A community hub approach to older people's housing

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Abstract

Title A community hub approach to housing with care.

Purpose. This paper explores the potential of housing with care schemes to act as community hubs. The analysis highlights a range of benefits, barriers and facilitators.

Design/methodology/approach. Data is presented from the ASSET project (Adult Social Services Environments and Settings) which used a mixed methods approach including a review of the literature, surveys and in-depth case study interviews.

Findings. Most housing with care schemes have a restaurant or café, communal lounge, garden, hairdresser, activity room and laundrette, while many also have a library, gym, computer access and a shop. Many of these facilities are open not just to residents but also to the wider community, reflecting a more integrated approach to community health and adult social care, by sharing access to primary health care and social services between people living in the scheme and those living nearby. Potential benefits of this approach include the integration of older people's housing, reduced isolation and increased cost effectiveness of local services through economies of scale and by maximising preventative approaches to health and wellbeing. Successful implementation of the model depends on a range of criteria including being located within or close to a residential area and having on-site facilities that are accessible to the public.

Originality and Value. This paper is part of a very new literature on community hub models of housing with care in the UK. In the light of new requirements under the Care Act to better coordinate community services, it provides insights into how this approach can work and offers an analysis of the benefits and challenges that will be of interest to commissioners and providers as well as planners. This was a small scale research project based on four case studies. Caution should be taken when considering the findings in different settings.

Key words: older people, housing, community hub, extra care housing, retirement village.

Background

Demographic changes are presenting a range of opportunities and challenges for society, including the need to provide sufficient housing stock that is appropriate for older people. As a result, several new models of housing for later life have emerged, including those that come under the term 'housing with care'. Two types of housing with care have become particularly popular in England: retirement villages and extra care housing schemes. While detailed descriptions can be found elsewhere (e.g. Evans 2009), it is worth noting here three key characteristics: a focus on supporting independent living in self-contained accommodation for rent, shared ownership or sale, the availability of 24 hour care, and access to a range of communal amenities.

A growing body of literature suggests a recognition of the importance of housing, care and support to rapidly increasing numbers of people who are living longer and aspire to enjoy an active retirement (Atkinson *et al*. 2014). In addition, there is some evidence for the potential benefits of housing with care for older people including a good quality of life, better physical and cognitive ability, and opportunities for social interaction (Netten *et al.* 2011; Evans and Vallelly 2007; Bernard *et al.* 2007). This is reflected in the popularity of housing that comes under the housing with care umbrella in many countries (Evans 2009). A range of characteristics have been highlighted as particularly appealing to residents including the availability of flexible care and support, age friendly environments, on-site facilities and a desire to be part of a 'community' in later life (Darton *et al.* 2012; Evans and Vallelly 2007; Shipley 2003).

From a policy perspective, housing with care has often been described as falling somewhere between sheltered housing and residential care homes (Housing LIN 2007), although some

local authorities are now seeing extra care housing as a more enabling and homely replacement for residential care. Housing with care has significant potential to contribute towards the aims of government policy in England, particularly in terms of managing the increased financial burden of a growing population of older adults through more innovative housing initiatives that support the aspirations of older adults (Department for Communities and Local Government (DCLG) 2011) and increasing integration between different housing tenures and models (DCLG 2008).

The community hub model is becoming increasingly popular in housing with care settings, and is based on the sharing of on-site services and facilities with people living in the wider community. A similar approach is being encouraged in care home settings (Mason 2012), where it has been shown to have considerable potential (Evans *et al*. 2013) and was also advocated by the government white paper, Caring for our future:

> "Residential care providers also have a role to play as neighbours and partners in
> local communities. Successful care homes will be an integral part of the community,
> bringing community groups and activities into their spaces in order to connect care
> home residents with their local community networks"
> (HM Government, 2012, p. 24).

