

**The impact of living in Campbell Place Extra Care Housing  
Scheme on the quality of life of residents.**

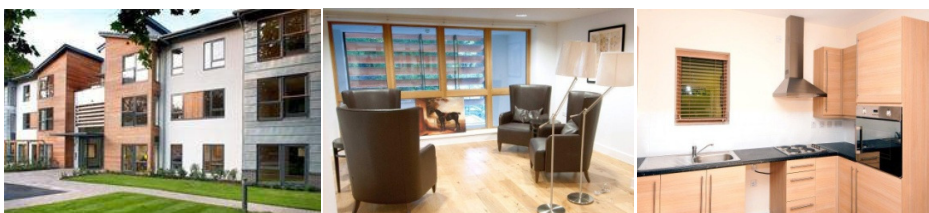
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**Campbell Place**

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## **Abstract**

Extra-care housing is a specialist type of housing, with care and support services provided on-site, that is designed to help older people live independently for as long as possible (Independent Age 2012). This research uses qualitative methodology to explore the experience of older people living in Campbell Place, an extra-care housing scheme in Hampshire. It aims to help inform future policy decisions by Hampshire County Council and add to the body of knowledge about extra-care. The objective of this research is to understand the outcomes experienced by residents as a result of moving into, and living in, Campbell Place, in terms of their health, confidence, happiness, general well-being and relationship with their families. The research comprised seventeen semi-structured interviews with residents. It found that the residents valued the accommodation, facilities, security, and care and support that Campbell Place provides. Overall they reported experiencing improved outcomes in relation to their health, happiness, confidence, social life, relationships with their families and general well-being. The importance of social interaction and a communal restaurant to well-being was striking and contributes to the case developed by Callaghan et al. (2009) for these facilities to be available as soon as a scheme opens. These findings also raise questions about the design and management of reception areas, volunteering opportunities for residents as well as people from the local communities and transport for large numbers of wheelchair users. These are areas that warrant further research to explore ways that extra-care can be enhanced for the benefit of current and future residents. This research has implications for the second phase of extra-care development commenced by Hampshire County Council and may benefit other local authorities and housing providers at a time when national government has announced additional funding for extra-care.

## **Introduction**

England's population is ageing at a rate not seen before and this demographic change brings both opportunities and challenges (Audit Commission, 2008:9). Governments have responded with policies which aim to provide choice for older people and support independent living (DCLG, 2008, and 2011 and HM Government 2010). In response to the policy agenda, extra-care housing has emerged as a model for independent living which is promoted and funded by the government (DH, 2010a and DH, 2010b). This study seeks to aid the understanding of the outcomes experienced by older people in extra-care through qualitative research at Campbell Place, an extra-care scheme in Hampshire. It aims to help inform future policy decisions by Hampshire County Council and add to the body of knowledge about older people's experience of extra-care.

## **What is Extra-Care Housing?**

Extra-care housing is specialised housing which provides independence and choice and enables older people to live independently in their own home (DH 2010a). It is promoted as an attractive option for people with disabilities, frailty or health needs who are unable to live in ordinary housing but do not need or want to move to a residential or nursing home (Housing LIN 2011a). Since 2003 there has been a growing interest in extra-care and the number of units has increased from 25,000 in 2006 (CSIP, 2006:6) to 45,000 in 2012 (Joseph Rowntree 2012). This increase has occurred as a result of the Department of Health's Extra-care Housing Funding Initiative which provided £227 million over 6 years to 2010 for extra-care (Housing LIN, 2011b). The expectation was that extra-care would prevent unnecessary hospital and residential admissions and/or assist in reducing delayed discharges from hospitals (DH, 2004:3). Government policy also recognises the contribution extra-care makes in freeing up 'much-needed ...family housing' (DCLG, 2011:48). There is a growing body of evidence that extra-care is delivering government policy outcomes and against this background, the Department of Health have allocated a further £251 million over 2 years from 2011 to 2013 (Housing LIN, 2011b) and a

further £300 million over 5 years from 2012 to 2017 for the development of the specialist housing including extra care (Housing LIN, 2012a).

### **Is extra-care delivering for older people?**

There is encouraging evidence that extra-care is delivering positive outcomes for older people, promoting better health and producing cost savings. Research by Croucher et al. (2007), Bäumker et al. (2008), Netten et.al (2011) and Kneale (2011), found extra-care delivers positive outcomes for older people.

More specifically, a longitudinal study by Kneale (2011) found residents of extra-care experienced positive outcomes, including better health. The research also found that extra-care when compared with general purpose housing delivered a healthy home for life, a lower uptake of inpatient hospital beds, fewer falls, housing for some of the oldest and frailest members (Kneale, 2011:5). The study concluded that these benefits could produce 'substantial cost savings, particularly in the long-term' (Kneale, 2011:2. A large scale longitudinal study carried out for the Department of Health by Netten et al. (2011:3) found that most people reported positive outcomes, including improved health outcomes, with most reporting that their 'physical functional ability had improved or remained stable' after 18 months. The research concluded that 'extra-care appears to be a cost-effective alternative for people with the same characteristics who move into residential care with improved outcomes for similar or lower costs' (Netten et al, 2011:3). These findings have important policy implications at a time of increasing numbers of older people coupled with the pressure to reduce government spending and make the best use of limited resources.

The question of whether there is a model of extra-care that would deliver the best outcomes was considered by Croucher et al. (2007) in a longitudinal comparative study of seven extra-care schemes. The study concluded that there was not one dominant model that works best and 'housing with care still remains a highly variable form of provision'. It urged further work to promote learning networks to

help address future needs (Croucher et al, 2007:66). Although the comparative outcomes delivered by different models remain unclear, there is research to illuminate what residents are hoping to receive from extra-care. A study into older peoples' reasons for moving to extra-care housing by Bäumker et al. (2012:1215) found the most important factors were, 'tenancy rights, flexible on-site care and support, security offered by the scheme and accessible living arrangements'.

