it must be good.'
(Resident 14, female)

On the other hand, some slightly negative attitudes have emerged towards day centres in the two schemes where these were in place at six months:

'I have had one or two comments in the past, like 'it's our lounge'. But actually, people don't use the lounge so why can't they [the day centre]. They are not intrusive.'
(Scheme manager 02)

'Unfortunately there is a bit of a 'them and us' which is a shame really. Maybe when the restaurant opens again, the day centre should stop all sitting together. Not have their tables.'
(Scheme manager 06)

As well as bringing the community into the scheme, both residents and staff recognised the importance of being able to access their local community, and maintain any links they may previously have had; as one resident put it:

'The attitude of the management I think is quite right – that you have a life outside [the scheme].'
(Resident 31, male)

Similarly, another resident mentioned the value of being able to go out:

'I go out myself in my buggy, go into [local town], do my own shopping, browse round the bookshops and such – so there's that relief.'
(Resident 16, male)

Residents across the schemes went out into the community for a number of reasons including visiting the doctor's surgery and other such appointments, going shopping, attending day centres, going to church, and also visiting family or friends (although it seemed to be more the case that family and friends came into the schemes). Some residents had their own cars, while others used local taxi and bus services. For other residents however, the location of their scheme or the lack of a near-by bus service meant that getting out was more difficult, as indicated in the following comments from residents in two schemes:

'Some can get on the bus, there's one up the road, but I can't. I can't even get up to the shops. I find it a bit isolated.'
(Resident 12, female)

We had a meeting two or three weeks ago … they're trying to negotiate for one of the buses to stop outside. For a bus, you have to walk over there, or up to the shops, which is quite a way. So that would be a boon if we could get a bus, it would be ideal.'
(Resident 23, female)

Difficulties in Establishing a Social Life

Although the schemes have largely been successful in setting up activities and beginning to develop a social life, certain obstacles have been encountered during this process.

The most frequently-mentioned issue by both residents and staff was the health and mobility of residents. It has already been noted that in one scheme the residents' committee was unsuccessful; this was felt to be due in part to the varying health needs of the residents. It was recognised by both residents and staff in the schemes that for a significant number of extra care residents, getting involved in setting up or running activities would be difficult. It was seen as important to have a mix of 'fit' and 'frail' residents, as illustrated in the comments below:

'It's tenant-led. The problem we have with extra care is that the residents are frail, and it's [hard] getting people that are able to do that. 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 03)

'I think there's not enough mixture of a few able-bodied (I'm calling myself able bodied, I'm not really!). … There are so many in wheelchairs, there isn't enough [of a] mix with people who want to go out and do things. We asked for volunteers for the shop and only six of us do it.'
(Resident 12, female)

Furthermore, the fact that many residents receive care can restrict the type of activity that it is possible to put on, as well as the time of day that activities can take place, a point illustrated in the quote below:

'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 and hour to go round and get everyone.'
(Scheme manager 06)

Other problems encountered by individual scheme managers included a lack of interest on the residents' part in helping to organise or run activities (although it may be that this is linked to health and mobility problems), and an unwillingness of residents to pay for activities, which in turn restricted the type of activities that can be put on. Also, one scheme manager felt that the fact that there were three different agencies working in her particular scheme (one providing care, one management and housing-related support, and one day centre services) hindered the development of a community feeling in that scheme.

Problems had also been encountered by some scheme managers in forging links with the local community; it seemed that people in the community could sometimes perceive the scheme in the wrong way:

'Although there's been publicity, lots of people don't know it's here and refer to it as a care home. Lots of articles refer to it as a care home … goes against idea of the place as a community resource.'

(Scheme manager 01)

'… there is a perception, because this was [an institution] … I haven't experienced it myself, but feedback I get from residents is that there are some who don't realise its changed. And that it's an old peoples' home, which it's not.'
(Scheme manager 07)

Factors Aiding the Development of Social Life

There were a number of factors that appeared to have contributed to the successful features of the development of schemes' social lives during the first six months. In particular, residents themselves were seen by staff in two of the schemes to have been a big help; specific factors mentioned included having an active and involved residents' committee, having interested residents, and having residents who could bring existing skills and expertise into the scheme. Some of these points are illustrated in the following quotes:

Interviewer: 'Has anything been particularly helpful in setting up activities?'
'Residents … they'll tell me what they like and don't like. When I first came, I stood near the notice board, and there was a feeling among certain residents that activities were more Benidorm than Barbados. More Blackpool. So we've been able to turn that around.'
(Scheme manager 07)

'One of the residents is a puppeteer, so he ran an afternoon of that. He makes his puppets upstairs in the craft room. He wanted to give a talk, he did a talk about puppets in Victorian times. We've got other residents who've now said they could give a talk on photography, things have snowballed – it's really coming from them now.'
(Scheme manager 05)

'Some residents run activities; they may have initiated them and run them themselves. If I look at the orchestra, music appreciation group, some of the well-being activities, like hand waxing, are run by [resident] volunteers. Sometimes staff run them, or we have people from outside to run them if we need that expertise. But actually, within a [scheme] like ours, we have a vast pool of expertise.'

(Scheme manager 07)

Another helpful factor mentioned by one scheme manager was the staff. When asked whether anything had been particularly helpful in setting up activities and a social life at the scheme, this manager replied:

'Having all the staff on board and helping. Especially at the beginning, the carers did beyond what they were supposed to do in helping people down and stuff. And once the community development worker started, that made things easier, it was another pair of hands.'
(Scheme manager 04)

Other features mentioned included having a set lunchtime for all residents (discussed above), and facilitative design. One scheme manager commented of their particular scheme that it was:

'… designed in a way as to be very adaptable in the way that we use the space.'
(Scheme manager 01).

In terms of making links with the local community and encouraging local residents to become involved in the life of the schemes, it seems that links managers have made in previous positions can prove useful:

'… from my previous jobs, understanding and working with other health professionals and social workers has established those links already which I can bring in here. Also, the care staff being involved with different people around [in the community] … we can all work together.'
(Scheme manager 04)

'When I worked for the charity, we were based at the community resource centre in [local town]. I get on well with the manager there – I make her aware of what's going on here and she publicises things for me. She's trying to encourage groups that she has to come and base themselves here, which would be good as it would mean instant activities and instant barrow-loads of people.'
(Scheme manager 01).

Barriers to Participation in Social Life

Even once a scheme's social life has begun to develop successfully, barriers can still exist for some residents and prevent them from taking part. Interviews to date have indicated a number of potential barriers, but also highlighted some ways in which these have been overcome.

A barrier for some residents is their health and mobility problems, which do appear to restrict their social lives, as illustrated in the quotes below from residents and staff. A particular problem seems to be getting people to and from activities and events:

> 'One of the problems to a degree is probably the infirmity of some of the people here – there's a limit to what they can participate in.'
> (Resident 06, male)

> 'Not being able to see, I have to rely on others to help. Prevents me taking part.'
> (Resident 21, female)

> 'Most of the problems at the beginning and still now to a certain degree is getting people from their flats to the activities. While I and [another staff member] are here to help, the days that we're not here it doesn't happen, a lot of people don't have anyone to come and collect them. That's the main problem – getting people to the social activities.'
> (Scheme manager 04)

> 'The biggest problem is [needing] the carers to get you to anything.'
> (Resident 12, female)

Closely linked to health and mobility, is the care that residents receive. The first two quotes below, from managers of one of the schemes, describe the difficulties that can arise and hinder participation. The third quote, from a resident in a different scheme, succinctly summarises the problem:

> 'It's difficult because a lot of residents are reliant on somebody bringing them downstairs, so if it's not in their care package, we have to rely on the carers. They would probably be ticked off if they were doing over and above what was in the care packages, but you don't want to penalise somebody because they can't get out of their room. … Staff here can't take the responsibility for pushing people around all the time, especially if there are other people that need their care sorted as well.'

(Scheme manager 02)

'… 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 [in terms of staff deployment] 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 03)

'There are only about twelve at the coffee morning. Again, you have to get your carers to push you down and take you back. Everything comes down to if it's on your care plan, it's a bit hard.'
(Resident 12, female)

Two schemes in particular mentioned the fact that, due to the timing of care visits, it could be difficult to have activities and events in the evenings:

'In the evenings, apart from the bingo and the Christian things, there's not much. A lot of the people have their care calls in the early evening – there's not really an evening social [life]. I don't think there will ever be the scope [for that], unless the level of care changes.'
(Scheme manager 04)

'The carers are doing all the tea-time calls and the evening stuff, so to do any sort of activity in the evening is going to be exceedingly difficult, because then it puts the care routine out.'
(Scheme manager 06)

However, as the following quotes suggest, the type of problems mentioned above can sometimes be overcome:

'We schedule some of the activities for 11am and 2pm, specifically to make them accessible for those on care.'
(Scheme manager 07)

'We did start with a coffee morning every week, but that has proved not good, because some of the residents who have a lot of care are not able to get down here early. And by the time you've got something organised, it's nearly lunch

time. I asked them, and they all preferred to have an afternoon tea. So now, once a fortnight, we have an afternoon tea.'
(Scheme manager 05)

A different type of barrier stems from the nature of the activities themselves; some activities and events are simply not of interest to a number of residents. This is of course down to personal taste, but can be linked to fact that schemes often have residents covering a wide range of ages, as mentioned in the final quote below:

'I know they've got a bingo going, but I don't go. And they've got somebody to do exercises, but I'm not into it.'
(Resident 09, female)

'Thursday they have a film – it's Musicals but I like a Whodunit.'
(Resident 12, female)

'I did organise a magic show last month, but hardly anyone came. So maybe I got it wrong – I asked them if that's what they wanted, but then nobody came.'
(Scheme manager 04)

'The youngest resident here I think is 61, and the oldest is 97. So you've got a big age gap … the people in their 90s will like the old Vera Lynn songs, while the ones in their 60s might not. So I think it's difficult to get somebody in who everybody will like.'
(Staff member 03)

