

# Making Dumfries and Galloway the best place to grow old

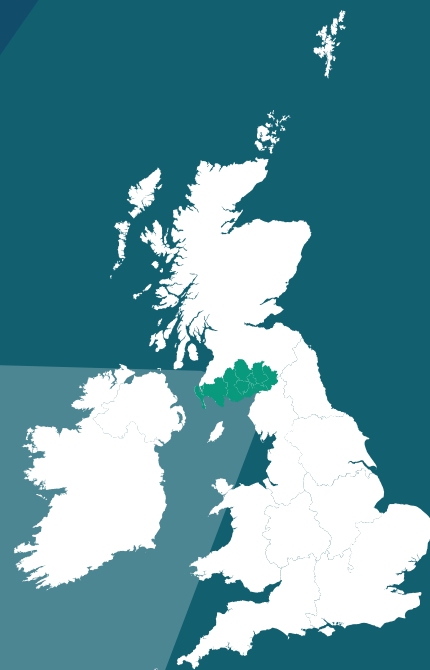




Photo by Michael Cūmmins on Unsplash

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### THIS PDF IS INTERACTIVE

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# Foreword by Gwilym Gibbons

Our Health and social care services and the NHS are already struggling to support our ageing communities across our remote and rural region with limited resources. Rural areas like Dumfries and Galloway are ageing faster than other places, and our services cost more to provide due to the distances involved and having fewer people to deliver care. The challenges of our region's geography and demographics are already felt by front line staff in the tough calls they make daily about who gets support, for how long and who will have to wait until they are more in need. If we don't act now and try to find solutions that enable people to live healthier lives as they age better, it will be too late.

In the short term, our NHS and Council will rightly be focused on rebuilding their services after COVID-19, concentrating on making sure they meet the demand of those who already need help and support. The need to find a solution that supports people to live healthy connected lives as they age in Dumfries and Galloway needs to start now. We need to find ways to bring together entrepreneurs, business, charities, statutory services and communities to collaborate in finding ways to build a future where older people are valued for their economic, social and cultural contribution in order to create a future where people of all ages live healthy, connected lives in our region and communities.

The Crichton Trust is committed to working with others locally and nationally to find and test solutions to enable people to age well. We believe the challenge of adaption to an ageing society is finding ways to ensure that we see these demographic challenges as an opportunity to rethink how we live, work and play. To find ways to harness the wealth of wisdom as a driver for economic and social good. This challenge calls us to stay physically, socially, culturally and economically active for as long as possible. We want everyone in Dumfries and Galloway to have the opportunity to live active, creative and fulfilling lives regardless of their age. We need to recognise and celebrate the value of experience and knowledge, wisdom both collective and individual. that is the gift of longer live so that communities can fully

benefit from the wealth of experience the cultural, social and economic activities in our region.

COVID-19 has helped galvanise public support for thinking differently about our homes, our community and how we support people as they age. The role of the community in supporting the most vulnerable in our society and the impact of loneliness and isolation on people's mental health has been highlighted like never before.

The Care Campus project has shown us that in order for people to remain in their own homes for as long as possible the role of community connections, housing, care at home and health care technology becomes much more important. But we must do more and innovate whole ecosystem solutions to enable us all to live active, healthier, fuller and more connected lives. We believe that rural areas like ours which are facing the realities of these changes first are also best placed to test, evaluate and develop innovative solutions that can then be shared, scaled and replicated into more complex urban areas.