There is a widely held view that there is a positive relationship between social engagement, social participation and health and 'quality of life' in old age (Victor et al, 2005), Rowe and Kahn (1997). Evidence is emerging that extra-care facilitates social engagement; Evans and Vallely (2007) and Callaghan et al. (2009) found that the extra-care environment can contribute to social well-being highlighting the importance of community integration and participation in extra-care. Research by Barnes et al. (2012) found a clear linkage between the space and accessibility in the building and the culture of the scheme which affected the activities and sociability of residents. Barnes et al. (2012:1200-1201) highlighted the need for design to be inclusive and flexible to avoid the marginalisation of those with mobility or cognitive impairment.

Although research findings to date are encouraging, nevertheless the need for further research has been identified. Croucher et al. (2007), Bäumker et al. (2008), Netten et.al (2011) and Kneale (2011) highlight the need for further research to understand the contribution that extra-care housing can make to improving the quality of life of older people. Netten et al, 2011 also identifies further areas for study including: support for those who are most dependent; outcomes for the more able; whether extra-care offers an attractive proposition to downsizing; how the limited supply of extra-care can be targeted to ensure the best use of resources and how information can be provided to help people make better informed decisions about housing options in older life (Netten et al, 2011: 201).

## **The Study Context - Hampshire County Council's programme for extra-care**

The number of people in Hampshire aged 75 and over is predicted to increase by 80% in the 20 years to 2030 (HCC,2012a). In response to this, Hampshire County Council have a programme to invest £45 million to develop at least 500 extra-care units over 8 years to 2020 (HCC, 2012b).

The County promotes extra-care as a housing option that offers modern self-contained apartments with 24 hour on-site care staff and shared facilities such as a laundry, restaurant, lounges and gardens. The schemes also offer social activities and are “community hubs” for day time activities (HCC, 2012d). Potential benefits of extra-care include enabling couples who have different needs to stay together, helping people to maintain independence, and reducing the need for hospital admissions or the need to move to residential care. It enables people 'to move out of houses, where they are finding it difficult to cope, into a home where they can be secure and live independently' (HCC, 2012c).

### **Campbell Place**

Campbell Place is one of 4 extra-care schemes in the first phase of the County's programme. The scheme, which is owned by Sentinel Housing Association, is located in North Hampshire. In choosing the location, one of the aims was that Campbell Place would become a 'hub' for older people in the local area and would foster 'community cohesion'. Campbell Place, which was completed in October 2011, was built on the site of 25 bungalows for older people owned by Sentinel. It has 17 one-bedroom and 57 two-bedroom apartments. The two-bedroom apartments are described as an attractive option for 'downsizers' who want to move out of a family home (Sentinel, 2012). It has a range of communal facilities and offers on-site 24 hour personalised care and support services.

## **Research at Campbell Place - research questions, methodology and process**

### **Research questions**

The research questions for this project were designed in collaboration with Hampshire County Council. They build on existing research and aim to understand the experience of residents of moving to and living in extra-care. The interview questions covered the residents' experience of the building, the facilities, the services provided, social activities and the impact on their health, confidence, happiness, general well-being and relationship with families. The overall research question is:

**What outcomes do residents perceive they have experienced as a result of moving to and residing in extra-care housing?**

**The sub question is: What difference, if any, has moving to extra-care housing made to their health, confidence, happiness, general well-being and relationship with families?**

### **Methodology and research process**

This research was carried out in collaboration with Hampshire County Council and the landlord, Sentinel Housing Association.

A qualitative research method was chosen for the research because the objective was to understand the experience and impact of moving to and living in extra-care. This approach provided the opportunity to get close to the residents and their social reality and gather the rich, contextual data which is not possible with quantitative research and its 'more remote, inferential empirical methods and materials' (Denzin and Lincoln, 2000: 10, quoted in Silverman, 2005:10). The decision was taken to use interviews, because interviews are a more effective method for collecting the



'in-depth and rounded explanations' required (Mason, 2002:65). It is recognised that focus groups can, however, enhance this type of research if carried out in conjunction with interviews where there is a need to understand the 'processes through which meaning is jointly constructed' (Bryman, 2008: 488). For example Netten et al. (2011) held focus groups to develop questions for interviews. Unfortunately this iterative process requires more time and financial resources than were available for this study.

The decision to use semi structured interviews was based on the successful experience of research by Netten et al. (2011), Evans and Vallely (2007) and Croucher et al. (2003 and 2007). Semi-structured interviews ensured the research questions were covered and at the same time provided the opportunity for new themes to emerge. In order to allow the exploration of differences in the residents' experience by gender, age, ethnicity and previous accommodation, the aim was to use a theoretical sampling strategy. This proved to be more difficult than anticipated and therefore convenience sampling was used. The sampling strategy was implemented with the help of the Scheme Managers who publicised the research at meetings and in one-to-one conversations with residents. It had also been hoped that it would be possible to hold a focus group of family members to explore their views but it was not possible to organise this within the time available. However, the lack of a focus group provided the opportunity to carry out more interviews with residents which produced a richer source of material about the residents and enhanced the study.

The questions were developed in conjunction with Hampshire County Council and following pilot interviews some minor adjustments were made.