It could be argued that it is here that bigger schemes benefit from their size; due to the larger numbers of both staff and residents, they are able to have a larger number and variety of activities, as indicated in the following quote:

'I don't think you could bring anything else in, I think they've covered everything.'
(Resident 32, female)

However, too much choice was also suggested as a problem, and it seemed that activities were still not as well attended as they could be:

'We can't join in all the activities we'd like to, because we're busy doing other things. But, having said that, we did have a meeting about two weeks ago about activities, raising the question of why don't people go to the activities. And one of the points I put forward was, there are too many.'
(Resident 31, male)

Another potential barrier is being single or widowed. As illustrated vividly in the following quote, it can be difficult to go to an activity or event if you do not have a partner to go with. The end of the quote also points towards the wider implications for social well-being that being widowed can have:

'… but you remember at school, if they're in cliques in the hall and you go by yourself, it's not nice to think "do they want me?" and you don't know who to sit with, until somebody says "come here". … You don't want to push in if you're not wanted. If you've got a husband, there's no problem, because you've got him to talk to – and also I miss that, when you come home you've got nobody to discuss it with, what you've done.'
(Resident 29, female)

Finally, there was some indication that financial constraints could prevent people from taking part in activities. A manager from one of the schemes spoke of the difficulty in getting residents to pay for activities, while a resident from a different scheme commented:

'They try and put lots of little activities on, like a singer comes, some music and things like that – and they say "£5 a head" and people won't go. But when there's no charge, the place is packed.'
(Resident 27, male)

Developing Social Climate

The first few months after opening are likely to be important to the type of social climate that develops. In turn, the social climate will have an impact upon residents' social well-being. Interviews to date have raised some interesting themes. For example, it seems that a sense of community is developing in the schemes, with residents and staff mentioning growing neighbourliness:

'I look out for people here, they're all older, a couple of them can't get out. If you don't see someone for a couple of days we'll go and knock on the door, or ask [scheme manager] to go in. We all look after each other … it's the best way to be really isn't it?'
(Resident 03, female)

'In time, it will be a really good community. People do look out for one another – they ask "where's so and so, I haven't seen him for a couple of days."'
(Resident 08, female)

'At the beginning, there was a lot of work between myself, carers and residents in getting people here [for the coffee morning], as there are a lot of people that need help mobilising. Now we've fallen into more of a pattern, some residents call on other residents.'
(Scheme manager 04)

'… they [the residents] are very supportive of the staff team, and their neighbours. Somebody will give a lift to somebody if they need it, or will give a lot of support if there's been a bereavement, or whatever it is, if somebody's not been well.'
(Scheme manager 07)

However, many people seemed to indicate that they felt it was somewhat early in the scheme's development for a tangible 'social climate' to have emerged. The following responses to the question, 'Would you describe the scheme as a community?' illustrate this:

'I think it's becoming one – you can't make a community very quickly. We've lost to death four people, and new people are always coming. I think we befriend each other as much as we can.'
(Resident 14, female)

'Not at the moment. I think, give it another three to six months and it'll be a lot better. Unfortunately in the past six months we've had two deaths … one's moved right away, back to where he came from. But I think there is a community spirit growing up … with the birthday parties and things like that.'
(Resident 19, male)

Another question that was used to explore the developing social climate was 'Are there any cliques here?' In general, it was felt that this was not the case, and that where cliques were developing these were not harmful, and were simply 'like-minded people' forming friendships and groups, as suggested in the following quote:

'Yes, but nothing too harmful. There are people who have had more worldly, wider travelled experiences than others, they tend to congregate together, and others who may be more local based, who tend to stick together, particularly those who've lived in [local area] … In coffee mornings, you can change the seating in different ways, and no one tries to bag their favourite seat which is very unusual, they're very amenable to moving around.'
(Staff member 02)

However, there was some indication of groups forming around various factors such as living in the same facility previously. In answer to the query about cliques in the scheme, one scheme manager said:

'We did notice this. You've got to bear in mind that we closed a scheme down – so those people that moved across from that scheme knew each other, so they naturally gravitated towards each other. … As they've got used to each other, used to people from other schemes and from their homes, people are much better. But when something is new and strange, and you don't know how it will turn out, people will naturally gravitate to people that they know.'
(Scheme manager 02)

Many of the schemes have a mix of tenures available, with residents being able to rent, buy or part-buy their apartments. Early indications suggest that, in terms of social climate, the mix of residents with different tenures is something that may need to be carefully managed. For example, speaking about residents who had their flats on a shared-ownership basis, one manager commented that:

'They tend to keep themselves to themselves. I don't think we've helped that pattern because we've put them all together. There are two rental flats amongst them which upset them.'
(Scheme manager 03)

Similarly, the manager of another scheme described the particular challenges of integrating those residents who own their apartments with those who rent. A resident from the same scheme also seemed to feel this divide, albeit not in terms of tenure:

> 'There have been some challenges, and some of that has come about where we've set up Friends groups very early on who have been, in the main, purchasers. … And therefore, in the main, they are part of the choir and any other groups that got going before it went live. And I think something we need to think about going forward is to involve those that are likely to rent. Or, once they are allocated, incorporate them into those Friends groups before it goes live. Otherwise, you have a bit of a them and an us.'
> (Scheme manager 07)

> 'If you're in the choir, they know each other and get a sense of what's on. But if you're not in the choir, you're a bit out of it.'
> (Resident 29, female)

There were also some signs that the mix of dependency levels, a feature of extra care housing, although having a number of benefits (in terms of the sustainability of a scheme's social life, for example), can also present some challenges and, as the third of the quotes below suggests, have an impact on the social climate of a scheme:

> '… I also think that the authorities, or whoever it is that's responsible for posting people in here, I don't think they looked closely enough at the ability of the person. From my personal view, there's only about two or three people here that I would want to have a conversation with; I'm sorry it's got to be like that, that's the way I feel.'
> (Resident 16, male)

> 'The only problem among us is [resident with dementia], because she upsets everybody. But nobody seems to think anything should be done about it, everybody just takes it as everyday. But people worry about it.'
> (Resident 17, female)

> 'I think you need a few more fit people here. It leans more towards being a home than an actual retirement village. The mixture is not quite right yet. I think a lot more people are quite ill or frail here than they are fit. I don't think the mixture

is quite right, I know they did try to get a certain scale. … People seem to need a lot more help here than is forthcoming.'
(Resident 28, female)

Another tentative finding is that the nature of the care at the schemes can have an important effect on the social atmosphere. This seemed to be implicit in the interviews, and is shown to some degree in the way that care routines can affect participation, as discussed above. One resident described the issue well in the following two quotes:

'I think the enthusiasm has been lost here somewhere along the way. And I think it mainly stems from two basic things – the restaurant, which could be a great bringer-together of people, and the care.'

'I haven't dealt with the social things here very well. I think it's because the basic things aren't right, and you have not got the enthusiasm for the rest.'
(Resident 28, female)

One final factor which is emerging as being as being of potential importance to the social climate of the schemes is the scheme manager, as suggested in the following two quotes:

'A few weeks ago we had a designer coming in to show their fashions, and we helped people to try things on. He came back in, and said that it had been a pleasure to be there, and that it was such a nice atmosphere; you feel at ease straight away, and that it was down to us, the scheme managers. It's how the scheme managers come across – and we are quite relaxed.'
(Scheme manager 02)

'… [Scheme manager] is smashing; she's of great value to this place. Without her … I don't suppose it would be too bad, but she's a definite plus. She looks at everybody as if they're the most important person in the world. So she makes the atmosphere I suppose really.'
(Resident 16, male)

Summary

When considering the findings presented here, it is important to remember that these are findings from the early exploratory stage of the work, and that only six of the schemes

are covered. A different picture may emerge once six-month data are incorporated from all the schemes. Similarly, these initial findings may appear different in the light of supplementary data from the 12-month survey and follow-up interview. These data will be analysed alongside those from the wider evaluation, including baseline and follow-up information on residents' health and dependency, and residents' views on their reasons for and experiences of moving to extra care housing.

All six schemes in this initial sample seem to be adopting a user-led approach to residents' social life in some form. Of course, the overall picture may change as more schemes are visited, but it may be that rather than classifying schemes in terms of their different approaches, they could be described in terms of the degree to which the user-led approach has been adopted.

Schemes had a variety of social activities in place at six months. Most schemes had a number of regular (weekly or fortnightly) activities alongside less regular one-off events such as musical entertainment and bazaars. Although there were mixed opinions of the activities in place, these early findings suggest that activities can serve a social purpose and help to contribute to a sense of community at the scheme.

Certain facilities are emerging as being important to the development of the social life at the schemes. Shops can provide an opportunity to get to know other residents, and there is also some indication that restaurants can aid friendship development, particularly among residents who eat a midday meal together. The reverse also applies: the absence of such facilities is seen to undermine the opportunities for socialisation.

Two of the schemes in particular saw themselves as community resources, and most other schemes were aiming towards this; it was felt that both residents and the local community could benefit from the interaction. It seems that the local context of a scheme may be important in determining the extent of community involvement that develops, although, as already mentioned, it is very early days.

The initial interviews have also highlighted some particular barriers and facilitators in establishing and participating in the social life at the schemes. Health and mobility problems were the most frequently-mentioned barriers to residents organising and running a scheme's social life, and the care routine can also restrict the type and timing of activities. Similarly, health and mobility, along with the nature of the care routine, also seems to be a particular barrier to participation for some residents. On the other hand, having an active and involved residents' committee, interested residents, helpful

staff, and a well-designed scheme were cited as factors helpful in developing the social life of a scheme.

In terms of the developing social climate at the six schemes, there were positive examples of neighbourliness and signs of 'community spirit', although it was recognised that such things do take time to develop. There were also indications of various factors that could have an influence on the social climate both at six months and in the future, including the previous existence of a sheltered housing scheme on the site, having a mix of tenures, having a mix of health and dependency levels, and the role and personality of the scheme manager.