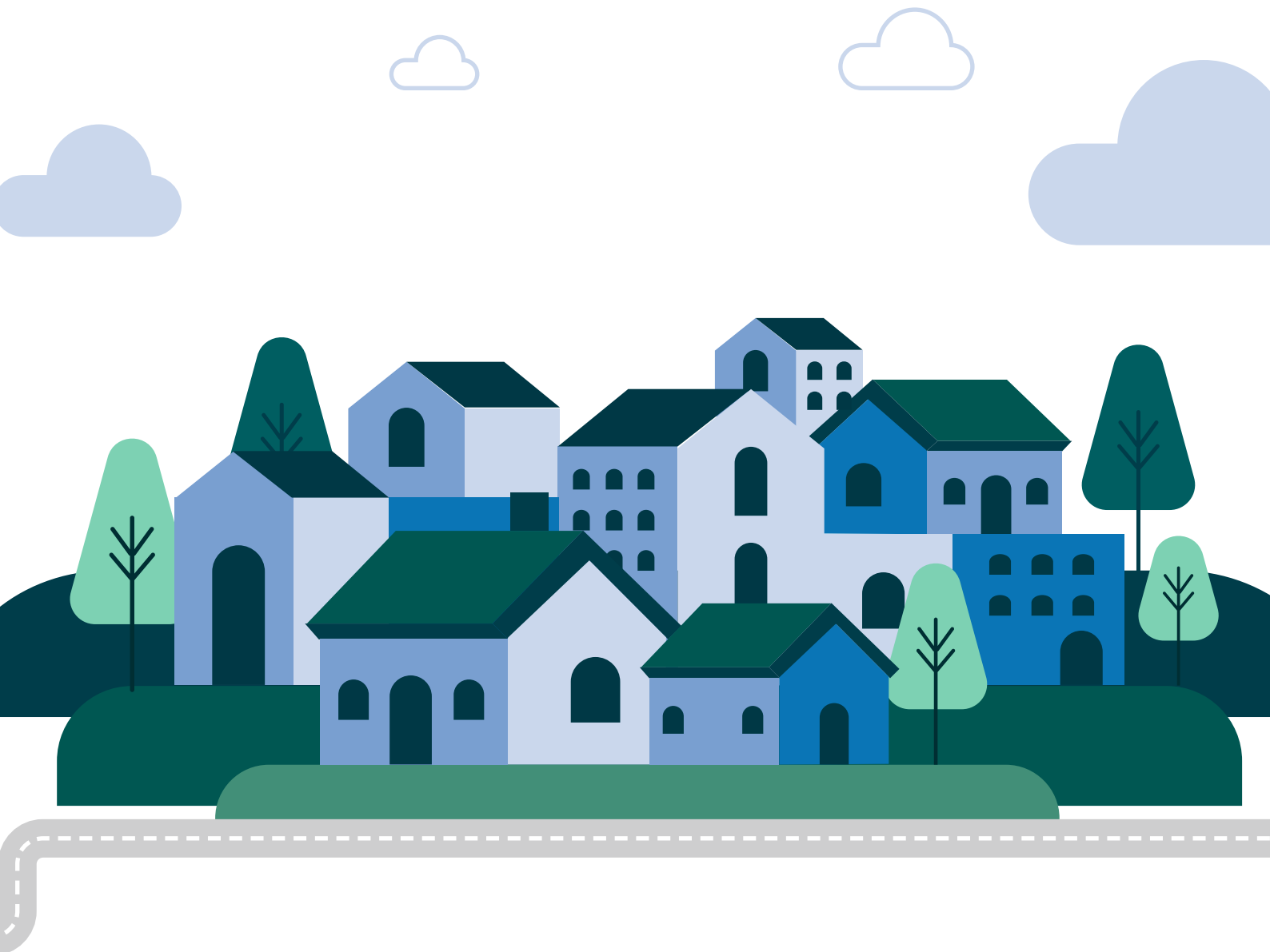
In our minds, other people grow old. My grandmother at the age of ninety-eight used to refer to those residents who were less able than her in the care home that she lived as the oldies! Given the growing pressures on care services, it has never been more important for those of us in our forties, fifties and sixties today to consider and plan now for later life. Not just in relation to financial matters as is often prioritised or the consideration of the communities in which we may want to settle down, but how we can prepare our bodies physically and mentally to maximise the chances of a healthy, active and connected longer life.