A further element of the model is a more integrated approach to community health and adult social care, which is a key theme of the 2014 Care Act along with a focus on prevention. This is promoted through shared access to a range of care and support services between people living in the scheme and those in the local community. It can take many forms, including a team based on site delivering care and support to people living nearby (sometimes called out-reach), a domiciliary care provider based in the wider community delivering either commissioned or purchased personal care and support to scheme residents (in-reach), and/or an NHS or other community health service being provided using

the scheme as a venue on one or more days a week (e.g. GP surgery, podiatrist, alternative therapies). In line with the personalisation agenda, residents are usually at liberty to choose from the wide variety of care providers operating in the locality of each scheme or to choose to use the care provided on site.

The community hub model of housing with care, sometimes known as 'hub and spoke' (Housing Support Unit 2014) can take a range of forms in terms of how the scheme is integrated with the wider community and what services and facilities are shared. It can also vary in terms of the physical infrastructure within which the model operates. In its commonest form, services, activities and facilities located within the building are shared by people living locally. However, in an adaptation of this model these are situated in a separate building and can be accessed by more than one housing scheme as well as members of the public. This is sometimes called a 'super hub' approach which, as we discuss later in this paper, can bring a number of additional advantages.

Interest in the community hub model is growing among commissioners of housing with care and providers in line with current Government policy and drivers for change, particularly in relation to constraints on the financial purse. In general terms, the model is perceived as being able to contribute towards the integration of older people's housing within local health and social care economies (DCLG 2009). This brings broad advantages in terms of the smooth running of a scheme and the potential benefits both for residents and for people living nearby, including reduced isolation (Kneale 2013). There is a widespread recognition in the literature of the importance of community in housing with care settings, both in terms of specific features of retirement housing schemes serving as 'the hub of community life' (Bernard *et al.*, 2012; pp. 113 & 116) and the advantages of a good relationship between retirement villages and the local community (Croucher and Bevan, 2010). A study of a privately-developed retirement scheme in Scotland (Pacione, 2012) concluded that it remained relatively insular, despite the apparently high level of integration. This appeared to be the result of several factors, including the physical design of the village and the fact that residents tend to be incomers from other parts of Scotland and England. However, this is a dearth of literature that focuses on the potential of housing with care schemes to act as community hubs for the wider community in terms of offering shared facilities and services.

Finally, at a time of reduced social care budgets due to cuts in public spending, the community hub approach has the potential to maximise the cost effectiveness of local services through economies of scale and by maximising preventative approaches to health and wellbeing. A range of wider social benefits might also be envisaged, such as greater acceptance of older people within society and more intergenerational contact. However, despite this increasing popularity and interest in the community hub approach, there is little hard evidence to demonstrate its supposed benefits. The research reported in this paper arose as a result of frequent mentions of the hub approach by participants in the ASSET project and was a modest attempt to describe the approach as applied in a sample of housing with care settings and to begin to develop an evidence base for its impacts.

Introduction

Adult Social Services Environments and Settings (ASSET), a research project funded by the National Institute for Health Research School for Social Care Research (NIHR SSCR) from February 2012 to April 2014, explored models for commissioning adult social care in housing with care settings (extra care housing and retirement villages) in England.

The research was carried out by a team from the Universities of Worcester, Bristol and Kent, along with the Housing Learning and Improvement Network and Housing and Care 21. The project included a review of the literature, surveys of local authority commissioners and housing providers and in depth case study work. A further strand of the project explored the cost effectiveness of housing with care using data on quality of life, collected using the Adult Social Care Outcomes Toolkit (Netten *et al.* 2012), and scheme level costs. Findings from the literature review have been reported elsewhere (Atkinson *et al.,* 2014) and further information about the project can be found at http://assetproject.wordpress.com/

This paper draws on the ASSET project and a three month 'added value' piece of research that was also funded by the SSCR, with the broad aim of exploring the potential of housing with care schemes to serve as community hubs. Specific objectives included to describe and explore examples of good practice, to identify potential benefits for residents and other stakeholders, to highlight key facilitators and challenges to successful implementation of the

community hub approach, and to make recommendations for housing providers planning to develop this model.