Given the preliminary nature of these findings, no definite conclusions can be drawn, nor recommendations made for future extra care developments. However, the emerging themes discussed in this chapter indicate that valuable information about social well-being in extra care housing will be gained as part of this project. It is worth noting that our findings echo many of those from other recent JRF-funded work on social well-being (Evans and Vallelly, 2007). Once the project is complete, it can build on this and other work, and will be useful in informing those involved in the commissioning and designing of future extra care schemes about how different approaches to social life and activity work in practice, and what is most effective in the early stages of scheme development in facilitating social participation, activity and well-being. The final report will be published by the JRF in Summer 2009.

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Appendix A: Summary of the Initial Report from the Evaluation of the Extra Care Housing Funding Initiative (Darton et al., 2008)

Section 1: Introduction

- The Extra Care Housing Fund was announced by the Department of Health in 2003 to develop innovative housing with care options for older people and stimulate effective local partnerships between health, social services, and housing agencies and providers. The Fund provided £87 million to help create up to 1,500 places between 2004–2006, and further funds have been made available in subsequent years. The successful bids for the funds include both new build and remodelled schemes, and some of the new build schemes involve the upgrading/remodelling of existing buildings as part of the development.

- Extra care housing is a development of sheltered housing that aims to meet the housing, care and support needs of older people, while helping them to maintain their independence in their own private accommodation. An earlier term for extra care housing was very sheltered housing. A number of studies of sheltered housing, very sheltered housing and extra care schemes have been undertaken, but these have often concentrated on individual developments, and the larger-scale comparative studies that have been conducted are mainly rather dated. A few recent studies have compared several schemes but, at the time the Fund was announced, there was a dearth of large-scale studies, and very little information about cost-effectiveness.

- The objective of the PSSRU study is to evaluate 19 new build schemes for older people funded between 2004–06, and is the first evaluation of specialised housing supported by the Department of Health. The evaluation aims to examine the development of the schemes from their implementation, and to follow the residents' experiences and health over time. A particular feature of the evaluation is to compare costs and outcomes with those for residents moving into care homes.

- The evaluation also provides an opportunity to collect research evidence about the process and impact of new approaches to providing accommodation and care for older people, and funding has been obtained for three complementary studies: a study of the development of social activity and community involvement in extra care; an in-depth study of one of the schemes to investigate and compare costs to all

stakeholders before and after residents move into extra care: and a joint project with colleagues from the University of Sheffield to develop a tool to identify design and environmental features of buildings that promote the well-being of users. Funding has also been agreed to extend the collection of data to a second scheme in one of the local authority areas included in the evaluation.

- This report presents information collected from eight schemes that have opened to date, seven in 2006 and one in 2007, in the following local authority areas: Bradford, Brighton & Hove, East Riding, Enfield, Havering, Northamptonshire, Peterborough and West Sussex (Horsham DC).

Section 2: Scheme Characteristics

- The eight schemes that were open and for which data were available at the time of writing are described in terms of their geographical location, the type and size of the accommodation, their organisation and management, the tenure options available to residents, and the services and facilities provided.

- Seven of the schemes are in urban areas and seven were built on brownfield sites.

- They all provide apartment style accommodation, with the village in Northamptonshire providing bungalows as well as flats.

- The most common form of tenure across the schemes was social rent, or a combination of social rent and shared ownership. The tenure mix within the schemes typically contained more units for social rent than units for purchase.

- The average size of the non-village extra care housing schemes was 45, ranging from 38 to 64.

- Six schemes offered mainly one-bedroom accommodation, while in two schemes, including the village, the majority of units had two bedrooms.

- The schemes aimed to support older people with dementia and most offered day care services. A small amount of intermediate care was offered in some of the schemes and some included outreach services for the community.

Section 3: The Characteristics of Residents Moving into Extra Care

- There were high levels of response in four of the eight schemes. Refusal rates do not appear to be closely related to levels of dependency, except in Havering, where the refusals appear to have been among those with higher levels of cognitive impairment.

- The people who moved into extra care required much less support than those who moved into care homes. They were younger, on average, and were more likely to be male and less likely to be widowed or living alone. The majority (85 per cent) had been living in their own home or sheltered housing, whereas nearly two-thirds of the people admitted to care homes had been in hospital, a care home or had been receiving intermediate care.

- Similarly, those who moved into extra care were substantially less physically and cognitively impaired than those who moved into care homes. Just under 30 per cent of those who moved into extra care had moderate or more severe levels of dependence, compared with two-thirds of those moving into a care home providing personal care and over 85 per cent of those moving into a care home providing nursing care.

- For cognitive impairment, 4 per cent who moved into extra care were severely impaired, compared with 39 per cent of those moving into a care home providing personal care and 54 per cent of those moving into a care home providing nursing care.

- Although there may be some underestimation of the levels of cognitive impairment among residents moving into one of the schemes, it would appear that most prefer to admit residents with fewer problems of cognitive functioning so that they can become familiar with their new accommodation before the development of more severe cognitive impairment. The low level of severe cognitive impairment among the new residents is consistent with this.

Section 4: Residents' Views and Reasons for Moving into Extra Care

- The majority of residents made both the decision to move, and where to move to. Although nearly all visited the scheme beforehand, less than a quarter evaluated alternative options.

- Residents with care needs indicated that the most important reasons for moving out of their previous home were own physical health, lack of services, coping with daily tasks, and difficulty in getting around their homes. For residents without care needs, garden maintenance and fear of crime were of more importance than these.

- The most important factors which attracted residents to the extra care schemes were tenancy rights/'having your own front door', an accessible bathroom and living arrangements, the size of bungalows, the security offered by scheme, and the care support available on site.

- Factors associated with particular features of extra care housing (pull factors) were much more important in motivating a move than dissatisfaction with previous living conditions (push factors). Even though health concerns were reported, residents perceived themselves, and in fact were, relatively healthy.

- The move to extra care seems to be a planned move primarily in anticipation of future needs, but also to meet existing, albeit in most cases relatively low, current need.

- Just over half of residents expected an improved social life, whereas one-third did not expect any change; indeed, social/communal facilities were not the most important attractions to residents.

- Nearly all residents expected to live in the extra care schemes for as long as they wanted to; a third of those with care needs reported that they had no intention of moving on.

Appendix B: Interview Schedules and Survey

1. Six-month interview schedule – Residents

Introductions

Consent

Any questions?

A: About the interviewee {ask if consent not given to match answers to previous information}

a1   Age

a2   Sex

a3   Ethnicity

a4   Marital status

a5   Where did you live before moving here?

B: History

b1   Do you see yourself as a sociable person?
      In what way?

      - are you someone who likes to be busy/get involved in things?
      - has it changed since you moved here?

C: Social life at the scheme

c1   Could you tell me about the social life here?

      e.g. what activities take place, when do people meet up?

- what do you think of it?
- for you, what is the most important aspect of the social side of life here?

c2   Are there activities here that interest you?

- do you think that the activities cater for the range of people who live at {scheme name}?
- what other activities do you think should be available?

c3   How did the activities here start?

- was it the staff, or the residents who decided what to do?
- if residents, which residents? what type of people?

c4   Is there anything that prevents you from taking part in social activities here?

- access, physical/cognitive impairment/care arrangements/no friends go etc.

c5   Are meal times a sociable time?

D: Links with the local community

d1   Do people from the local community come in to {scheme name}?

- e.g. to provide services, entertainment, or just to visit, attend social activities?
- who comes in?
- friends and family?

d2   Do people from the local community come in to use the facilities?

- how do you think people feel about this?
- do residents socialise with people from the community?

d3   Do residents go out of the scheme?

- for what reasons? (use local amenities, day trips, visit friends and family, church?)

- is it easy to get to other places (such as the town centre or local shops) from the scheme? are they nearby?
- public transport links, taxi, own car?

d4   Do you feel that {scheme name} is a part of the wider local community?

- do you feel that the local community has enough contact with the scheme

E: Design

e1   What do you think of the facilities here? (by facilities I mean things like the restaurant, lounge, craft rooms, gym)

- do people use the facilities? {prompt e.g. outside facilities}
- are any facilities particularly popular?
- do residents meet up at the facilities?

e2   What do you think of the way {scheme name} is designed?

- Do you think that {scheme name} is designed in a way that allows people to join in with the social activities here if they wish?

e3   Do you think people feel safe here?

- do people ever leave their front doors unlocked? (when they're in? when they're out? if so - why?)
- do people ever leave their front doors open? (when they're in? when they're out? if so - why?)

F: Social Climate

f1   How would you describe the atmosphere here, in general?

- would you describe the scheme as a community?
- are people neighbourly?

f2   Is everyone a part of the social life here?

f3   Are there any cliques here?

- what are these based around? (local? social class? tenancy arrangements? location in scheme?)

f4   What do you think about the staff here?

- attitudes of staff towards residents
- attitudes of residents towards staff
- do staff socialise with residents? attend social activities?

Final questions…

In a few months, we will ask **all** residents for their views on the social life here.
- What kinds of questions should we ask?
- What would be relevant to this scheme?

End of interview

2. Six-month interview schedule – Staff

Introductions etc.

A: About the interviewee

a1   Job title

a2   Age

a3   Sex

a4   Nationality

B: History

b1   What did you do before working here?

b2   What led you to work here?

b3   When did you start working here?

b4   When did the first resident move in?

C: Philosophy

c1   Would you say the scheme (or organisation) has a particular approach in terms
        of social activities and residents' social life?

If yes:
- what would you say that was? what are you trying to achieve?
- what is the role of activities? (e.g. encouraging physical fitness, personal
  development, lifelong learning, widening cultural horizons, faith related etc.)
- what is the role of the residents (e.g. resident-led, residents to actively run,
  any variation depending on the abilities of residents?)

If no:

- do you think this is an important omission?
- what are your views of the role of social activities in this setting?

c2   How do you see the relationship of {scheme name} to the local community?
- is the emphasis more on bringing the community in for the benefit of residents?
- on providing a resource for the community?
- on making sure residents can participate in their local community?