Gwilym Gibbons,  
Chief Executive, The Crichton Trust

# How do we create caring and innovative places?

- Meaningful engagement with communities and people of all ages throughout the planning, design and development of spaces and services. Co-designing and co-developing so that people's needs and aspirations are at the heart of all planning and service development.
- Cross-sectoral ecosystem-wide partnerships working between business, statutory services and communities to develop innovatively sustainable and life-enhancing solutions
- Using design thinking principles to put people's experience at the heart of how we develop and innovate new ways of working.
- Innovation friendly environment where failure is seen as a learning opportunity not punished and flexibility, the capacity to change is built into how we design services and innovations.
- Importance of strong knowledge exchange partnerships between academic institutions and local partners so that this can inform innovation development and also support the robust evaluation of the impact of services and interventions.



# Making Dumfries and Galloway the best place to grow old

The longevity revolution we experienced in the 20th century through developments in medicine and nutrition have prolonged people's lives. There are advantages for all of us to longer lives. However, the opportunities this longer life brings has not yet been fully realised in Dumfries and Galloway. We need to change how we think about ageing and how we support people to age well.

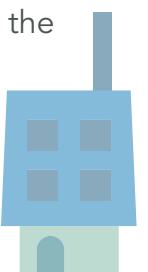
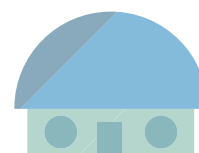
We have less than 15 years in Dumfries and Galloway before 1 in 3 people across the region will be over 65 years old<sup>1</sup>. The implications of this demographic change for longer lives are complicated. The reduced number of working-age people in comparison to those over 65 will make it increasingly unmanageable for us to continue to support people well, using existing health and social care models.

The care campus project gave us the chance to explore the opportunities of an ageing population in Dumfries and Galloway, and what challenges these demographic changes could bring. The focus of statutory services and the NHS is understandably on meeting the needs of people in Dumfries and Galloway today. However, we wanted to go beyond people's short term needs to explore their aspirations for their lives as they age. We have attempted to understand more about the challenges we face in the medium to longer-term in terms of housing, communities, technology, health and care, and work. We have identified five critical areas of focus that would improve people's lives in our region.

- Warm, accessible homes
- Connected intergenerational communities
- Technology that enhances people's lives
- Workplaces fit for all ages
- Health and social care that empowers people to be independent and feel valued

These areas are an opportunity for Dumfries and Galloway to become a leader in finding and testing innovative solutions. We could lead the way in developing a solution to support people to live independent lives for as long as possible. Our demographics mean we are reaching the challenges sooner than most regions; however, in under 30 years, almost the whole world will be in the same situation. We believe we have a unique opportunity and role to play in helping find ways for people to age well and for communities to benefit from this demographic revolution on our social, cultural and economic lives.

What follows in this report, is not a definitive list of challenges around supporting an ageing society in our communities, but challenges that were shared with us through the project's consultation with communities and stakeholders. For ease, we have grouped these into five key areas, but we must work across sectors and teams if we are together to ensure that Dumfries and Galloway the best place to grow old.



Our health and social care system is already struggling, restricted funding, delivering services to a dispersed rural population, and challenges recruiting people, we are already at crisis point; tough decisions about who and who isn't eligible for care and support are made daily. Alone we cannot change the way that social care is funded on a national level, however, we can change how we spend our money and how we develop solutions that prevent or delay for as long as possible someone's need for care. We need to find ways to enable people to be in control of their physical, mental and social health and to develop communities. We already have significant challenges in recruiting people to work in health and social care locally, and this challenge will only increase as our population continues to change.

Supporting us to live healthier more active and fulfilling (social, economic, cultural, mindful) extra years is the key to not just our increased wellbeing as we age but is also key to health and social care services being able to support an ageing population in a rural community like Dumfries and Galloway.