Research Methods

This paper is based on two sources of data that were collected as part of the ASSET project.

- An online survey of housing with care schemes for completion by scheme managers that included questions about the scheme (size, location, tenure, etc.), services provided, funding sources and staffing. The survey was largely a fact finding exercise with the aim of developing a profile of housing with care schemes in England and the services they provide. This paper presents a sample of the survey findings, focusing on themes that are particularly relevant to the community hub approach.

- In depth case studies carried out at four housing with care schemes that were drawn from the nine sites which formed part of the original ASSET project.

This approach allowed the research team to build on the data already collected about the schemes and to focus on the extent to which they had successfully implemented the hub model. The case study sites, three extra care schemes and one retirement village, were selected because they featured high levels of 'community hub' activity, including the provision of care or activities coming from the wider community into the scheme (in-reach), care being extended out into the community from within the scheme or activities outside of the scheme being utilised by residents (out-reach) and the extent to which facilities and activities were shared between scheme residents and the local community.

An interview guide was prepared for use with professionals, residents and non-residents that focused on three broad themes:

- Residents receiving care and other services from outside the scheme (this is sometimes referred to as in-reach);

- Care teams and other professionals based on-site and providing services to the wider community (also known as out-reach);

- Non-residents utilising on-site facilities, services and activities;

Scheme managers were invited to participate in this phase of the project and to identify residents, non-residents and professionals who would be willing to take part in short face-to-face interviews. Interviews were conducted with four local authority commissioners, nine professionals based on site, six professionals based off site but providing services into the scheme, nine residents who utilised off-site care provision or accessed services within the community and four non-residents who used scheme services, facilities or activities.

Ethical approval for the ASSET project was obtained from the Social Care Research Ethics Committee and the project was recommended to social service departments by the Association of Directors of Adult Social Services.   Individual consent was obtained at the point of interview and all participants were informed that their data would be confidential and anonymised. Interviews were transcribed and analysed by three members of the project team using a thematic approach and specialist software. This involved an initial reading of the transcripts to develop familiarity with the material, the creation and revision of a coding framework that was then applied to the transcripts by each of the three researchers, and discussion and revision of emerging themes until an agreed, common description of the findings was reached.

Findings

The electronic survey of housing with care schemes elicited 99 responses from 68 extra care housing schemes, 15 retirement villages, five very sheltered housing schemes and 11 schemes that fell into the 'Other' category (these included 'supported housing' and 'assisted living'). The schemes varied in size from 17 to 270 units of accommodation, with retirement villages tending to be largest. 16 schemes included a care home and ten incorporated separate dementia provision. All schemes had mixed tenure, with 11 schemes offering units for rent at market rates, 62 with units for social rent, 27 leasehold, 24 shared ownership and eight assured tenancies. Schemes included a wide range of on-site facilities, as shown in figure one. Most reported having a restaurant or café, communal lounge, garden, hairdresser, activity room and laundrette, while several also provided a library, gym, computer access and a shop (see figure 1).