D: Social life at the scheme

Activities

d1   Now we are going to move on to talk more specifically about the social life and activities and {scheme name}. We want to get quite systematic information, so I will fill in this table about each activity.

→ Go through table, then talk more generally through the questions below.

d2   What is the role of other staff?

- role of residents?
- do volunteers play a role? if so, what?

d3   Which are the most popular activities?

- why do you think this is?
- least popular? why?

d4   Are there some residents who rarely take part in any activities? why?

d5   Does the care routine impact upon residents' social lives?

d6   Do staff socialise with residents? if yes, which staff?

d7   As the scheme has been planned and developed has there been a change in the type of social activities that are encouraged/provided? if so – in what way?

Facilities

d7   Now we are going to move on to the facilities at {scheme name}. Again, we want to get quite systematic information, so I will fill in this table about each facility.

→ Go through table, then talk more generally through the questions below.

d8   Do the facilities (e.g. gym, café, laundrette) serve as meeting places for residents?

- if yes, which and why do you think they are successful in this way?
- if no, why do you think this is the case?

d9   Do residents help in the running of facilities? (e.g. shop)

d10   Is a meal included in the rent? What is the availability of meals?
Are meal times sociable?

E: Links with the local community

e1   Has the scheme tried to make links with the local community? How?

e2   Are people from the local community involved in the scheme? How?

- how do residents feel about their involvement?

e3   Do people from the local community come in to use the facilities?

- how do residents feel about that?
- how many people come in?
- how often do people come in? Just for events?

e4   Do residents go out of the scheme? What for?

- use local amenities, day trips, visit people?
- are some more likely to go out than others?

e5   Do you feel that the scheme is a part of the local community?

e6   Do residents have friends and family to visit them at the scheme?

- Is there a guest room that family can use? Does this get used?

e7   Do residents go out and visit friends and family?

F: Barriers and facilitators

f1   Have there been any problems in setting up activities here?

- do residents want to get involved?
- does the design of the scheme enable involvement?
- has there been much interest in providing services in the scheme? (e.g. shop)

f2   Has anything been particularly helpful in setting up activities?

f3   Have there been any problems in establishing links with the local community?

f4   Has anything been particularly helpful in establishing links with the local community?

G: Emerging climate and hopes for the future

g1   In terms of a social climate or atmosphere at {scheme name}, what is developing so far?
- cliques?
- do some residents get left out?
- integration of residents with dementia
- intermediate care
- residents with learning difficulties

g2   What are your hopes for the future social life of the scheme?
- activities
- friendship development
- links with local community

Final questions…

In a few months, we will ask **all** residents for their views on the social life here.
- What kinds of questions should we ask?
- What would be relevant to this scheme?

End of interview

3. Twelve month survey of all participating residents

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Evaluation of the Extra Care Housing Initiative

Living at [scheme name]

This questionnaire is about your experiences of living at [scheme name]. We want to find out about the social side of life here, the activities available, how moving here has affected your relationships and your well-being and quality of life. All information given will be treated in the strictest of confidence. Please take your time when filling in the questionnaire, and try to answer all the questions. If you need help completing it, please contact your local researcher who will be pleased to help you by reading the questions or writing the answers for you.

Name (please print): _____

Social life at [scheme name]

1   Which of the following statements best describes your present situation with respect to your social life?

By 'social life' we mean that you see the people that you want to see as often as you want, and feel part of a community.

Please tick [✓] one box

I have a good social life   ☐

My social life is as good as it can be   ☐

I have a social life but sometimes I feel lonely   ☐

I feel socially isolated and often feel lonely   ☐

2   Has your social life changed since moving to [scheme name]?

Please tick [✓] one box

My social life is better since I moved here   ☐

My social life is about the same as before I moved here   ☐

My social life now is worse because of moving here   ☐

My social life now is worse, but **not** because of moving here   ☐

3 **Which of the following statements best describes how you occupy your time?**

By 'activities of your choice' we mean anything that you feel keeps you occupied including formal employment, voluntary or unpaid work, and leisure activities.

Please tick [✓] one box

I am fully occupied in activities of my choice ☐

I am occupied but not in activities of my choice ☐

I don't have enough to do to keep me occupied ☐

I have nothing much to do and am usually bored ☐

4 **How often do you take part in an activity, or attend a group? (Activities and groups can include things such as hobbies and games, sports and exercise, religious activities, going to a coffee morning, going to an entertainment and so on.)**

This includes activities and groups <u>at</u> [scheme name], and also activities and groups in the local community.

Please tick [✓] one box

On most days ☐

Once or twice a week ☐

Once or twice a month ☐

Less than once a month ☐

Never ☐

5   What sort of activities or groups do you take part in? List up to 5, in order of importance.

This includes activities and groups <u>at</u> [scheme name], and also activities and groups in the local community.

1. _____ *(most important)*

2. _____

3. _____

4. _____

5. _____

6   <u>How many</u> activities or groups do you take part in?

This includes activities and groups <u>at</u> [scheme name], and also activities and groups in the local community.

Please tick [✓] one box

Take part in more than five groups/activities regularly (at least once a month) ☐

Take part in between two and five groups/activities regularly (at least once a month) ☐

Take part in one activity or group regularly (at least once a month) ☐

Occasionally attend groups or events (less than once a month) ☐

Rarely or never attend groups or events ☐

7   Would you say that your social life is:

Please tick [✓] one box

All in [scheme name] ☐

Mostly in [scheme name] ☐

About half in and half outside of [scheme name] ☐

Mostly outside [scheme name] ☐

All outside [scheme name] ☐

I don't feel I have a social life ☐

8   Thinking about getting around outside of [scheme name], which of the following statements best describes your present situation?

Please tick [✓] one box

I can get to all the places in my local area that I want ☐

With help I can get to all the places in my local area that I want ☐

At times I find it difficult to get to all the places in my local area that I want ☐

I am unable to get to all the places in my local area that I want ☐

9   **Do any of the following prevent you from taking part in social activities or attending groups?**

Please tick [✓] all that apply

Care arrangements ☐

Health or mobility problems ☐

Social activities or groups are held in places that are hard to get to ☐

None of my friends go ☐

I can't find any activities or groups that interest me ☐

I can't afford to go to social activities or groups ☐

Emotional reasons (such as feeling anxious or depressed) ☐

I find it hard to hear when I am there ☐

I find it hard to see when I am there ☐

Other (please give details below) ☐

_____

_____

_____

_____

10   **Which of the following facilities at [scheme name] do you use <u>at least</u> <u>once a week</u>?**

Please tick [✓] all that apply

Lounge	☐
Restaurant / café / dining room	☐
Garden	☐
Hair / beauty / therapy salon	☐
Gym / fitness room	☐
Shop	☐
Library	☐
Computer / IT room	☐
Craft / hobbies room	☐
Cinema	☐
Other (please give details below)	☐

_____

_____

_____

11   **How do you feel about people who do not live at [scheme name] coming in to use the facilities or take part in activities here?**

Please tick [✓] one box

I like people coming in to use facilities or take part in activities	☐
I neither like or dislike it	☐
I do not like people coming in to use facilities or take part in activities	☐
As far as I know, people who do not live here do not come in to use facilities or take part in activities	☐

12   How often do you socialise with the people who come in to use facilities or take part in activities?

Please tick [✓] one box

Very regularly	☐
Often	☐
Sometimes	☐
Never	☐
This does not apply	☐

Your relationships

13   Thinking about the people you know, who would you feel able to ask for advice if you needed it?

Please tick [✓] all that apply

Staff at [scheme name]	☐
Friends or other people who live at [scheme name]	☐
Friends outside of [scheme name]	☐
Husband/wife or partner	☐
Other family members	☐
No one	☐

14 **Thinking about the people you know, who could you count on for help if you needed it?**

Please tick all [✓] that apply

Staff at [scheme name] ☐

Friends or other people who live at [scheme name] ☐

Friends outside of [scheme name] ☐

Husband/wife or partner ☐

Other family members ☐

No one ☐

15 **Thinking about the people you know, who would you confide in about things that are private and important to you?**

Please tick [✓] all that apply

Staff at [scheme name] ☐

Friends or other people who live at [scheme name] ☐

Friends outside of [scheme name] ☐

Husband/wife or partner ☐

Other family members ☐

No one ☐

About your friends

16   How often do you hear from or meet up with friends?

Please tick [✓] one box

On most days ☐

Once or twice a week ☐

Once or twice a month ☐

Less than once a month ☐

Several times a year ☐

Never ☐

17   Did you know any of the other residents at [scheme name] before you moved here? (not including your husband/wife or partner, if applicable)

Please tick [✓] one box

Yes ☐   No ☐

18   Do you feel you have made or are making friends at [scheme name]?

Please [✓] tick one box

Yes ☐   No ☐

19   Since moving to [scheme name] have you stayed in touch with friends who have not moved here?

Please tick [✓] one box

Yes, I see these friends as much as I always have ☐

Yes, I see these friends more than I used to ☐

Yes, but I see them less than I used to ☐

No, I have lost touch with these friends ☐

I did not have any friends outside of [scheme name] ☐

9

About your family

20 How often do you hear from or meet up with relatives, not counting any who live with you?

Please [✓] tick one box

On most days ☐

Once or twice a week ☐

Once or twice a month ☐

Less than once a month ☐

Several times a year ☐

Never ☐

21 Has the amount of contact you have with your family changed since moving to [scheme name]?

Please tick [✓] one box

I now have **more** contact with my family ☐

I now have **less** contact with my family ☐

There has been **no change** in the amount of contact I have with my family ☐

About you

22 How is your health in general?

Please tick [✓] one box

Very good ☐

Good ☐

Fair ☐

Bad ☐

Very bad ☐

23   Has there been a change in your mobility since moving here?

Please tick [✓] one box

My mobility is better ☐

My mobility is worse ☐

No change ☐

24   Has there been a change in your ability to care for yourself since moving here?

By this we mean things such as washing, dressing, and using the WC

Please tick [✓] one box

My ability to care for myself is better ☐

My ability to care for myself is worse ☐

No change ☐

25   Has there been a change in your ability to perform your usual daily activities since moving here?

By this we mean things such as housework, cooking meals, and family or leisure activities

Please tick [✓] one box

My ability to perform my usual activities is better ☐

My ability to perform my usual activities is worse ☐

No change ☐

26   **Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?**

Please tick [✓] the box next to the answer that best describes the quality of your life

So good, it could not be better ☐

Very good ☐

Good ☐

Alright ☐

Bad ☐

Very bad ☐

So bad, it could not be worse ☐

27   **Has your quality of life changed since moving to [scheme name]?**

Please tick [✓] one box

My quality of life is better since I moved here ☐

My quality of life is about the same as before I moved here ☐

My quality of life now is worse because of moving here ☐

My quality of life now is worse, but <u>not</u> because of moving here ☐

28 Being in control of your daily life and having the choice to do things or have things done for you when you want are important to many people.