The participants were not known to the researcher and therefore there was no obvious bias in the sample. The interviews were held in the library and the communal lounge. Seventeen residents were interviewed, aged between 66 and 92, comprising 10 women and 7 men, and including 3 couples. One couple was interviewed together and two couples attended but only one person chose to be

interviewed, although in both cases the person not being interviewed did make minor contributions to the discussion. These joint interviews provided additional insight because, like previous research carried out by (Valentine, 1999) what emerged was a single collaborative account and sense of a shared reality experienced by the couple. Sixteen respondents agreed for the interviews to be recorded and one person declined, preferring notes to be taken. Unfortunately, due to problems with the audio equipment, seven interviews could not be recorded and notes were taken instead. Each interview was later transcribed by the interviewer. The option of respondent validation was considered, but this was not a viable option due to time constraints.

The results were analysed manually in three stages. The first involved an analysis of the responses to the questions. This provided an insight into the reasons why the residents moved to Campbell Place, their experience of moving and their views of how Campbell Place had impacted upon their health, happiness, confidence, social life and family relationships. The second was a thematic analysis which identified five main themes. The third stage was an analysis of the themes to see whether some occurred more frequently and whether there were any differences in the residents' experience according to age, gender and relationship status.

The participants were provided with information about the study and then offered the opportunity to meet the researcher at a coffee morning. The information provided explained that participation was voluntary, they could withdraw at any time and the information collected would be confidential. Informed consent was obtained from all participants. Ethical approval was obtained from Hampshire County Council and the University of Southampton.

This research involved 5 visits to Campbell Place which provided an opportunity to observe the use of the public spaces in the building. This was particularly helpful in providing an insight into the social context and environment at Campbell Place.

## Results

The results are presented in three sections. The first section includes demographic information about the interviewees, the second includes the responses to the questions and the third identifies key themes that emerged. The qualitative methodology used and the sample size mean these results cannot be used to generalise about the experiences of all residents of extra-care housing. However, as with previous research using similar methodology by Croucher et al. (2003 and 2007) and Evans and Vallely (2007), this study adds to the knowledge base and thinking around this topic by providing further insight into the experience of older people in extra-care.

### 1. Demographic information

#### 1.1 Resident profile

Women outnumbered men slightly, and in terms of age the largest group were aged 75 to 84 (Table 1). Twelve were 75 and over, which is the group that is predicted to increase by 80% in Hampshire in the 20 years to 2030 (HCC, 2012b).

**Table 1: Composition of research sample**

Age	Male	Female	Total
Up to 74	1	4	5
75 to 84	4	3	7
85+	2	3	5
Total	7	10	17

**Source: Author's own research**

Thirteen respondents were single and 3 were either married or in a partnership. In the case of one couple, both were interviewed, bringing the total interviews to 17. For the other couples only one person was interviewed but was accompanied by

their spouse/partner. The joint interviews produced a collaborative account with couples checking information, correcting each other and agreeing a joint response. In terms of ethnicity there was little diversity within the group. The majority described themselves as White British (10) or White English (6). One resident described herself as Caribbean.

## **1.2 Moving to Campbell Place**

The majority of those interviewed (12 respondents), had moved from properties owned by Sentinel Housing, and of these, 6 lived at Campbell Place prior to the redevelopment. Of the rest of the respondents, one had lived in another Housing Association property, one in a private rented property, 2 were owner occupiers and 1 had lived in a residential care home. Seven residents had moved from private houses, contributing to the policy objective to 'free up' family housing (DCLG 2011). Six residents moved to Campbell Place because of mobility problems, ill-health and or being unable to cope, and of those, half were men and half were women and this group did not include any couples. It was interesting to note that of this group the men spoke most frequently about ill-health. For example one male resident explained:

'I couldn't get out of the house. I was stuck there for a year.'

(Male, age 85)

On the other hand, the women spoke about being unable to cope, feeling vulnerable or isolated:

'I was alone and couldn't cope'

(Female, age 70)

The other reasons for moving to Campbell Place included to be nearer family, wanting to move to smaller accommodation and returning to the area after a period of living away. Many of the residents, both those returning and those new to Campbell Place, spoke about the influence of their family in the decision to move. This ranged from advice from family:

'he said go for it because I know you're safe'

(Female, age 77)

to a desire to reduce any pressure on the family:

'I didn't want to put the responsibility for my housing and future needs on my nieces and so I decided to move to Campbell Place where help would be available if needed'

(Male, age 75)

Nine moves appeared to have taken place as a result of a severe health problem or 'crisis' event. Three residents moved following a major illness, 2 described having serious mobility problems in their previous accommodation, two moved from properties that had been flooded and two were faced with homelessness. It was notable that, with the exception of the returning residents, only two moves seemed to be as a result of longer term planning. Of those residents who were not returning, six said there were no other housing options available for them. Only one couple spoke about having been offered another property which they refused because it had a bath which was not suitable due to mobility problems. This finding does raise the question as to what extent moving to Campbell Place was seen as a choice by these residents and thereby contributing to the government policy objective to increase choice (DCLG, 2011).

Families and friends played a key role in moving for 10 of the residents. Of those, 5 said the process of moving was easy and did not feel there was anything that could have made the move easier. Three, however, found the move difficult for a range of reasons. One person described problems caused by a change in the moving date. The other two described moving as 'traumatic' (Male, age 82) and 'hectic' (Female, 78) because of the stress and emotional impact of having to leave things behind. Of those who did not have the help of family or friends, 2 experienced problems with the move. Four residents made suggestions about ways to make the process of moving easier. Three said that more practical help would have been useful and the

fourth said it would have been easier if the redevelopment had been quicker. He said time leading up to the redevelopment was stressful and

'very difficult for older people who have ill health problems'.