Many of these facilities were open not just to residents but also to the wider community, so that local people could take part in events and activities held in the scheme, including art classes, coffee mornings, quiz sessions and farmers markets. Some of these events were arranged by scheme staff or residents, while others were hosted by an external organisation using facilities in the scheme. Examples of the latter included a day centre run by Age UK and a memory café facilitated by the Alzheimer's Society.
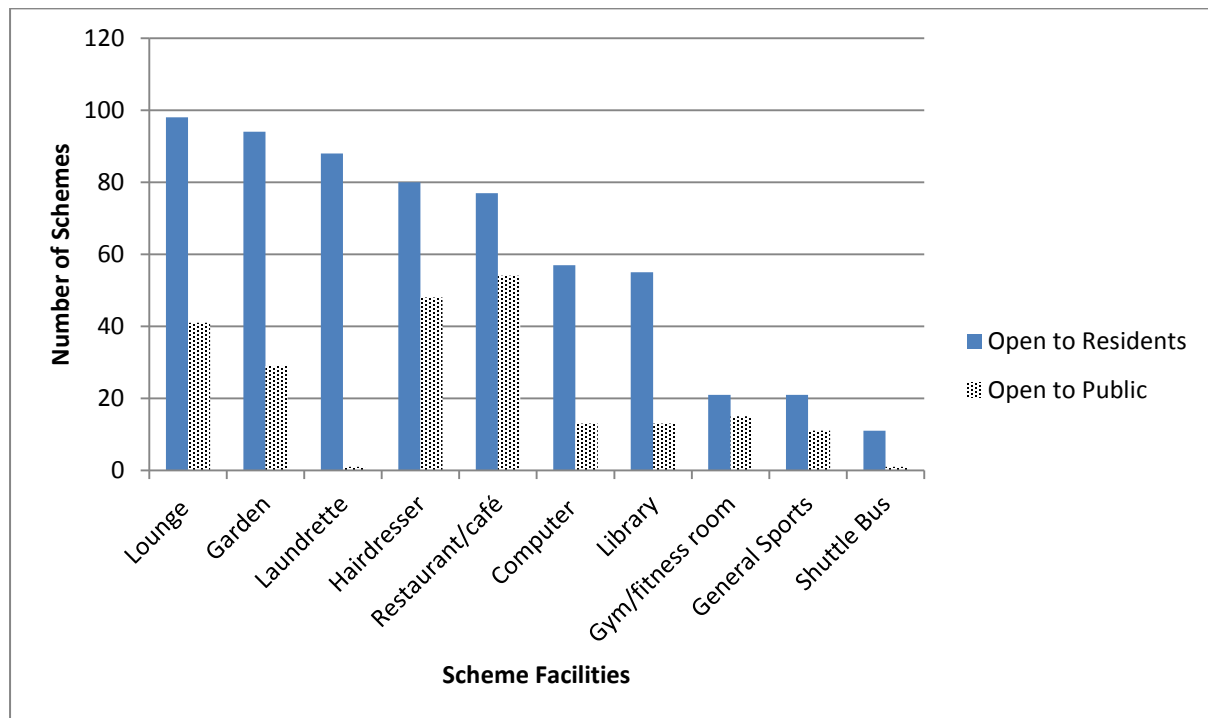

Figure 1: the availability of on-site facilities to residents and the wider community

The most common arrangement was for care and support to be commissioned by the local authority and provided to residents by a team based on site (82 schemes (83%), while for 19 schemes (20%) care was provided to residents by a team based off-site, and in 9 schemes (10%) care by a team based on site to people in the wider community. Several schemes adopted a mixed approach that combined more than one of these approaches.

Turning to our four case studies, we now present a profile of each in turn and then go on to explore the interview data, focusing on the advantages, facilitators and challenges to the community hub model.

CASE STUDY A

This extra care housing scheme is located in an established residential suburb of a large Midlands town. It opened in January 2012 and has 67 flats providing for people over the age of 55 with a care need. The care team is based on-site and is used by a large majority of residents who receive care.

The scheme is regularly used as a base for meetings by a range of organisations including social services, the police, local schools, the community mental health service and the fire service. A busy activity programme includes art and craft classes, music and dance sessions all organised by local providers and delivered through the community facilities located at the scheme. A local football club has provided activities to residents of the scheme through a programme funded by the National Lottery. Catering is contracted to a family run business which provides low cost meals to residents and non-residents in addition to organising a range of activities and events.

CASE STUDY B

This extra care housing scheme was built in 2011 and is located within a new development on the outskirts of a large town in the South West of England. There are 60 flats with a mixture of one and two bedroomed accommodation. It is situated close to a large supermarket and garden centre. The care team is located on site with all residents utilising the service. There are plans to provide domiciliary care services to the wider community in the near future.