Which of the following statements best describes your present situation?

By 'control over daily life' we mean you have the choice to do what you want when you want to, for example having meals, going to bed and getting up, going out etc.

Please tick [✓] one box

I feel in control of my daily life ☐

The help I get here helps me to feel in control of my daily life ☐

I have some control over my daily life but not enough ☐

I have no control over my daily life ☐

29 **Do you think of your home as...**

Please tick [✓] one box

Your flat, apartment, or bungalow ☐

[scheme name] ☐

Where you lived before you moved here ☐

Other (please give details below) ☐

_____

_____

_____

30   How well do you think your flat, apartment or bungalow is designed to meet your needs?

Please tick [✓] one box

My flat, apartment, or bungalow meets my needs very well ☐

My flat, apartment, or bungalow meets most of my needs ☐

My flat, apartment, or bungalow meets some of my needs ☐

My flat, apartment, or bungalow is totally inappropriate for my needs ☐

Final questions...

31   Has [scheme name] lived up to your expectations of it so far?

Please [✓] tick one box

It has exceeded expectations ☐

It has been as good as expected ☐

It has been neither better nor worse ☐

It has not been as good as expected ☐

I regret moving in ☐

32   Did you fill in this questionnaire by yourself or did you have help from someone else?

Please tick [✓] one box

I filled it in myself ☐

I had help from the local researcher ☐

I had help from a care worker ☐

I had help from someone else ☐

Is there anything else you would like to say about living at [scheme name]?

_____

_____

_____

_____

Thank you for completing this questionnaire. Your opinions and experiences are very important to us.

All data we collect and analyse are stored and treated in an anonymous manner; no names are attached to the results.

Please indicate below if you are happy for your opinions collected in this questionnaire to be combined with information collected by us about you previously, such as your age, sex, marital status and health, for the purposes of the research. This will help us to understand what affects residents' experiences and well-being.

Please tick yes or no:

Yes ☐   No ☐

We are planning to interview a few residents to talk more about their experiences of living here. The interview will cover topics similar to those in this questionnaire, but in greater depth.

If you would be interested in taking part in an interview, please tick the box below, and your local researcher will contact you.

Yes, I would be interested in taking part in an interview   ☐

Personal Social Services Research Unit
Cornwallis Building
University of Kent
Canterbury
Kent CT2 7NF
Tel: 01227 823963
Email: extracarehousing@kent.ac.uk

4. Twelve month follow-up interview

1	0					

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Evaluation of the Extra Care Housing Initiative
Social Well-being in Extra Care Housing
Resident Interview 12 months after moving

PSSRU 3-Digit Resident Identification Number ☐☐☐

Date of interview (dd/mm/yyyy)

Gender	
Please tick [✓] one box	
☐	Male
☐	Female

Thank you for letting me interview you today. This interview is a follow-up to the survey you completed about living at [scheme name]. We would like to find out a bit more about what it is like to live here, so there will be questions on [scheme name] in general, your social life, your well-being and relationships, and any help, care and support you might receive here.

Just so you know what to expect, most of the questions have set answers for you to choose from – I will ask you a question and then either read out the options, or show you a card with options on and you can choose which option is best for you. There are quite a lot of questions, so I'll try and get through them as quickly as I can with you. If we focus on the questions and answers on the cards, it should take about 45 minutes to an hour. Is that ok with you? We can stop at any point.

{At this point, ask them if they would like to use the show cards}

All information you provide will be treated in the strictest confidence. The researchers will not use your name in any report of this work and it will not be made known who took part.

1. Are you still happy to go ahead with the interview today?
Please tick [✓] one box
☐   Yes [Ask to sign consent form (please go through it with them) and then Go to Q3]
☐   No [Go to Q2]

2. If NO, are you still willing to be interviewed at another time?
Please tick [✓] one box

☐	Yes [Arrange a convenient time to return and terminate interview] New interview date/time:
☐	No [Terminate interview]

3. You may remember that, in earlier parts of the research, we have collected information about you such as your age, sex, marital status and health, as well as asking you to complete two questionnaires about your opinions and experiences of living at [scheme name]. Would you be happy for us to link that information with what you tell me today for our research? All the information will be kept confidential.
Please tick [✓] one box [Please also tick corresponding box on consent form]

☐	Yes
☐	No
☐	Not applicable

4. Could I just check, do you receive paid help, care or support here at [scheme name]?   [Interviewer note: this refers to paid help, not informal care from, e.g., a relative]
Please tick [✓] one box

☐	Yes [Go to Q5]
☐	No [Go to Q7]

5. What kind of paid help, care or support do you receive here at [scheme name]?

6. How many hours of help do you receive per week?
Please tick [✓] one box

☐	1-5 hours
☐	6-10 hours
☐	11-15 hours
☐	16-20 hours
☐	21 hours a week or more

Section A: Background questions

Before we begin the main part of the interview, I would like to ask you a couple of questions about yourself.

7. What is your date of birth? (dd/mm/yyyy)

8. What is your marital status? Are you ...? [Read from list until interviewee says yes]	
Please tick [✓] one box	
☐	Single, that is never married
☐	Married
☐	Widowed
☐	Divorced/ Separated
☐	Living as married/ cohabitating

9. Do you live alone in your flat/apartment/bungalow?	
Please tick [✓] one box	
☐	Yes
☐	No

Section B: Social life

The first section of the interview is about your social life.

10. First could I just ask, do you take part in any activities or groups <u>here at [scheme name]</u>? Activities and groups can include things such as hobbies and games, sports and exercise, religious activities, going to a coffee morning, going to an entertainment and so on. Please answer 'yes' or 'no'.	
Please tick [✓] one box	
☐	Yes [Go to Q11]
☐	No [Go to Q15]

[Interviewer: Please ask Q11, and then move on to Q12, reading out the list you have created in Q11.]

11. Next, please could you list for me the social activities or groups you have taken part in at [scheme name] <u>in the last month</u>? [Interviewer please fill in below]	12. Now, could you tell me how much you enjoyed each of these activities, in terms of the options on this card?				
	SHOW CARD B and ask:				
	Please tick [✓] one box				
	I enjoyed this very much	I enjoyed this	It was ok	I did not enjoy this	I disliked this very much
a)	☐	☐	☐	☐	☐
b)	☐	☐	☐	☐	☐
c)	☐	☐	☐	☐	☐
d)	☐	☐	☐	☐	☐
e)	☐	☐	☐	☐	☐
f)	☐	☐	☐	☐	☐

SHOW CARD C and ask:

13. Thinking about your personal situation, can you take part in organised activities or groups at [scheme name] **when** you want to?	
Please tick [✓] one box	
☐	Always
☐	Usually
☐	Sometimes
☐	Never
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

14. Can you choose **not to** take part in organised activities or groups at [scheme name]?
Please tick [✓] one box

☐	Always
☐	Usually
☐	Sometimes
☐	Never
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

15. Next could I just ask, do you take part in any activities or groups outside of [scheme name]? Activities and groups can include things such as hobbies and games, sports and exercise, religious activities, going to a coffee morning, going to an entertainment and so on. Please answer 'yes' or 'no'.
Please tick [✓] one box

☐	Yes [Go to Q16]
☐	No [Go to Q19]

[Interviewer: Please ask Q16, and then move on to Q17, reading out the list you have created in Q16]

16. Next, please could you list for me the social activities or groups you have taken part in outside of [scheme name] in the last month? [Interviewer please fill in below]	17. Now, could you tell me how much you enjoyed each of these activities, in terms of the options on this card? SHOW CARD D and ask:				
	Please tick [✓] one box				
	I enjoyed this very much	I enjoyed this	It was ok	I did not enjoy this	I disliked this very much
a)	☐	☐	☐	☐	☐
b)	☐	☐	☐	☐	☐
c)	☐	☐	☐	☐	☐
d)	☐	☐	☐	☐	☐
e)	☐	☐	☐	☐	☐
f)	☐	☐	☐	☐	☐

18. Is it up to you whether you attend activities or groups outside [scheme name]?

Please tick [✓] one box

☐	Always
☐	Usually
☐	Sometimes
☐	Never
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

[Interviewer note: Please only ask the following question if interviewee does some form of activity.]