(Male, age 75)

### **1.3 Expectations of Campbell Place**

Five residents said that before they moved to Campbell Place they did not know what to expect. Two residents with mobility problems had been unable to visit the scheme and had to rely on the advice of friends and family. Residents who were returning to Campbell Place appeared to have a better knowledge of what to expect from Campbell Place than others and one spoke about 'having seen the plans'. Those who did have expectations spoke of a nice building and facilities, the attraction of the security provided, the ability to live independently with support if required, availability of an on-site care service and people to talk to.

The majority of residents (13 individuals), including some who had said they did not have any expectations, said their expectations of Campbell Place had been met and in many cases they had been exceeded. One resident who said she had not known what to expect said 'it was a surprise, a lovely view' (Female, age 78). Another resident said his expectations had been met and that he 'would recommend it to anyone' (Male age 66). The majority of residents said they felt Campbell Place met their everyday needs with 3 saying it had more than met their needs. When asked what advice they would give to others thinking of extra-care, some suggested visiting the scheme before deciding, while others recommended that people should just 'go for it'.

## **2. Responses to questions**

### **2.1 The building**

The residents were unanimous in their praise of the flats. The words used to describe them included 'beautiful, marvellous, as good as they could be'. This is summed up by one resident who said:

'The flats are gorgeous, beautiful, very comfortable and spacious.'

(Female, age 66)

However, there were a couple of complaints about the heating and the building being too hot. Another resident explained he found it difficult to manoeuvre his wheelchair because of the fitted carpet in his flat. Two residents who are wheelchair users said they would like a device to enable them to open their front door more easily. Some residents thought the reception area was 'sterile', too large and that the layout could be improved and made suggestions for how this could be achieved.

Residents were unanimous in their agreement that the gardens were attractive, describing them as lovely, pretty, as somewhere nice to sit and pointing to the sun lounge which could be used for parties. A couple of the men had joined the gardening club which they enjoyed. Residents had more mixed views of the communal space. Twelve residents, the majority of whom were women (8), spoke positively about the communal space, describing it as lovely, fabulous or fine. However, 5 residents, of which 3 were men, expressed varying concerns. These ranged from one resident who felt the communal lounge was too small for meetings with all the residents to others who felt the communal room was too big, with one resident describing it as 'almost a waste of space' (Male, age 82). Others felt it was not used enough - 'they're never used - they're empty' (Female, age 92).

Campbell Place has a range of facilities available for use by the residents. These include a laundry, library, hairdressing room, communal bathroom and guest room. In addition there is a communal restaurant which is available for use by residents and visitors. Residents generally spoke positively about the facilities, particularly the hairdresser and to a lesser extent the laundry and communal bathroom. The facility that produced the most comment was the restaurant service and catering. Residents had mixed views, with almost equal numbers praising and criticising the meals and service provided. This was clearly important for many residents for whom

the restaurant provides an opportunity to socialise and not only a place to eat. Some were looking forward to being able to have lunches in the restaurant prior to moving in but had been disappointed. One resident, who is vegetarian, spoke about her disappointment that the food available for her was limited and did not meet her expectations:

'we were told, "yes that will be fine in the Bistro [restaurant]", but it hasn't been fine'.

(Female, age 66)

Other residents spoke more positively about the restaurant:

'Very good, I like going there and it's good.'

(Female, age 69)

## **2.2 Activities**

Campbell Place offers residents the opportunity to enjoy a range of activities in the scheme. At the time of interviews a gardening club, bingo and a knitting club were regular activities. An Activity Coordinator had recently been appointed and residents were expecting more activities and day trips to be on offer. However many residents felt this should have happened sooner. As a consequence there was a high degree of dissatisfaction with the level of activities, with half of the residents saying they would like to see more taking place. One resident complained:

'people are in their flats most of the time; there is not enough going on'.

(Male, age 75)

Some residents felt that there should be more activities but felt that would take time to establish. One resident who thought there was a need for:

'a lot more interaction' and explained that 'there are a lot of people that have problems or are very old or don't mix that are alone and sometimes long for company [but] it will take time, come back in a year's time.'



(Female, age 70)

There did not appear to be any difference between men and women with equal proportions either satisfied or dissatisfied with the level of activities. Of those who were in couple relationships one was satisfied, another dissatisfied and another said it was still early days.

Several residents, who were not wheelchair users, spoke of concerns about the logistics of organising day trips with the large number of wheelchair users. They expressed a concern that this could affect either the number or type of day trips on offer. This was not mentioned by wheelchair users.

### **2.3 Services**

Campbell Place provides a flexible 24 hour care and support service for those who need it. The support service is delivered by the Scheme Manager and the care service by the care team who are based in the building and are able to respond 24 hours per day. Residents' views of the Scheme Manager and the care staff were overwhelmingly positive. As one resident explained:

'The carers are marvellous, and they're on call 24 hours a day. I wouldn't change them for the world, they're marvellous ....and 'the managers they do a very good job'.

(Male, age 78)

Although none of the residents were critical of the staff, three spoke about a need to improve security at weekends and evenings and increase staff cover on reception. A suggestion for reception cover put forward by one resident was to employ:

'a young receptionist.... who doesn't have to be paid lots of money, she's learning....and it's having the presence of somebody there'.

(Female age 75)

The researcher observed that there were times when there was no member of staff in the reception area and there was no obvious way for visitors to contact staff.

## **2.4 How could Campbell Place be improved?**

Residents suggested several areas where improvements could be made in addition to those already outlined. Two residents spoke about wanting computer facilities and internet access, which they said had been promised but was not available. One resident suggested recycling bins and also spoke about wanting to see provision for residents' spiritual needs. She felt that arrangements should be made either for people to be able to go to church or for a Vicar or Chaplin to be able to visit Campbell Place. Another said she would like residents to be able to keep their pets and explained how distressing it had been to part with her animals.