The people we talked to were clear that they wanted to stay in their communities and ideally their own homes for as long as possible. There was a widespread desire for more housing and care options than they currently have locally. Our Community consultation showed that our homes and communities have a vital role in helping people to live life on their terms as they age.



# Warm, accessible homes

## The current situation:



**3/4**  
of people aged 60+  
own their own homes



**50%**  
of the homes in D&G have at least one  
long-term sick or disabled person



**91%**  
of homes in the UK don't meet  
basic accessibility requirements

- Nearly three-quarters of people aged 60+ own their own homes<sup>9</sup>
- Half of the homes in Dumfries and Galloway have at least one long-term sick or disabled person<sup>10</sup>. This number is expected to increase as we live longer and based on our current health spend more years later in life living with 2 more long term conditions.
- An estimated 91% of homes in the UK don't meet basic accessibility requirements<sup>11</sup>. This is the level whereby someone with physical mobility restriction could visit for a few hours.

## FUEL POVERTY IN DUMFRIES AND GALLOWAY

**1/4** of households experience fuel poverty



**12%** experience extreme fuel poverty



**61%**

of older people were worried about the rising cost of energy and have taken steps to turn down their heating (Age Scotland's 2020 survey)

**33,000+**

have a life-limiting health problem or disability. Over half of these are aged 65+



**7%**



of individuals lives are restricted because of the characteristics of their home



UK WIDE RESEARCH

**80%**

of the homes we will need in 2050 are already built

- Over a quarter of households in Dumfries and Galloway experience fuel poverty and 12% experiences extreme fuel poverty. Age Scotland's 2020 survey found that 61% of older people were worried about the rising cost of energy and have taken steps to turn down their heating<sup>12</sup>
- Around 33,000 people in Dumfries and Galloway have a life-limiting health problem or disability. Over half of these are aged 65+, 7% of households have someone whose life is restricted because of the characteristics of their home<sup>13</sup>.
- UK-wide Research has shown that 80% of the homes we will need in 2050 are already built<sup>14</sup>.

Our homes are places where we should feel safe, and that enable us to live healthy, happy and connected lives. The link between home and our physical and mental health has been long-established. However, 2020 and the experience of 'lockdown' has brought it into sharper focus for many of us<sup>2</sup>. As a result, many of us have been experiencing our homes, gardens, and neighbourhoods differently. Our homes have become not just a space for living but for many of us also work, education, health care and safety. We completed the majority of our community and stakeholder consultation before the pandemic, but we feel that the principles outlined below have not changed. 2020 was a unique time with social distancing and 'lockdown' forcing all of us to examine the role our homes and communities play in our health and wellbeing. We know that homes and community can make a big difference to people's health and wellbeing as they age.

When we talked to people about the role of 'homes and housing' in helping us grow old well they told us:

- Value their independence, privacy and dignity of being in their own home.
- Want to be supported to live independently in their own home for as long as possible.
- Value their connections in the community and to places they live in.
- If they couldn't stay in their own house due to ill health or disability, they wanted to remain connected to their communities and their social networks.
- People also said they wanted more housing options so they could find somewhere that suited their needs and preferences.

Not having accessible or easy to adapt homes costs us as a region. Delayed discharge is when a patient who clinically could leave a hospital, can't because there is not the necessary care, support



or suitable accommodation available. In 2019 Dumfries and Galloway's hospitals 17,671<sup>3</sup> bed days were lost due to 'delayed discharge' that is roughly 10% of the total bed's spaces we have in the region, and 71% of these were people over the age of 75. NHS health Scotland estimated the daily bed cost at £234 to the NHS<sup>4</sup>. By rough estimate, it cost our NHS Trust of around £4.1 million last year. However, Not all these delayed discharges are related to housing issues. However, accessible, safe and warm homes are key to not only people being able to return homes from hospital when they are able but also preventing the need for hospital admissions and to reducing the length someone stays, and the costs associated.