The scheme has substantial links with the local community, with a wide range of groups using the scheme to provide information and activities for both residents and non-residents. These include charity and voluntary organisations such as the Multiple Sclerosis Society, a Hard of Hearing Group, a community choir and a local day service provider. The catering manager adopts a proactive approach which included organising seasonal events such as Easter egg hunts, Halloween parties, Christmas parties and children's parties where residents and non-residents from the local community can join together in activities and celebrations.

CASE STUDY C

This retirement village opened in 2007 in a rural location on the edge of a village in the South West of England, with 59 independent living and assisted living flats and a 24 bed nursing care centre. Care is provided on site via the staff within the care home as a domiciliary care service. Local people had initiated the planning of the village and contributed ideas towards the design, and are still involved in its management to some extent.

The scheme has a full time activities co-ordinator providing a diverse programme including exercise sessions, art classes, music evenings and trips to local places and events. There is a well-being spa within the scheme, which is available to residents but is also used extensively by people living in the local community. Services include therapeutic treatments, spa facilities and classes, which generate considerable income through an annual membership fee. There are very strong links with the local community where residents are able to access over 80 groups.

CASE STUDY D

This extra care housing scheme comprises 32 flats and is located in the suburbs of a large city in the South East of England. It was originally built in 1997 and refurbished in 2012. The scheme is part of a large site which it shares with another extra care scheme supported by a different housing provider but with both schemes utilising the same domiciliary care provider, which is based off site.

Scheme residents can use a 'super hub' in the form of a local community centre that is funded by several local housing associations to provide services and activities. These services are very diverse and can also be accessed by residents across a wide range of age groups in the local community. The centre also provides dementia services, serves as a base for Age UK and runs programmes that extend from the centre into the wider community.

Some advantages of the community hub model

Most of our case study interviewees were in favour of the community hub model and mentioned a range of potential advantages. One example of this is the potential of an on-site restaurant to promote good nutrition for older people while also encouraging social interaction, both among residents and with the wider community.

> *"We're absolutely committed to having that hub, an essential hub where people can meet, they can talk, things can move from it. But again, three meals a day, you know, if I was doing it now I'd probably think, 'I don't think I'd do that,' but there are people in here who are absolutely glad of it because they're not able to look after themselves to that extent, and it does free up some of the care side of it, who may have to help them prepare those meals because they're not fully able to do it." (Housing Scheme Manager)*

One commissioner recognised the potential of the community hub model to increase the economic viability of on-site facilities, provided that local residents are made aware of their existence.

> *"They should be pulling people in from outside, there is no reason why Mrs Bloggs who lives two doors down, who is an older person, can't come in and join in some of those activities. We've got to get the right commissioning model for economies of scale, and we've got to promote them, and housing providers have got to promote them more. Sometimes just putting a board outside to say we've got a restaurant here isn't really enough, so there does need to be a lot more active engagement as bringing those in." (Commissioner)*

Case study A as described above had awarded the contract to run the on-site restaurant to a family who had a dynamic approach to attracting business. The contractor described the need for this approach in order to make a profit:

> *"Unless we had outside work we wouldn't make a profit. We do outside catering to the Housing Provider's headquarters but if we didn't have that that wouldn't make the business viable because we would just literally break even from what we do*

because as you can see from the prices we don't make very much money. It's £3.95 for a lunch and £1.50 for a sweet so it just covers the food and the staff."

(Catering contractor)

There was also recognition among scheme managers of the value of an inclusive approach in terms of increasing awareness of the scheme within the local community, as well as attracting potential future residents. In addition, our case studies provided examples of how on-site facilities and resources to the wider community can create opportunities for intergenerational contact by, for example, involving residents to take part in a school project about memories and reminiscence.

Several residents talked enthusiastically about the activities they took part in that were provided on site by an external organisation:

"I mean, we've got things that we do here that they had never encountered before because they hadn't been anywhere like this you see. I mean we have got a full size bowling alley that we put down there, a skittle alley."