## **2.5 Perceived impact of moving to and living in Campbell Place**

Residents were asked to consider the impact of Campbell Place on their health, happiness, confidence, social life, relationships with families and general well-being and to say whether these aspects of their lives were better, the same or worse. The majority of residents reported better or the same outcomes in each category as Table 2 shows.

With the exception of health, the majority of residents reported better outcomes. The greatest positive impact was the improvement in happiness, social life and well-being. The residents' experience in relation to health, which is less positive, is not surprising as many of them pointed out their medical conditions are ones that will deteriorate over time. Therefore many who said their health was the same felt this was a positive outcome. Alternatively if health problems had increased, they thought this would have occurred regardless of moving to Campbell Place.

**Table 2: Perceived impact of moving to and living in Campbell Place**

	Better	Same	Worse	Unable to answer
Health	6	7	3	1
Happiness	13	2	1	1
Confidence	8	8	0	1
Social Life	11	5	1	0
Relationships with families	8	7	1	1
General well-being	11	4	2	0

**Source: Author's own research**

### **3. Key themes arising from the face-to-face interviews**

A thematic analysis of the interviews identified the following 5 themes which appeared to be particularly important to the residents' experience, Table 3.

**Table 3: Thematic analysis - number of residents, singles and residents in couple relationships, who spoke about each theme.**

<b>Themes</b>	<b>Single residents</b>	<b>Couples</b>
Social interaction	13	3
The Restaurant and catering services	13	3
The design of the building and accommodation	13	3
Security/ knowing someone is always there	9	3
Relationship with families	6	1

**Source: Author's own research**

### **3.1 Social interaction**

The theme which emerged most frequently in relation to improved happiness, social life and well-being, was social interaction. Residents spoke about having more people to talk to and this applied to those in relationships as well as single people, as one resident explained:

'He likes it here because he's got more people to talk to.

(Female, age 82 speaking about her husband)

Indeed, for some couples, the opportunity to socialise more appeared to provide the added bonus of enhancing their relationship, with one couple explaining that 'we don't niggle so much'. Single residents spoke about the opportunity to socialise more frequently, particularly those who had previously lived in situations where their opportunity for socialising was limited. As one resident explained:

'I wasn't meeting anybody where I lived...before and (here) there are people I can meet and I can socialise with'.

(Female, age 69)

The lay-out of the building and the presence of carers played a role in this interaction. Residents spoke about enjoying the informal opportunities for social interaction that Campbell Place provides in the communal rooms, reception and corridors as well as the restaurant. This was summed up by one resident who explained:

'Wherever you go there's always someone that I wave to, like yourself. I always say hello; hello Julie or hello David, you don't shout at them you just wave. Whether that's happiness or pleasure, what's the difference?

(Male, age 78)

Relationships with carers were important to some of the residents who spoke about enjoying a hug and said that they would miss the carers if they were not there. It is against this background that most residents said that they were less lonely since moving to Campbell Place. Even one of the younger residents who has an active social life outside of Campbell Place said that:

'a really good point about being here (is) you're never lonely'. (Female age 66)

However, this was not a universally held view with two of the younger single residents, both aged 75, saying that they found the building too quiet in the evenings and at weekends.

### **3.2 The Restaurant and catering services**

In the context of the above, it is not surprising that residents saw the restaurant, which was mentioned by all the residents, as an important meeting place. There were strong views about the food and service provided but a recurrent theme amongst both those who liked the current arrangements and those who did not was the importance of the restaurant to their social interaction. One resident spoke about the food being:

'too terrible so I won't eat here' and was very unhappy that this has taken 'away the social interaction involved in eating', which was something he had been looking forward to before moving in.

(Male, age 75)

Conversely another resident explained his social life was,

'very improved because of having to come down to lunch.'

(Male age 66)

Other residents said the food was 'hit and miss' but still came to lunch to meet people. This view is illustrated by one resident who described the food and service as:

'not as good as it should be' but said his social life was better since moving to Campbell Place and explained ' lunchtime is the best - when I mix with a lot of people'.

(Male, age 85)

Dissatisfaction with the catering was particularly topical at the time of the interviews. There had been problems with the food and service and consequently the arrangements were being reviewed and residents were being consulted about which organisation they would like to provide the service.

### **3.3 The design of the building and accommodation**

In terms of the rest of the building, all of the residents were impressed with the design of their accommodation. One resident described Campbell Place as:

'beautiful, it's like a hotel' [and my flat is] 'absolutely out of this world'.

(Female, age 92)

Many were clearly pleased with the design, facilities and standard of fittings in their flats. They described the improvements they enjoyed in their new homes, including excellent soundproofing, lever taps, showers and wet rooms, spacious rooms and

carpets. Some of the residents spoke about the impact of the flats on their health and well-being. These included the importance of having a shower for those unable to use a bath and improved mobility for wheelchairs users.

'I couldn't believe it when I moved in, it looked like a palace....the hall is superb... I can do a full circle in it.'

(Female, age 70 - wheelchair user)

Even those who had previously lived in 3/4 bedroom houses spoke about the benefits of having smaller accommodation, with one resident explaining his health was better because:

'in the house I had to use the stairs....and its always warm here.'

(Male, age 85)

### **3.4 Security/knowing someone is always there**

The second most frequent theme to emerge was related to security. This included the security of the building and the peace-of-mind experienced through having staff on site 24 hours/day. Residents clearly value the support provided by the Scheme Manager with practical problems, such as arranging for repairs, and also the availability of the on-site care service. The importance of having someone to call on in an emergency was summed up by one resident who said, 'it's just nice knowing they're there'. (Female, age 70)

Other residents spoke about the importance of the security of the building. One resident said this was a consideration in her decision to move to Campbell Place and explained:

'You've got no worries. It's so secure and that's what I think everybody's so thrilled about'.