Our community consultation showed us that people found it hard to think about how their homes or housing options might change or adapt as they age. The people we spoke to were clear that they wanted to stay in their own homes for as long as possible and they talked about 'worrying' about needing to move into a care home as they were concerned this would mean being 'cut off' from their friends, family and community. In follow up conversations, we asked people what matters more, staying in their own home or their community; people wanted both to be an option, but being in their community was key.

We need to change how we think about houses and homes as we age. We need to design and build new homes that can adapt to our changing needs over our lifetime. We need to think proactively and creatively about how people can adapt their existing homes to meet changing needs as we age. Stakeholders told us that people frequently waited 6-9 months for the funding to enable essential and often basic adaptations through the Care and Repair services, locally. These delays meant people often struggled with inaccessible

homes, inappropriate aids, or had an increased chance of falls or accidents while they waited. People found it hard to anticipate how they might change and adapt their homes or when was the right time to make a positive choice about moving to a new house. We need to support people to make positive changes to their homes or move to a more suitable house in advance of a health crisis so that they don't have to wait for home adaptations or move at times of stress.

Community-led housing involves people playing a leading and long-term role in developing and solving local housing needs to create affordable homes and stronger communities.

### Actions for warm, accessible homes

All new homes need to be adaptable and fully accessible. The design of new homes should follow good design principles and be able to meet changing needs as people age and experience challenges in their physical health and mobility. This requires going beyond the current 'lifetime home standard'. We should aspire for all new homes to enable people live in them for their whole lives if they want and remain independent and active in their community for as long as possible.

Builders for all tenure times should aim to apply sound design principles and standards to all homes such as the HAPPI design principles, and dementia-friendly design principles to all housing and public buildings in the region.

Provide a broader range of housing with care options to help people to retain as much independence as possible and enable them to stay connected to their community.



Developing an independent housing and care advice service that is accessible to all households including homeowner and renters so that people can make informed and positive choices about how they adapt their homes or what housing with care options are in advance of a crisis.

Warm and energy-efficient homes. All New build homes should aim for PassivHaus standards. These highly insulated and energy-efficient homes can improve people's respiratory health, allergies, and there is some evidence it improves people's mental health by removing the worry about energy costs and fuel poverty<sup>5</sup>. The additional costs of the building PassivHaus standard homes should be balanced against the long-term savings in terms of heating and energy requirements for the occupants.

Future-proof New Homes should be designed from the start to have the potential for a high level of connectivity. This will enable people to use smart home and assistive technology to help maintain their independence at home as their needs change and to remain connected to friends and family as well as to enable lifelong learning and interests.

Live/work homes, where space for home working is built into the design from the start, working from home has many advantages for an ageing community, from enabling people to work longer as they age, to helping give people the chance to work flexibility around caring responsibilities and also to get more involved in their community.

More sustainable investment into Care and Repair services and housing options advice services. This additional funding also needs to include support and access to independent advice to enable people to make anticipatory adaptations to their homes. This support needs to be accessible to all households that need it, including people who own their own home and private tenants. The costs of home retrofitting adaptation should be balanced against the costs to the NHS of falls, delayed discharge, and care home placements. This home adaptation should include physical mobility aids, and technology.

More funding and support to develop community-led and owned housing across the region. Community Housing responds to local needs and can provide people with an affordable, intergenerational housing options. This is an alternative for some older people needing to leave their own, hard to adapt homes, for purpose build housing, often some distance away. They can also provide affordable options for younger people and families to live in a community, ensuring that communities and local services are sustainable. Community housing often also generates long term income to support community assets.

Cross-sectoral partnerships between planning, health and social care and community-based groups to innovate solutions together



## Options for small and rural communities:

South of Scotland Community Housing (formerly Dumfries and Galloway Small Communities Housing Trust) works with communities to support community-led and owned housing. This report highlights some examples of their work with communities across Dumfries and Galloway, including Closeburn, Moniaive and Whithorn as well as others from across Scotland.