(Resident)

Another resident acknowledged the value of activities in providing opportunities for social interaction:

"It gets me out of the house because I tend to be very solitary so it means I have to come out and it keeps me supple which is what I need. Gets me socialising."

(Resident)

Facilitators for the community hub model

This research also identified a number of factors that support the successful implementation of the community hub model in housing with care settings. For example, the attitude of the local authority can be influential, particularly where their role includes the development of schemes and the commissioning of care and support for residents. One commissioner described her enthusiasm for this approach and how she was trying to make it work in a two-tier local authority.

> *"The main thing that is ... now I've made relationships with each district council, housing and planners, as a planning application comes through. I then get very involved and try to get involved with some of the design of the building, so that it doesn't only look after people within that scheme. This is like a hub and spoke and looks after people outside the scheme that can come in to use the facilities."*
> *(Commissioner)*

Our findings also confirm the importance of the built environment in facilitating the implementation of a community hub model. As well as the obvious advantages that arise from a scheme being near an established residential area, a range of design factors can be important including age- friendly design, aesthetics and having sufficient parking. Internal layout is also crucial, as discussed in the section on challenges below.

Our interviews suggest that incorporating responsibility for integration within specific staff roles can be an important factor in successful implementation of the community hub approach. A good example of this comes from case study A, where a football club employed a community officer whose role focused on developing and maintaining links to the local community. This post had the specific aim of reducing isolation as part of a project funded by a Big Lottery Grant.

> *"My role is officially as a community officer here at the football club...... The idea is basically to reduce social exclusion, improve the physical activity side of things and improve social inclusion."*
> *(Community Officer)*

Similarly, in case study C the local care provider employed a Community Officer who described his role as follows.

> *"They call it a community officer rather than a housing officer because a large part of it is about tackling isolation and building communities, because they're communal schemes."*
>
> *(Community Officer)*

Even where scheme staffing does not include a specific community development role, the existence of other relevant roles, such as an activity coordinator, can encourage and support local residents to use on-site resources and take part in activities.

Good relationships and partnerships with other local organisations is another key facilitator for community hubs. In case study D a stand-alone community building that was funded by two housing associations provided a venue for a wide range of activities and services that were run by numerous local organisations.

Barriers to successful implementation of the model

One of the main barriers to the successful implementation of the community hub model was the possibility that some residents objected to on-site services and facilities being open to the wider public. This perception is largely supported by data from the nine case study schemes that took part in the main ASSET project. Concerns often focus on the security and privacy of residents, as described by one local authority commissioner.

> *"Residents there didn't like people coming in and using their facilities because they can then walk down the corridors and whatever, which did lead to the restaurant closing for a short while because they just weren't getting the number of people in to use it. I think they've got a new provider to take it on board now, but I see it as a key part of the design that people coming in as well as providers coming out, and about residents coming out into the community as well." (Commissioner)*

A range of design features have been implemented in an attempt to address concerns of this sort, often by incorporating features that allow for general access to some parts of a scheme and protected access to others, often by means of a 'key fob'. This arrangement is widely known as 'progressive privacy' (Torrington 2004).

> *"Three of the four that we tendered last year have a, sort of, community hub which very much makes it, kind of, a focus for community activities, and made sure that the progressive privacy was built in so that it could very much have people coming in, which is one of the issues with the (scheme name), that once you're in the front door you can get anywhere."* *(Scheme manager)*

However, not all residents were convinced that this provided a satisfactory solution:
> *"So if you then start opening everything up to all and sundry for a lot of us that feels like you're defeating the object of the actual security that you've got here. Because it's alright people saying that people can only get down our corridors if they've got a fob but people follow people."* *(Resident)*

Other objections focused on financial issues, with one scheme manager reporting concerns that residents pay for on-site facilities through their rent and service charges, and would therefore be subsidising non-residents who used them. The tension was eased in this situation by emphasising to the concerned residents that the income derived from these services ensured the continuing availability of the restaurant service at competitive prices.