Thinking now about activities and groups both <u>at</u> [scheme name] and <u>outside</u> of [scheme name]…

19. What do you feel that you get out of the activities and groups that you do?
[Interviewer: please write response in space below, and tick any of the items from the list that are mentioned, using 'Mentioned themselves' column. Note: this can be done after the interview if necessary]

How about any of the following things? [Interviewer: read <u>starred (**) items only</u> from list, and tick 'Mentioned on prompt' box if item applies to interviewee]

	Mentioned themselves	Mentioned on prompt
a) **Friendship	☐	☐
b) **Mental stimulation (keeping your mind active)	☐	☐
c) **A sense achievement	☐	☐
d) **A sense of helping/feeling useful	☐	☐
e) **Exercise	☐	☐
f) **Using my skills	☐	☐
g) **Opportunity to learn new skills	☐	☐
h) Company	☐	☐
i) Getting out of your flat/apartment/bungalow	☐	☐
j) They help to pass the time	☐	☐
k) Relaxation	☐	☐
l) Nothing	☐	☐

20. Would you like there to be any other activities or groups available at [scheme name]?
Please tick **[✓]** one box
☐	Yes [Go to Q21]
☐	No [Go to Q22]
☐	Don't know [Go to Q22]

21. What other activities or groups do you think should be available?

22. Would you like there to be any other activities or groups available <u>outside</u> of [scheme name]?
Please tick **[✓]** one box
☐	Yes [Go to Q23]
☐	No [Go to Q24]
☐	Don't know [Go to Q24]

23. What other activities or groups do you think should be available?

24. Could I just check, do you need help moving around [scheme name]? (By this we mean you rely on another person to help you get about within the scheme.)
Please tick **[✓]** one box
☐	Yes [Go to Q25]
☐	No [Go to Q26]

25. Does this affect your social life?
Please tick **[✓]** one box
☐	It <u>always</u> affects my social life
☐	It <u>usually</u> affects my social life
☐	It <u>sometimes</u> affects my social life
☐	It <u>never</u> affects my social life
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

	26. Can you leave the building when you want to? [Interviewer guidance: if interviewee says they never leave the building, please ask why that is and whether they *want to* but *don't/can't* for some reason. If they *want to* but don't/can't, code as 'never']
	Please tick [✓] one box
☐	Always
☐	Usually
☐	Sometimes
☐	Never
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

Section C: Living at [scheme name]

Now, I would like to ask you some questions about your experience of the day-to-day life here.

Thinking about your personal situation…

27. Can you choose what you want to eat each day?
Please tick [✓] one box
☐   Always
☐   Usually
☐   Sometimes
☐   Never
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

28. Can you choose when to eat your meals?
Please tick [✓] one box
☐   Always
☐   Usually
☐   Sometimes
☐   Never
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

29. Can you choose what time you get up in the morning?
Please tick [✓] one box
☐   Always
☐   Usually
☐   Sometimes
☐   Never
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

30. Can you choose what time you go to bed at night?	
Please tick [✓] one box	
☐	Always
☐	Usually
☐	Sometimes
☐	Never
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

Now, I am going to read out some statements that people might make about living in a particular place.

31. Using one of the options on this card, could you please tell me how much you agree or disagree with each statement in relation to [scheme name]?	Strongly agree	Agree	Neither	Disagree	Strongly disagree
a) I believe my neighbours would help me in an emergency	☐	☐	☐	☐	☐
b) I like to think of myself as similar to the people in [scheme name]	☐	☐	☐	☐	☐
c) I seldom stop and talk to people in [scheme name]	☐	☐	☐	☐	☐
d) I feel I can trust people in [scheme name]	☐	☐	☐	☐	☐
e) Residents have little say in how [scheme name]is run	☐	☐	☐	☐	☐
f) [scheme name]is a good place to grow old in	☐	☐	☐	☐	☐
g) People with differing degrees of health mix well together	☐	☐	☐	☐	☐
h) During the last year [scheme name]has got better as a place to live	☐	☐	☐	☐	☐
i) There is a strong sense of community in [scheme name]	☐	☐	☐	☐	☐
j) I feel part of the community at [scheme name]	☐	☐	☐	☐	☐

The next section has some more statements about [scheme name] in general. There are 27 statements about the place where you live, which you may or may not agree with. Some of the statements may seem a bit odd, but they are part of a list that has been used in a lot of studies, so we have to ask them in this way. Based on your experience here, please answer these questions 'yes' or 'no'. Ask yourself which answer is generally true.

Answer **yes** if you think the statement is true or mostly true of [scheme name].

Answer **no** if you think the statement is false or mostly false of this [scheme name].

[Interviewer note: Please encourage interviewees to simply answer 'yes' or 'no' to the questions below. Let them know that there will be an opportunity to give more of their opinions at the end of the interview. If they really cannot decide between 'yes' or 'no', please tick 'don't know']

32. About the scheme	Yes	No	Don't know
a) In your experience, do residents get a lot of individual attention?	☐	☐	☐
b) Do residents ever start arguments?	☐	☐	☐
c) Do residents usually depend on the staff to set up activities for them?	☐	☐	☐
d) In your experience, do staff members spend a lot of time with residents? [Interviewer note: by this we mean that staff spend enough time with residents to ensure that more than just their basic needs are met]	☐	☐	☐
e) Is it unusual for residents to openly express their anger?	☐	☐	☐
f) Do residents usually wait for staff to suggest an idea or activity?	☐	☐	☐
g) Do staff members sometimes talk down to residents?	☐	☐	☐
h) Do residents sometimes criticise or make fun of this place?	☐	☐	☐
i) Are residents taught how to deal with practical problems?	☐	☐	☐
j) Are there a lot of social activities?	☐	☐	☐
k) Do residents usually keep their disagreements to themselves?	☐	☐	☐
l) Are many new skills taught here? [Interviewer note: 'new skills' can include things such as learning new hobbies, learning how to use a computer etc.]	☐	☐	☐
m) Do a lot of residents just seem to be passing time here?	☐	☐	☐
n) Is it unusual for residents to complain about each other?	☐	☐	☐
o) Are residents learning to do more things on their own? [Interviewer note: this means are residents learning how to do things independently, such as changing the heating levels in their flat, using a computer]	☐	☐	☐
p) Are requests made by residents usually taken care of right away? [Interviewer note: this does not refer to the response of carers to residents' emergency buttons]	☐	☐	☐
q) Is it always peaceful and quiet here?	☐	☐	☐
r) Are the residents strongly encouraged to make their own decisions?	☐	☐	☐
s) Do staff members sometimes criticise residents over minor things?	☐	☐	☐
t) Do residents often get impatient with each other?	☐	☐	☐

u) Do residents sometimes take charge of activities?	☐	☐	☐
v) In general, do residents tend to keep to themselves here?	☐	☐	☐
w) Do residents complain a lot?	☐	☐	☐
x) Do residents care more about the past than the future?	☐	☐	☐
y) Are the conversations here very interesting?	☐	☐	☐
z) Do residents criticise each other a lot?	☐	☐	☐
aa) Are some of the residents' activities really challenging? [Interviewer note: we mean 'really challenging' in a positive way]	☐	☐	☐

Section D: Links with the local community

Now, I would like to talk about your local community, the local area outside of [scheme name].

33. How involved do you feel in your local community?
Please tick [✓] one box
☐   A great deal [Go to Q34]
☐   A fair amount [Go to Q34]
☐   A little [Go to Q34]
☐   Not at all [Go to Q36]

34. In what way are you involved in your local community? [Interviewer please fill in below]

35. Do any of the following <u>help you</u> to feel involved in the local community? I will read out a list of options, and would like you to answer 'yes' or 'no'.	Yes	No
a) Going out of [scheme name] to attend activities or groups	☐	☐
b) Going out of [scheme name] to visit family and friends	☐	☐
c) People from the community coming in to use the facilities here	☐	☐
d) People from the community coming in to attend activities or groups	☐	☐
e) Friends and family coming in to [scheme name] to visit	☐	☐
f) None of the above	☐	☐
g) Other [List below]	☐	☐

36. Does anything <u>prevent you</u> from feeling involved in the local community?
Please tick [✓] one box
☐   Yes [Go to Q37]
☐   No [If any comments made, write in below, then Go to Q38]

37. What is it that prevents you from feeling involved in the local community? [Interviewer: please write response in the space below, and tick any items from the list that are mentioned, using the 'Mentioned themselves' column. Note: this can be done after the interview if necessary]

How about any of the following – do they prevent you from feeling involved in the local community? [Interviewer: read <u>starred (**) items only</u> from list, and tick 'Mentioned on prompt' box if item applies to interviewee]

	Mentioned themselves	Mentioned on prompt
a) **It is <u>difficult</u> to get to social activities, groups and events held in the local community	☐	☐
b) **I don't know what is going on that I might like to get involved with	☐	☐
c) **Health or mobility problems	☐	☐
d) **I have no-one to go with	☐	☐
e) I <u>can't</u> get to social activities, groups and events held in the local community	☐	☐
f) I find it hard to see when I go out	☐	☐
g) I find it hard to hear when I go out	☐	☐
h) Emotional reasons (such as feeling anxious or depressed)	☐	☐
i) There nothing going on in the local community that interests me	☐	☐
j) I can't afford to go to activities, groups or events in the local community	☐	☐
k) Everything I want is here in [scheme name]		

38. How important is it to you to feel involved in your local community?
Please tick [✓] one box
☐   Very important
☐   Quite important
☐   Neither
☐   Quite unimportant
☐   Very unimportant

39. Do you feel that [scheme name] is part of the local community?
Please tick [✓] one box
☐   Yes
☐   No
☐   Don't know
40. If possible, could you explain your answer? [Interviewer please fill in below]

Section E: You and your relationships

The next section is about your well-being, quality of life, and relationships.

41. First, could I just check, in the past year has anything happened which has particularly affected you, apart from moving here? [Interviewer, please <u>do not</u> read out these options, but tick items if they are mentioned]	
	Please tick [✓] all that apply
a) He/she has experienced serious accident or illness	☐
b) Someone close to him/her has been seriously ill	☐
c) Someone close to him/her has died	☐
d) Someone has moved in or out of his/her flat/apartment/bungalow	☐
e) He/she has been in hospital	☐
f) He/she has been away from home (but <u>not</u> for a holiday)	☐
g) He/she has experienced particular difficulties with money	☐
h) He/she has experienced particular difficulties with their neighbours	☐
i) He/she has experienced particular difficulties with their housing	☐
j) Other [Please list below]	☐

Next, I would like to ask you about your well-being and quality of life. There will be a list of statements. Some of the statements might seem slightly odd to you, but they are part of a list of statements that different people have used to describe their lives or how they feel. For example, there are some statements about how people feel about their life, about their health, and about the future.