(Female, age 77)

An aspect of the security that worked well for most residents was the separation between private and public spaces in the building, with residents describing the

arrangements as good. Residents said they felt safe knowing that non-residents could not get beyond the public areas without a 'swipe card'. As one resident explained:

'I don't worry because I know they can't get any further.'

(Female, age 86)

Yet this satisfaction was not shared by all residents with some expressing concerns about the doors and windows being left open at night. One spoke about the doors being open at:

'11 o'clock at night', which she found stressful and explained 'that's why I think whenever I'm too stressed I'll shut all the doors'.

(Female age 75)

Another resident said he felt that 'security was not as good as it could' be because:

'the fire escape door at the bottom of the stairs has been left open'.

(Male, age 85).

There were also concerns about the security of the building particularly at night and weekends and some residents felt there should be higher staffing levels at these times. Several residents suggested that there should be a 24 hour security presence in the building but one pointed out that this would have to be paid for by residents and he felt that they were unlikely to want to pay more. A related theme was a view that there should be more staff in the reception area to greet people coming into the building and also respond to the needs of residents with dementia who are sometimes found 'wandering around'.

### **3.5 Relationships with families**

The security arrangements also played a role in improving residents' relationships with their families. Over half of those with family said that their relationships had improved because their families knew they were safe and happy. As one resident explained when talking about her family:



'they know that we've only got to press the buzzer and help will there'.

(Female age, 86)

Even more emphatic, another explained that his relationship:

'has got 100% - that was always good, but it's got much better now, now they know I'm happy and I know they're happy'. (Male age 78)

Finally, another dimension was geographical proximity. Two residents explained their relationship with their families had improved because they are now closer to them and able to see them more often.

## **Discussion**

This research provides further support for the positive outcomes experienced by older people in extra-care. It also raises questions for areas that warrant further research and investigation as outlined in this discussion.

**Main research question - What outcomes do residents perceive they have experienced as a result of moving to and residing in extra-care housing?**

### **Moving to Campbell Place**

The reasons why residents had moved fell into 2 main groups, those who were returning to Campbell Place (6) and those who had an urgent need to move (9). Previous research by Croucher et al. (2007) identified differences between the motivations for moving of people with care needs and those without. They found those without care needs were more likely to make planned moves in anticipation of future needs (Croucher et al, 2007: 6). The nature of this study did not allow for comparison between the motivations of those with care and without care. However, it was notable that only 2 residents appear to have made moves that were based on planning for the future. Apart from returning residents most moves were in response

to an immediate need and took place within the first few months of opening. This does raise the question of the availability of this accommodation for older people faced with an urgent need to move at a time when there is no new extra-care available. It was interesting that 4 out of 6 of those returning said no other housing options were available. This could reflect the lack of suitable alternatives or it may be they were not interested in other options, having decided to return. Seven residents had moved from houses which suggests that Campbell Place is contributing to the policy agenda to increase the supply of family housing (HCC, 2012c) and (DCLG, 2011).

Residents' expectations of extra-care were generally in line with previous research by Bäumker et al. (2012) and Croucher et.al (2007), with residents looking forward to the accommodation, security provided, social interaction and the ability to live independently. However, there was some variance in that, unlike the two earlier studies, residents did not mention tenure as a factor in their decision to move to extra care. This may be a reflection of the high number of residents who were already tenants of Sentinel Housing before moving and therefore did not consider tenure to be an issue. Alternatively it may be that as most of the residents had been there for almost a year, the issue of tenure may no longer have seemed relevant. Five residents said that before they moved to Campbell Place they did not know what to expect. It may be that this reflects a view by some participants that it is not possible to know what 'to expect' or perhaps they had forgotten how they felt before they moved in. Other studies including Bäumker et al. (2012) and Netten (2011) carried out interviews with residents before and after moving to extra-care to avoid problems of recollection.

Moving was viewed as easy by the majority of residents; for most this was because of help from family and friends. However, 5 experienced difficulty and suggestions were made for improvement through practical help and by speeding up the process of redevelopment.

## **The experience of living in Campbell Place**

Residents spoke very positively about their experience of living at Campbell Place, giving examples of how pleased they were with the flats, the building, the garden, the services and the opportunities to socialise. The areas that they raised most concerns about were the restaurant and catering services, activities, use of the communal lounge, some aspects of security and staffing levels at night, the weekend and in reception.

Overall residents reported better or the same outcomes in health, happiness, confidence, social life, relationships with families and general well-being. These findings are in line with previous research which also identified positive outcomes for older people in extra-care including Netten et al. (2011) which found that most people reported 'a good quality of life [and] a year after moving in most residents enjoyed a good social life, valued the social activities and events on offer, and had made new friends' (Netten et al, 2011:3). A thematic analysis revealed five key themes that emerged most strongly in relation to improved outcomes. These are discussed in the following section in relation to the sub-questions.

### **Sub-question - What difference, if any, has moving to extra-care housing made to their health, confidence, happiness, general well-being and relationship with families?**

Overall residents reported positive outcomes with most saying that their health, confidence, happiness, general well-being and relationship with families were better or the same since moving to Campbell Place. The following section considers each of these aspects separately.

#### **Health**

The majority of residents reported their health was better or the same since moving to Campbell Place. Those who said their health was worse felt their health would

have declined regardless. Residents with physical disabilities spoke about being able to move more easily than before and about the advantages of having a shower. These findings are in line with Kneale (2011:5) who concluded that extra-care can deliver improved health outcomes and provide a 'healthy home for life'.