<https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Report/HomeDeliveryCommunityLedRuralHousing.pdf>

## Fit-homes by Carbon Dynamic:

These prefabricated Homes were co-designed with communities in the highlands and built to very high ecologic standards. They are fully accessible, easy to move from location to location and quickly adaptable to changing needs and requirements of their residents. They have innovative design features including no corridor and minimal doors to enable free movement, moveable walls so that bedrooms can accommodate medical equipment, or carers accommodation, structural support for hoists tracks and smart home technology. These homes can be installed, connected to existing homes as a retrofit option and quickly adapted as needs change. These homes have been used in some areas of the highlands to enable medium term alternative to residential care and to help people remain independent and in their communities.

LINK <https://carbondynamic.com/wp-content/uploads/2020/08/FitHouseBrochurebooklet.pdf>

## Live/work housing:

The HousingLIN who authored the HAPPI report in England into age-friendly homes has written passionately about the need for live-work housing as we age. With 1 in 3 workers over the age of 50, we need to think about what impact the COVID crisis is that for many 'the office; is not the automatic place of work for people. They have developed 12 principles of 'work-ready design' for homes.

<https://www.housinglin.org.uk/blogs/HAPPI-Working-from-Home-Designing-work-ready-housing/>

also, see the work home project: <http://www.theworkhome.com/> they have design guides and examples from around the world.

## Good practice in the design of homes and living spaces for people with dementia and sight loss:

Stirling University's The Dementia Services Development Centre lead the world in dementia-friendly design and research have produced a number of guides on designing homes and community spaces. Including this one

[https://dementia.stir.ac.uk/system/files/filedepot/12/good\\_practice\\_in\\_the\\_design\\_of\\_homes\\_and\\_living\\_spaces\\_for\\_people\\_living\\_with\\_dementia\\_and\\_sight\\_loss\\_final.pdf](https://dementia.stir.ac.uk/system/files/filedepot/12/good_practice_in_the_design_of_homes_and_living_spaces_for_people_living_with_dementia_and_sight_loss_final.pdf)



## HAPPI Design principles for homes

- Space and flexibility
- Daylight in the home and in shared spaces
- Balconies and outdoor space
- Adaptability and 'care ready' design
- Positive use of circulation space
- Shared facilities and 'hubs.'
- Plants, trees, and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and 'home zones.'

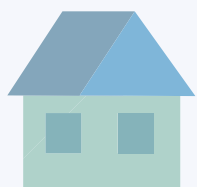
<https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

**PassivHaus** originated in Germany and is a voluntary standard for energy efficiency in a building. It results in ultra low energy buildings that require significantly reduced energy for space heating or cooling than in a home that meets standards. This standard can be applied to any building and focuses on super-insulated families, and heat recovery ventilation systems that keep the house warm.



Passive Houses for affordable rent build in 2011 on the Dormont Estate, in Dalton were some of the first of their kind in Scotland and show that it is possible to combine high build standards with affordable housing in rural communities.

<https://www.dormontestate.com/dormont-park/>





# Connected, Intergenerational Communities

## The current situation:



# 26%

of people in D&G  
are aged 65+



# 19%

of people across  
Scotland are  
aged 65+



# 1/3

of people over 75+ in the UK  
say feelings of loneliness  
are 'out of control'



# 1/2


of parents experience a  
problem with loneliness




# 20%


of people per day visit their  
GP because they are lonely

- 26% of people are aged 65+, compared to 19% across Scotland. Within Dumfries and Galloway, this is highest in Gatehouse of Fleet (39%) Thornhill, Wigtown (33%) and Kirkcudbright<sup>15</sup>.
- 1 in 3 people over 75+ in the UK say that their feelings of loneliness are 'out of control',
- Loneliness is not just felt by older people:
- half of parents said that they had experienced a problem with loneliness and 21% felt lonely last week<sup>16</sup>.
- 3 out of 4 GPs say that they see, between 1 and 5 people a day, who have come in mainly because they are lonely<sup>17</sup>