The community hub model can also include the use of in-reach and out-reach care and support services, as described in the background section above. However, one scheme manager who was keen to adopt this approach felt that the contracting arrangements between the housing and care providers and the local authority made this almost impossible. In this scheme most of the care was provided to residents by an on-site team. Nine residents had brought external care providers with them on moving in but most had changed to the on-site provider, with only two remaining with their original external providers. These two residents were both aware that they were receiving support from the

on-site care team, particularly in terms of unplanned care, even though they were not contracted to aid them. To complicate matters further, some of the on-site care team also worked for the external care provider. The on-site care provider was also a domiciliary care provider elsewhere in the County, but they were not providing off-site care from their base in the scheme as their contract with social services was based on personal budget and direct payments rather than a block contract. In addition, the scheme manager stated that staffing levels would not allow the on-site team to provide domiciliary care in the local area: "It's a bit difficult because we are only a small team of people so we really can't do that."

Strong opinions were expressed by care managers about the complexity of arrangements between the care provider, the housing association and the social services department.

> *"A lot of it is politics between ourselves and social services because, basically, because we are the on-site provider we are a hell of a lot cheaper than any other care currently in the Borough...You could do all sorts here...You could use this as a hub to provide dom (sic) care but not at the rates we use here...it is very much controlled by social services and that's why we don't go out in the community...social services manage our contract...How the contracts run...It's an absolute nightmare."*
> *(Senior Care Manager*).

For some residents the arrangements for providing care were complicated. For example, one resident who received care from an off-site provider was reluctant to use the alarm facilities:

> *"I know if I press my button they'll come to me but I don't like doing that because I'm not really in their care if you know what I mean. It feels like I'm putting on them or using them is a better way of putting it ....and that's the only reason."*
>
> *(Resident using off site care provider)*

Another resident was receiving care from two providers, one based on site and another based in the local community. Despite this split arrangement she had the same care staff, who were employed by both agencies, and was largely satisfied with the arrangement.

" Yes, I'm quite happy with my carers. I have the same one, like alternate weeks, they work so many days and then change and so many days and then change again but it's always the same four. But at holidays it is a bit messed about then but you expect it. You get used to it and they get used to what I need. "

(Resident using both on-site and off-site care providers)

Conclusions

This paper has reported on a survey of 99 housing with care schemes and case study research at three extra care schemes and one retirement village in order to explore the community hub model in housing with care settings. Our findings provide a first step in developing an evidence base for this approach by identifying various benefits that arise when housing with care schemes operate as community hubs, both for the scheme residents and for people living in the wider community. For example, interviews with staff and residents highlight increased opportunities to take part in activities, greater sustainability for scheme amenities, and increased integration with the local community. This approach also fits well with the principles of age-friendly cities (World Health Organisation, 2007) and lifetime neighbourhoods (Department for Communities & Local Government, Department of Health and Department for Work and Pensions, 2008), whereby inclusive design of the built environment can maximise access to amenities by older people.

At the heart of the model lies an ethos of promoting a housing scheme that operates not just for the benefit of residents, but also as an asset to the local community. In practice, this means sharing facilities, services and activities between the scheme and people living or working nearby, as well as the friends and family of residents. Of course, this can only work if the scheme has appropriate amenities in the first place, and it may be the case that smaller schemes are unable to adopt such an approach. Location is also key in terms of a scheme being near to a residential area or having sufficient transport links to make it easily accessible to non-residents. Similarly, transport can be an important issue for people living

in a scheme who want to access services, facilities or social networks in the wider community (Bernard *et al.* 2004).