42. I am going to read out each statement, and would like to know how often, if at all, you think this applies to you, in terms of the options on this card.	Often	Some times	Not often	Never
a) My age prevents me from doing the things I would like to	☐	☐	☐	☐
b) I feel that what happens to me is out of my control	☐	☐	☐	☐
c) I feel free to plan for the future	☐	☐	☐	☐
d) I feel left out of things	☐	☐	☐	☐
e) I can do the things that I want to do	☐	☐	☐	☐
f) Family responsibilities prevent me from doing what I want to do	☐	☐	☐	☐
g) I feel that I can please myself with what I do	☐	☐	☐	☐

h) My health stops me from doing the things that I want to do	☐	☐	☐	☐
i) Shortage of money stops me from doing the things I want to do	☐	☐	☐	☐
j) I look forward to each day	☐	☐	☐	☐
k) I feel that my life has meaning	☐	☐	☐	☐
l) I enjoy the things that I do	☐	☐	☐	☐
m) I enjoy being in the company of others	☐	☐	☐	☐
n) On balance, I look back on my life with a sense of happiness	☐	☐	☐	☐
o) I feel full of energy these days	☐	☐	☐	☐
p) I choose to do things that I have never done before	☐	☐	☐	☐
q) I feel satisfied with the way my life has turned out	☐	☐	☐	☐
r) I feel that life is full of opportunities	☐	☐	☐	☐
s) I feel that the future looks good for me	☐	☐	☐	☐

The next part of the interview is about your family and relationships.

43. Can I just check, do you have any children or other relatives still living?	
Please tick [✓] one box	
☐	Yes [Go to Q44]
☐	No [Go to Q48]

[Interviewer note: if the answer is 'no', please tick the 'no relatives', 'no children' etc. options in Q44, Q45, Q46 and Q47]

44. How far away, in distance, does your nearest child or other relative live? [Interviewer note: do not include spouse]	
Please tick [✓] one box	
☐	No relatives
☐	Same house/within 1 mile
☐	1-5 miles
☐	6-15 miles
☐	16-50 miles
☐	50+ miles

45. If you have any children, where does your nearest child live?	
Please tick [✓] one box	
☐	No children
☐	Same house/within 1 mile
☐	1-5 miles
☐	6-15 miles
☐	16-50 miles
☐	50+ miles

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46. If you have any living sisters or brothers, where does your nearest sister or brother live?	
Please tick [✓] one box	
☐	No sisters or brothers
☐	Same house/within 1 mile
☐	1-5 miles
☐	6-15 miles
☐	16-50 miles
☐	50+ miles

47. How often do you see any of your children or other relatives to speak to?	
Please tick [✓] one box	
☐	Never/No relatives
☐	Daily
☐	2-3 times a week
☐	At least weekly
☐	At least monthly
☐	Less often

48. Can I just check, do you have any friends in this community or neighbourhood, including at [scheme name]? [Interviewer note: do not include spouse]	
Please tick [✓] one box	
☐	Yes [Go to Q49]
☐	No [Go to Q50]

[Interviewer note: if the answer is 'no', please tick the 'no friends', option in Q49]

49. How often do you have a chat or do something with one of those friends?	
Please tick [✓] one box	
☐	Never/No friends
☐	Daily
☐	2-3 times a week
☐	At least weekly
☐	At least monthly
☐	Less often

50. How often do you see any of your neighbours to have a chat with or do something with?	
Please tick [✓] one box	
☐	Never/No contact with neighbours
☐	Daily
☐	2-3 times a week
☐	At least weekly
☐	At least monthly
☐	Less often

51. Do you attend any religious meetings?	
Please tick [✓] one box	
☐	Yes, regularly (at least once a month)
☐	Yes, occasionally
☐	No

52. Do you attend meetings of any community/neighbourhood or social groups, such as clubs, lectures or anything like that?	
Please tick [✓] one box	
☐	Yes, regularly (at least once a month)
☐	Yes, occasionally
☐	No

53. When you moved to [scheme name], did you move nearer to your relatives, or further away from them?	
Please tick [✓] one box	
☐	Nearer [Go to Q54]
☐	Further [Go to Q54]
☐	No change [Go to Q55]

54. Roughly how much (*nearer / further*), in travel time? (e.g. half an hour further away, an hour nearer)

55. Is there anything that prevents you from seeing the people who are important to you more often?	
Please tick [✓] one box	
☐	Yes [Go to Q56]
☐	No [Go to Q57]
☐	Don't know [Go to Q57]

56. What prevents you from seeing the people who are important to you more often?

57. Do you have any friends at [scheme name]?
Please tick [✓] one box
☐   Yes [Go to Q58]
☐   No [Go to Q59]

58. How did you get to know those friends?

We would now like you to think a bit more about your family and friends. By family we mean those who live might with you as well as those who live elsewhere.

59. Here are some comments people have made about their family and friends. How far is each statement true for you, in terms of the options on this card?	Not true	Partially true	Certainly true
There are people I know amongst my family or friends who do things to make me happy.	☐	☐	☐
There are people I know amongst my family or friends who make me feel loved.	☐	☐	☐
There are people I know amongst my family or friends who can be relied on no matter what happens.	☐	☐	☐
There are people I know amongst my family or friends who would see that I am taken care of if I needed to be.	☐	☐	☐
There are people I know amongst my family or friends who accept me just as I am.	☐	☐	☐
There are people I know amongst my family or friends who make me feel an important part of their lives.	☐	☐	☐
There are people I know who amongst my family or friends who give me support or encouragement.	☐	☐	☐

60. Not counting any people who live with you in your flat, which of the following statements best describes how many people you have a close relationship with?	
Please tick [✓] one box	
☐	Lots
☐	Some
☐	One or two
☐	None

[Interviewer note: By this point, some interviewees may be feeling fatigued. Therefore, please check whether the interviewee is happy to continue with the interview. There are two sections following this one – Section F is about design & facilities, and Section G is about care – they can do either, both (Section G only if they receive paid care, help or support) or none.]

61. Are you happy to continue with the interview?	
Please tick [✓] one box	
☐	Yes [Go to Q62]
☐	No [Terminate interview]

Section F: Design & Facilities

This section is about the way the [scheme name] building is designed, and the facilities that are available here.

First I would like to ask you some questions about the [scheme name] building.

62. How well do you think [scheme name] is designed to meet your needs?	
Please tick [✓] one box	
☐	[scheme name] meets my needs very well
☐	[scheme name] meets most of my needs
☐	[scheme name] meets some of my needs
☐	[scheme name] is totally inappropriate for my needs

63. Thinking about getting around inside of [scheme name], which of the following statements best describes your present situation?	
Please tick [✓] one box	
☐	I can get to all the places in [scheme name] that I want
☐	With help I can get to all the places in [scheme name] that I want
☐	At times I find it difficult to get to all the places in [scheme name] that I want
☐	I am unable to get to all the places in [scheme name] that I want

64. Is there anything that you would like to do that you can't because of the way [scheme name] is designed?	
Please tick [✓] one box	
☐	Yes [Go to Q65]
☐	No [Go to Q67]

65. What is that?

66. What exactly is it about that design that is a problem?

67. Is there enough separation between the public and private areas at [scheme name]? By private areas we mean places such as residents' flats. Public areas include places such as the lounge and dining room.

Please tick [✓] one box	
☐	Yes
☐	Mostly
☐	To some extent
☐	No

68. If possible, could you explain your answer? [Interviewer please fill in below]

Now, I would like to ask you some questions about the facilities here.

69. Which facilities at [scheme name] are particularly important to you, and why?

We also want to find out why people don't use some facilities.

70. Does anything prevent you from using the facilities here?	
Please tick [✓] one box	
☐	Yes [Go to Q71]
☐	No [Go to Q73]

71. What is that? [Interviewer: please write response in space below, and tick any of the items from the list that are mentioned, using 'Mentioned themselves' column. Note: this can be done after the interview if necessary]

How about any of the following – do they prevent you from using the facilities here? [Interviewer: read starred (**) items only from list, and tick 'Mentioned on prompt' box if item applies to interviewee]

	Mentioned themselves	Mentioned on prompt
a) **They are in places that are hard to get to	☐	☐
b) **Health or mobility problems	☐	☐
c) **Nobody else uses them, so I don't either	☐	☐
d) **There is no-one to go with	☐	☐
e) I find it hard to hear when I am there	☐	☐
f) I find it hard to see when I am there	☐	☐
g) There are no facilities here that I want to use	☐	☐

72. Which facilities don't you use? [Interviewer please fill in below]

73. So, you can get to all facilities here that you want to?
Please tick [✓] one box, and add any comments below.

☐	Yes
☐	No

Section G: Quality of services at [scheme name]

The next section is about your views on the help, care and support that you receive at [scheme name].

We would like you to think about the help, care and support that you receive <u>now</u>.

[Interviewer guidance: we want the interviewee to focus on the help, care and support they receive currently. If they mention that it has changed (e.g. was good at the beginning but is not now), please make a note in the box at Q94.]