 **0.5%** expected increase of people of pension age 2018-28

**24%** expected increase of people aged 75+ 

 **16%** of households in D&G are single people aged 65+

**22%** of households have no access to a car or van 

 **52%** of single people aged 65+ have no access to a car or van

**23** people per km<sup>2</sup> square in D&G. 

- From 2018-28 there is expected to be a small increase (0.5%) in the number of people of pension age. However, within this, the number of people aged 75+ is expected to grow by 24% - and an increase of over 4,000<sup>18</sup>.
- Around 16% of households in Dumfries and Galloway are single people aged 65 and over.
- This is around 10,700 people – 34% of all those aged 65 and over. The percentage of older people living alone is highest in Dumfries and Stranraer (38%), but those in rural areas and remote small towns make up half of the total<sup>19</sup>.
- 22% of households – and 52% of single people aged 65+ - have no access to a car or van <sup>20</sup>
- With only 23 people per km<sup>2</sup> square, Dumfries and Galloway has the lowest population density in Scotland except for Highland, Argyll and Bute and the island authorities<sup>21</sup>. This compares to 3,298 per km<sup>2</sup> in Glasgow City.

Loneliness and isolation have a significant affect on peoples physical and mental health. The quality of interactions we have in our daily lives from informal conversations with a neighbour about the weather to spending time with loved ones has a big impact on our wellbeing. Studies have shown us that having weak social connections is as harmful to people health as smoking 15 cigarettes a day<sup>6</sup>. Loneliness and social isolation and the contact we have with other people are essential for people of all ages, but the connections

with the people around us often become more important as we age, and we stop having daily contact with work colleagues.

There have been lots of inspiring stories of how communities across the region, have pulled together to support each other (whilst remaining physical distant) during the COVID-19 pandemic. COVID-19 has made many of us think about the place we live in and our connection to the community around us. Regardless of age, we have all had more cause to think about our local support networks and who



we could ask for help if we couldn't leave our home. Before the pandemic, many people we spoke to said that having 'good neighbours' and knowing people in the community that you can call on makes them feel safer. But if you don't already have these relationships, you need places and spaces to meet people and build connections and friendships.

Volunteering and supporting others is linked to good mental health, especially people of all ages. During the COVID-19 pandemic, the number of young and working-age people who volunteered to support the vulnerable in their communities has been at an all-time high. Many may be experiencing for the first time the benefits of volunteering and intergeneration contact on their mental and physical health for the first time. Volunteering has proven wellbeing and mental health benefits. However, in less unusual times, volunteering looks different in many of our rural communities. Many rural communities depend on people over 65 years old to run village halls and social clubs, community shops and community councils; these more formal roles are vital for these community assets to be sustainable. These same groups are also often engaged in informal volunteering (or being a 'good neighbour') by giving people lifts or checking in on a neighbour who is unwell. The importance of these informal support networks in people being able to remain independent and in their own home is key. These mutual support networks were mentioned by people in our community consultation as vital and reasons why people wanted to remain in their community, not just to receive help but also to provide it. Communities play a vital role in helping people to age well and be physically social, cultural and economic active.

The fear of being marginalised, unable to participate or be part of a community, due exclusion due to age or ill health, or being unable to access places where activities take place, feature strongly in peoples worries about ageing in Dumfries and Galloway. This is compounded by the dispersed nature of our many homes and communities in our regions. It can take more effort to 'bump' into people and to make new or rekindle old connections when spread over a larger area. Being able to drive is often vital to people of all ages living in remote communities, not just to access services, shops, and community activities where public transport can be sporadic and hard to access.

The workshops we ran with stakeholder and community members around imagining the 21st-century village at the Crichton made it very clear that people didn't want to live surrounded only by people like them, they tried to connect with people with whom they shared a common outlook or values. People felt that age was not the most significant factor in finding people you have things in common with.