The provision of care and support is a key element of the community hub model, either through an off-site provider delivering care to scheme residents or an on-site team working in the wider community. Our research suggests that despite the continuing personalisation agenda and a desire to open up the market, the majority of commissioned care and support is still provided to residents by a team based on-site. As highlighted earlier, the advantage of this approach is greater cost effectiveness in delivering planned on-site care and support, especially where there are a large number of residents in receipt of personal care and the costs of travel between customers can be an important factor in care costs. However, contractual arrangements are also relevant, as evidenced in one case study site, where discounts for on-site care that had been agreed with the local authority were perceived as a barrier to providing care in the wider community. Our findings suggest that adopting a mixed approach to care provision can lead to complexity and uncertainty for housing providers and residents.

In this paper we have identified a range of factors that contribute towards the successful implementation of a community hub approach. For example, restaurants and other catering facilities are an important focal point for visitors to the scheme as well as a way of increasing income. Good age-friendly design is also crucial in several ways including encouraging people to use the scheme, providing sufficient accessible space for visitors, and ensuring resident privacy and security. Some of the most successful examples of housing schemes as community hubs have benefitted from responsibility for community integration being part of someone's role. This might take the form of a dedicated role, such as Community Officer, or be combined with a broader remit for coordinating activities. In either case, the provision of a wide range of community activities and events that appeal to a wide range of people, both residents and non-residents, is facilitated by partnership working and strong links with local community organisations and groups.

One significant challenge to successful community hubs in this setting is resistance from residents. This issue has frequently been discussed in the literature. For example, in their

exploration of different models of housing with care Croucher and colleagues (2007) highlighted the sharing of facilities with the wider community as a controversial issue for many residents and discussed the challenge of achieving a balance between overcoming the sense of intrusion felt by some residents with the opportunities for social contact that others welcomed. This has also been highlighted by Callaghan *et al*. (2009) and Evans and Vallelly (2007), both reporting on studies of social well-being in extra care housing. The research reported here confirms the continued relevance of these concerns and the potential for residents to feel that their privacy is being compromised and that they are subsidising the use of facilities by visitors. Our findings suggest a range of possible responses including imaginative design, providing appropriate information and involving residents in the planning and running of activities that form part of the community hub approach. Another possible solution can be seen in some European provision of later life housing (DCLG 2009), where living and communal facilities are often provided in separate buildings. However, it is also important to consider that with increasing levels of frailty among extra care housing residents and the restriction of funding to higher levels of dependency (Social Care Institute for Excellence 2013), there may be a need to have facilities close at hand so that residents can access them easily.

Implications for Practice

Our findings point to a range of factors that need to be taken into account when considering a community hub approach to housing with care:

- The community hub model is based on shared use of resources with the local community. This requires the scheme to be easily accessible to a residential population and sufficiently adaptable to accommodate local circumstances such as an urban or rural setting.

- While this approach has advantages for residents, it is important to consider and address concerns that might be raised, such as sharing facilities and maintaining privacy and security.

- The community hub model requires careful strategic planning to reshape local care markets and support the delivery of at home care and support services at scale.

- The model also requires careful implementation within a local commissioning ethos that recognises the value of preventative approaches to supporting quality of life for older people.

- Issues to consider include the impact of strategies and policies on the community hub approach, such as the personalisation agenda and contracting arrangements.

- Implementing the community hub model is likely to incur various costs, which can include buildings, facilities and staff. These might be shared with other organisations and can be balanced in the longer term against increased wellbeing and economies of scale that can make facilities such as restaurants sustainable.

- Successful implementation of the community hub model is predicated on design of the built environment that takes into account various requirements in terms of space and layout. These include incorporating sufficient space for visitors and preserving privacy and security for residents.

In addition, a range of conditions can contribute towards the success of the community hub model. These include:

- Incorporating dedicated 'community integration' roles, or at least making it part of someone's job, e.g. an activity coordinator.

- Establishing partnerships with local groups and organisations in order to spread costs and maximise opportunities for sharing facilities, events and activities.

- Increasing resident acceptance of the community hub model by, for example, providing comprehensive information, initiating ongoing consultation and offering opportunities for involvement.

- Effective promotion and marketing among local residents, organisations and businesses of the opportunities to use resources and take part in activities.

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