74. What areas of your life does this help you with? I will read out a list of options, and would like you to answer 'yes' or 'no'.	
	Yes
a) With my personal care (such as getting dressed)	☐
b) Taking medicine	☐
c) Meals (such as preparation or delivery of meals)	☐
d) Feeling safe and secure	☐
e) My social life	☐
f) Keeping active and occupied	☐
g) Keeping my home clean and comfortable	☐
h) Getting around my local area	☐
i) Caring for others	☐
j) To feel in control of my daily life (being able to do what I want when I want)	☐
k) None of the above	☐
l) Other [please fill in below]	☐

75. Next, could I just ask you, overall how satisfied are you with the help that you receive at [scheme name]?
Please tick [✓] one box
☐   <u>Extremely</u> satisfied
☐   <u>Very</u> satisfied
☐   <u>Quite</u> satisfied
☐   Neither satisfied nor dissatisfied
☐   <u>Quite</u> dissatisfied
☐   <u>Very</u> dissatisfied
☐   <u>Extremely</u> dissatisfied

76. Do you decide whose help to accept here?
Please tick [✓] one box
☐   I <u>always</u> decide whose help to accept here
☐   I <u>usually</u> decide whose help to accept here
☐   I <u>sometimes</u> decide whose help to accept here
☐   I <u>never</u> decide whose help to accept here
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

77. Are you kept informed about day-to-day changes in your care? (such as your visit will be late, a different care worker will visit you)
Please tick [✓] one box
☐   Someone <u>always</u> lets me know about changes
☐   Someone <u>usually</u> lets me know about changes
☐   They <u>hardly ever</u> let me know about changes
☐   They <u>never</u> let me know about changes
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

78. Do you always see the same people who are paid to help you?
Please tick [✓] one box
☐ Yes, I <u>always</u> see the same people who are paid to help me
☐ No, but I <u>nearly always</u> see the same people who are paid to help me
☐ No, I <u>hardly ever</u> see the same people who are paid to help me
☐ No, I <u>never</u> see the same people who are paid to help me
☐ Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

79. How important is it to you that you see the same people who are paid to help you?
Please tick [✓] one box
☐ <u>Very</u> important
☐ <u>Quite</u> important
☐ Neither
☐ <u>Quite</u> unimportant
☐ <u>Very</u> unimportant

80. Do the people who are paid to help you do the things that you want them to do?
Please tick [✓] one box
☐ They <u>always</u> do the things I want done
☐ They <u>nearly always</u> do the things I want done
☐ They <u>sometimes</u> do the things I want done
☐ They <u>never</u> do the things I want done
☐ Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

81. Do the people who are paid to help you come at times that suit you?
Please tick [✓] one box
☐ They <u>always</u> come at times that suit me
☐ They <u>usually</u> come at times that suit me
☐ They <u>sometimes</u> come at times that suit me
☐ They <u>never</u> come at times that suit me
☐ Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

	82. Are the people who are paid to help you in a rush?
	Please tick [✓] one box
☐	They are <u>always</u> in a rush
☐	They are <u>often</u> in a rush
☐	They are <u>sometimes</u> in a rush
☐	They are <u>never</u> in a rush
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

	83. Do the people who are paid to help you arrive on time?
	Please tick [✓] one box
☐	They are <u>always</u> on time
☐	They are <u>usually</u> on time
☐	They are <u>sometimes</u> on time
☐	They are <u>never</u> on time
☐	I never know what time they are going to arrive
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

	84. Do the people who are paid to help you come into your (flat/apartment/bungalow) without being invited?
	Please tick [✓] one box
☐	They <u>always</u> come in without being invited
☐	They <u>usually</u> come in without being invited
☐	They <u>sometimes</u> come in without being invited
☐	They <u>never</u> come in without being invited
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

85. Do the people who are paid to help you ever not come at all?
Please tick [✓] one box
☐   Someone <u>always</u> comes
☐   <u>Occasionally</u> no one has come
☐   <u>Often</u> no one comes
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

86. Do the people who are paid to help you do things in their way rather than yours?
Please tick [✓] one box
☐   They <u>always</u> do things their way
☐   They <u>usually</u> do things their way
☐   They <u>sometimes</u> do things their way
☐   They <u>never</u> do things their way
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

87. Do you feel you are treated with dignity and respect by the people who are paid to help you?
Please tick [✓] one box
☐   I am <u>always</u> treated with respect
☐   I am <u>usually</u> treated with respect
☐   I am <u>sometimes</u> treated with respect
☐   I am <u>never</u> treated with respect
☐   Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

88. Are the people who are paid to help you careless, such as putting things wrong place, being wasteful and so on?	
Please tick [✓] one box	
☐	Always
☐	Usually
☐	Sometimes
☐	Never
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

89. How well do the people who are paid to help you understand how your health problems affect you?	
Please tick [✓] one box	
☐	They completely understand
☐	They understand well enough
☐	They have some understanding
☐	They don't understand at all
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

90. Would you describe your relationship with the people who are paid to help you as...?	
Please tick [✓] one box	
☐	Excellent
☐	Good
☐	Mixed
☐	Bad
☐	Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

91. Do you think the people who are paid to help you are professional and do a good job?
Please tick [✓] one box
☐ Always
☐ Usually
☐ Sometimes
☐ Never
☐ Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

92. Do you have as many hours with the people who are paid to help you as you need?
Please tick [✓] one box
☐ Yes, I have as many hours as I need
☐ No, I need a few more hours
☐ No, I need a lot more hours
☐ No, I have more hours than I need
☐ Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

93. Do the people who are paid to help you spend less time with you than they are supposed to?
Please tick [✓] one box
☐ They never spend less time with me than they are supposed to
☐ They sometimes spend less time with me than they are supposed to
☐ They often spend less time with me than they are supposed to
☐ They always spend less time with me than they are supposed to
☐ Interviewee reports that this does not apply [Interviewer note: if interviewee reports that this does not apply, please ask why that is, and fill in below]

94. Before we end the interview, do you have anything else you would like to say about living at [scheme name]? [Interviewer please fill in below]

Thank you for taking part in this interview. Your opinions and experiences are very important to us. All the data we collect and analyse are stored and treated in an anonymous way, and no names are attached to the results.

Appendix C: Tables

Table 1: New build schemes (Funded 2004-06): opening dates, sizes and tenure

	Opening date[2]	Rented units (social or market rent)	Buy or shared owner-ship units	Inter-mediate/ respite care units	Total number of units
2004–05 (Round 1)					
Brighton & Hove	07/06	33	0	5	38
East Riding	04/06	24	6	9	39
Enfield	11/06	48	0	0	48
Havering	08/06	50	5	9	64
Liverpool[1]	09/08	47	0	2	49
Milton Keynes	06/07	100	158	0	258
Northamptonshire	08/06	125	145	0	270
Peterborough	07/06	34	0	6	40
Staffordshire[1]	12/08	–	–	–	42
Stoke-on-Trent	04/08	42	25	8	75
West Sussex (Horsham DC)	07/06	29	10	1	40
2005–06 (Round 2)					
Blackburn with Darwen	11/07	39	8	1	48
Bradford	04/07	32	14	0	46
Cheshire[1]	09/09	41	83	0	124
Darlington	10/07	36	0	6	42
Derbyshire	06/08	16	23	4	43
Ealing	10/07	35	0	0	35
Hartlepool	06/08	97	145	0	242
North Yorkshire	12/07	38	0	1	39
Rotherham	04/07	22	13	0	35
Wakefield	09/07	41	4	0	45
West Sussex (Crawley BC)	11/08	39	0	0	39

Notes:
1. Liverpool, Staffordshire and Cheshire schemes have been excluded from the main evaluation due to delays in completion. Information on tenure for Staffordshire scheme is not available since the scheme was modified following the successful bid.
2. For the 19 schemes included in the main evaluation, the opening date is the date when the first residents moved in or are expected to move in. For the three schemes excluded from the main evaluation, the opening date is the planned date of completion, as reported in Summer 2007.
3. This table is taken from Darton et al., (2008).

Table 2: Overview of activities, groups and events in place at six months, as reported by residents and staff

	Scheme 1[1]	Scheme 2	Scheme 3	Scheme 4	Scheme 5	Scheme 6
Regular activities						
Residents' Association/Committee	✓	✓	Planned	✓	Not successful	
Coffee morning	✓	✓	✓	Not successful	Not successful	
Afternoon tea				✓		
Bingo	✓	✓	✓	Planned	✓	✓
Games (e.g. cards, dominos, scrabble)	✓	Planned	Not successful	Planned		✓
Games (e.g. bowls, table tennis, snooker)						✓
Exercise classes (e.g. Tai Chi, armchair aerobics)	Planned	✓		✓		✓
Talks/discussions	Planned			✓		✓
Film groups			✓			
Religious services/groups			✓	✓	Planned	✓
Gardening	✓		Planned		✓	✓
Karaoke					✓	
Quizzes/brain teaser sessions				Planned	✓	✓
Knitting circle					✓	✓
Poetry and creative writing						✓
Language lessons						✓
Swimming						✓
Arts and Crafts (e.g. painting, woodwork, flower arranging)	Planned			✓		✓
Dancing (e.g. line dancing)						✓
Sing-alongs				✓	✓	
Musical groups (e.g. choir, orchestra)						✓
IT group/classes		✓		✓		✓
Occasional activities						
Socials/entertainment (e.g. singers, magic shows)	✓	Planned	✓	✓	Planned	✓
Dances (e.g. tea dance)	✓					✓
Seasonal events (e.g. religious festivals)	✓	✓	✓	✓	✓	✓
Sales (clothes, books)		✓	✓	✓		
Bazaars/fairs		✓		Planned		
Trips/outings	Planned	Planned	Planned	✓	Planned	✓

Notes:
1. Scheme numbers *do not* correspond with staff identification numbers in text.

Table 3: Facilities available at six months, as reported by staff

	Scheme 1	Scheme 2	Scheme 3	Scheme 4	Scheme 5	Scheme 6
Communal lounge (public)	✓	✓	✓	✓	✓	✓
Communal lounge (residents only)	✓			✓	✓	✓
Restaurant/dining room	✓	✓	✓	✓	✓[1]	✓
Café			✓			✓ (café/bar)
Shop	✓		✓	✓		✓
Hair salon	✓	✓	✓	✓	✓	✓
Beauty/therapy salon			✓	✓[2]	✓	✓
Gym/fitness room				✓[3]		✓
Library			✓	✓	✓	✓
Library service		✓				Planned
Computer/IT room		✓		✓		✓
Craft/hobbies room				✓		✓
'Village hall'						✓
Cinema			✓			
Garden	✓	✓		✓	✓	✓
Quiet room		✓[4]				
Doctor's surgery			✓			
Laundry	✓	✓	✓	✓	✓	✓
Faith room			✓			✓
Day Centre		✓			✓	
Cash point						✓

Notes:
1. Not operational at 6 months; closed down as not financially viable. Re-opened April 2007.
2. Originally fitness room: see note 11.
3. Fitness room not used; equipment would not fit in. Instead, will be used as health and beauty room.
4. Quiet room not used, so is now used as surgery for community matron.