### **Happiness, social life and well-being**

One of the most striking findings in relation to residents' perception of happiness, social life and well-being was the importance of social interaction. This was the strongest theme to emerge and was important to all the residents regardless of age, gender or relationship status. This supports previous research into quality of life and ageing by Rowe and Kahn (1997). It also supports research into extra-care by Evans and Vallely (2007) which found that social interaction was an important factor in well-being. Those who felt that Campbell Place had offered new opportunities to socialise spoke positively about their experience of living in the scheme. This is summed up by one of the residents with who said,

'I think I feel happier now, you know, because you see more people, they are quite jolly, you know, most of them'.

(Female, age 73)

Another resident spoke about the pleasure he had gained from being able to mix with people and said,

'Life has been much brighter since I've been here'.

(Male, aged 85)

In light of the importance placed on social interaction it is not surprising that many residents expressed a desire for more social activities. Some were disappointed that not more was available while others saw this as inevitable as the scheme had only been opened just over a year. A similar study into well-being by Callaghan et al. (2009) also found that 'social activities were valued by residents and ..... were important for friendship development' and recommended that in new schemes social activities should be developed as soon as possible (Callaghan et al, 2009: 6).

This appeared not to have been the case at Campbell Place, as residents spoke about an Activity Co-ordinator only having recently been appointed. A related theme was the restaurant and the value of social interaction of having meals in a communal dining room. Most residents spoke about the meals and the opportunity to socialise. Those who were unhappy about the meals spoke of their disappointment because this affected their opportunity to enjoy the food and the social interaction. This supports research by Valley & Evans (2007), Callaghan et al. (2009) and Croucher et al. (2007) which found that communal meals in extra-care were important for social interaction.

Also related to social interaction was the importance of the design of the building and accommodation. Research by Valley & Evans (2007) found that along with social interaction the role of facilities and building design were also important to well-being. There was evidence of this in this study. Residents spoke with enthusiasm about their flats and described the scheme as beautiful. The majority also spoke positively about the facilities with the exception of the restaurant. Some gave examples of the ways that their flats had improved their quality of life, the most frequently mentioned being the showers and, for those in wheelchairs, the ability to move more freely in their homes. Accessibility was a topic covered by several of the residents who were not wheelchair users but who expressed concerns about the feasibility of day trips in view of the large numbers of wheelchair users in Campbell Place. This was not mentioned by those who use wheelchairs and therefore their views are not known. However, this finding suggests there is concern that, without adequate provision, either those with mobility problems will be unable to go or alternatively there will be less day trips. Apart from this there was little evidence of those with mobility problems experiencing difficulties, with the exception of two wheelchair using residents who said they would like a device to enable them to open their own front doors. This suggests there is limited support for the findings of the study by Barnes et al. (2012) which concluded that, although the design of extra-care housing meets the needs of the relatively fit and healthy, the buildings present difficulties for those with physical

frailties and/or cognitive impairment which can lead to marginalisation (Barnes et al, 2012:1200).

### **Confidence**

A strong theme that emerged was the security of the building, the knowledge that someone was always there if needed and that care was available on-site. This seemed to be important to confidence, as one of the younger residents explained:

'I tried to live independently, you know, for as long as I could but then it got a bit scary living on my own' (Female aged 66 ).

Previous research by Callaghan et al. (2009) also found that residents of extra-care valued the security provided by extra care.

### **Relationships with families**

One of the themes to emerge was that residents felt their families were happier and as a result their relationships improved. This seemed to be a result of residents feeling their families were happier because they knew their relative was safe and that care was available if needed. There was also evidence to support research by Croucher et al. (2003:10) which found residents did not want to 'become more of a burden to the younger members of your family' and the move to extra-care removing that worry. For some residents the move to Campbell Place meant they were living closer to family and were able to see them more often, and this had improved their relationships.

It is interesting to note that previous research by Croucher et al. (2007) found that lack of space in extra-care can create difficulties for 'family-orientated activities (e.g. cooking Sunday lunch) as there simply was not enough room to cook a meal for a number of people, or have a dining-room table and/or sufficient chairs for more than two people to sit down' (Croucher et al, 2007:20). Vallely and Evans (2007) also found that having enough space was important to creating a 'suitable environment' for visits from family (Vallely and Evans, 2007:59). This was not mentioned by the

participants and this may be a result of the design, which many of them described as 'spacious' and those who had 2 bedrooms clearly valued the additional room. This may have contributed to the improved relationships with their families.

## **Well-being**

The majority of residents stated their well-being was better. This supports previous research by Netten et al. (2011) which found that older people in extra-care reported positive outcomes and a good quality of life. It is also interesting to note that the reason for improved outcomes most frequently mentioned was the opportunity to socialise. This is in line with research into social well-being by Callaghan et al.(2009) and Evans and Vallely (2007) which identified improved links between quality of life and social networks and also found that the independence extra-care offers and the 'overall extra-care housing environment' were important to well-being (Evans and Vallely, 2007:xi). This also appeared to be the case for residents at Campbell Place with the majority being happy with their accommodation, the building generally and the facilities and services provided.

## **Summary**

This research found that overall residents experienced improved outcomes as a result of moving to and living in Campbell Place. This is in line with previous research by Evans and Vallely (2007), Callaghan et.al (2009 and Netten et al. (2011).

This research highlights the importance of social interaction to well-being and the ways in which extra-care can facilitate opportunities to socialise through activities, building design and contact with staff. It also reinforces the findings of previous research by Callaghan et al. (2009) in relation 'communal lunchtime' as 'an important occasion for social interaction' and the value of social activities to older people (Callaghan et al, 2009:31).The design of the building emerged as particularly important for those with mobility problems who explained the ways in which their

lives had improved. Unlike research by Barnes et al. (2012) there was little evidence of people with mobility problems feeling marginalised. However, there was a concern expressed about wheelchair users and day trips which would benefit from further review.

In keeping with previous research by Barnes et al. (2012) this study found that living in extra-care gave a sense of security and residents felt they benefited from having others around. However, some residents felt security could be improved and that staffing levels at weekends, evenings and in the reception were not sufficient. There was also a view that the design of the reception area could be improved. These are areas that would benefit from further research to understand whether this is a concern for residents in other schemes and, if so, how buildings could be designed, organised and staffed to ensure residents feel more secure.

## **Policy implications and conclusion**

This research provides evidence of extra-care contributing to the government's policy to develop integrated models of housing, care and support that enable older people to live independently (DCLG, 2011:48). The study found that residents experienced improved outcomes, with the majority saying their happiness, confidence, social life, relationships with their families and general well-being improved as a result of moving to and living at Campbell Place. The majority also said their health had either improved or stayed the same. These findings are in line with earlier research by Evans and Vallely (2007), Callaghan et.al (2009) and Netten et.al (2012). There is also evidence that extra-care is freeing up family housing (DCLG, 2011).

Overall the research supports the case for further investment in extra-care as an integrated model of housing, care and support that delivers the outcomes older people want. The combination of an on-site care and support service based in a modern building, with spacious flats, restaurant, communal areas and social



interaction is clearly valued by the residents who are enjoying improved outcomes. The importance that residents placed on social interaction, in informal settings, in the communal restaurant and by participating in activities, was notable. This study, like previous research by Callaghan et.al (2009) highlights the importance of having social activities in place as soon as a scheme opens and it is recommended that this is a priority for new extra-care schemes. Equally the provision of a restaurant that operates successfully also needs to be a priority for future schemes.

Although on the whole residents were happy with the building design, there were some suggestions for improvement including the design of the reception area. The experience of residents at Campbell Place suggests there may be scope to improve the design of reception areas in new schemes. Such design changes could contribute to Hampshire's strategic objective to develop extra-care schemes as 'community hubs'.

In line with research by Croucher et al. (2007) and Callaghan et al. (2009) it was clear that the residents value the security provided both in relation to the building and the 24 hour care and support service. This research also provides evidence that security helps to enhance confidence and well-being. In light of the importance residents place on security, the concerns some residents raised about staff cover at night-time, weekends and staffing in the reception area warrants further investigation. In addition to exploring options for staffing at night-time and weekends, there is scope for exploring ways to enhance cover in reception areas with volunteers. Housing providers may want to consider offering more volunteering opportunities to people from the local community to encourage community involvement. In the same vein, there is merit in exploring volunteering opportunities for residents. Research by Schwingel et al. (2009) and McMunn et al. (2009) suggests that volunteering is associated with improved well-being, which could be particularly beneficial for those residents who would like more social interaction. This approach would also be in line with government policy to encourage 'Active Ageing' (DWP, 2005).

## **Future research directions**

The small scale qualitative nature of this research means it cannot be replicated. However, it has contributed to our knowledge of older people's experience of extra-care. It has also identified the following areas that would benefit from further research to aid our understanding of extra-care and to explore ways that this model can be improved.

### **Volunteers**

The importance of social interaction coupled with concerns about staffing the reception raises the question of whether there is value in increasing volunteer opportunities in extra-care, involving both resident and community volunteers. This may have the potential to enhance well-being through activity and social interaction with the surrounding community, in addition to freeing up staff time. There are examples of resident volunteers in extra-care housing which could provide useful research opportunities and could build on research by the Housing Lin (2012b). This could involve quantitative research including surveys of extra-care schemes where volunteers are active to explore the extent and scope of volunteering and the associated advantages and disadvantages. This could be supplemented by qualitative research, using interviews, with resident volunteers to understand their experience of volunteering in extra-care. Using the same approach as Netten et al. (2011) the research plan could be developed with residents by holding focus groups to develop the interview questions.

### **Design and use of reception areas**

Research into the design and operation of reception areas could provide valuable information to inform new developments. This is particularly important where schemes are developed to be a 'hub' within the local community. Further research could explore ways to improve the appearance, layout and staffing arrangements in

a way that benefits residents and visitors. Research to explore residents' and visitors' views could involve qualitative or quantitative research or a more mixed approach. This would ideally involve several extra-care schemes and could be supplemented by observation of the use of the reception areas either by a researcher and/or with the use of a video camera, subject to the agreement of residents and visitors.

### **Wheelchair users and days out**

The concerns about wheelchair users and day trips out suggest there may be a need for further research into ways to provide transport for large groups of wheelchair users. Quantitative research to understand the extent to which wheelchair users in extra-care are supported on days out and how this is facilitated could provide valuable information that would benefit other schemes. This could involve a review of existing good practice, utilising the resources of the Housing Learning Improvement Network, supplemented by surveys of extra-care schemes that have developed effective systems to support wheelchair users.

### **Conclusion**

These findings add weight to the body of evidence that extra-care delivers improved outcomes for older people. The importance of social interaction to well-being and of having activities available and a successful communal restaurant is highlighted. It also raises questions about the design and management of reception areas, volunteering opportunities and transport for large numbers of wheelchair users. These are areas that could offer scope for further research to explore ways that extra-care can be enhanced for the benefit of current and future residents.

The information provided by this research can be used to explore improvements at Campbell Place and also inform future developments by Hampshire, Sentinel and other commissioners and housing providers. This research is timely with Hampshire County Council just beginning the second phase of extra-care development and national government having just provided additional funding for extra-care.

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