### **Actions for Connected, Intergenerational Communities:**

- Communities should be supported to enhance and/or develop places for intergenerational connection and activity. From space where you can pause and chat with neighbours, to larger multifunction spaces like village halls and libraries where regular organised community activity takes place. These spaces need to be sustainably supported to enable community members to find and build strong connections no matter what age they are.

- Develop and support the role of community facilitators both paid, and voluntary is key in some communities to help people of all ages to make connections with others who share similar interests or hobbies.
- People of all ages in Communities are actively consulted about changes to essential services such as post offices, community pharmacies and libraries, the importance of these goes beyond the service they provide but were seen by many we spoke to as vital reasons to leave the house and provide a reason to bump into people.
- Funding activities for communities not by age. Many community funders place age restrictions on funding. This was identified by a number of stakeholders as a barrier for growing community-led intergenerational activity.
- Co-designing and co-developing community plans and services with communities to involve the community in setting the priorities in the long-term vision for an organisation. As with any formal consultation process, time and effort needs to be invested into the support and building the confidence of people and community councils to be able to engage fully with planning and service development processes.
- New housing developments need to build community connection in from the start, from including community spaces to mixing tenure and housing types to encourage people to connect with a diverse range of people. It is important that we include spaces and activities for connections between households and across generations
- Integrated and accessible and affordable transport links including community transport options so that people no matter where they live can get where they want to go.
- More active travel routes for all ages. During COVID-19, people of all ages have been thinking more about how they get around and are more conscious of using public transport due to the risk of infection. We need to support communities to develop more accessible walking and cycling routes in their areas. Off road, Cycle paths are essential in reducing our carbon footprint and encouraging people to be more physically active. They also act as green corridors between places they can also provide important routes and a safe alternative to walking or using micro transport (ie. Electric mobility scooter, cargo bike and electric bikes) on roads and pavements.
- Encourage more lifelong learning and volunteering opportunities in the region that are flexible to accommodate caring responsibilities and disability and ill health.



## Generations working together

Throughout the project, we have hosted and supported the development of a local network for Generations Working Together which is local network of for organisations developing intergenerational activity between people of different ages. More about their work and training for practitioners can be found here:

<https://generationsworkingtogether.org/networks/dumfries-galloway>

**The World Health Organization (WHO) 's Age-friendly Cities** model provides a useful framework for an urban and rural place to help shape how they support health, wellbeing and active living:

[https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307_eng.pdf?sequence=1&isAllowed=y)

## Age-friendly Living Ecosystems (AFLE) research project with Dundee University

The care campus project has been a key partner in this project lead by the Co-creating transnational opportunities for intergenerational place-making: Towards developing an age-friendly and intergenerational community ecosystem.

[https://discovery.dundee.ac.uk/ws/portalfiles/portal/54133060/AFLE\\_Summary\\_Posters.pdf](https://discovery.dundee.ac.uk/ws/portalfiles/portal/54133060/AFLE_Summary_Posters.pdf)

**Case studies** of housing communities and intergenerational community projects that we have visited in Dumfries and Galloway and beyond.

[OWCH \(link\)](#)

[Lancaster co-housing \(link\)](#)

[Catstrand \(link\)](#)

[Study trip report \(link\)](#)

## Rural Wisdom project - Outside the box

Rural wisdom is a community-led activity that is working with selected communities across Scotland and Wales to make rural communities work well for older people. They are linking policy and practice in rural communities and

have resources to support others to learn from the work they are doing on their website

<http://ruralwisdom.org/>

<https://otbds.org/>

## The HousingLIN: Intergenerational Town centre Living case studies

This report from the Housing LIN for Architecture & Design Scotland provides a summary of 12 case studies of intergenerational housing that have features and components that are applicable to the Scottish town centre with context drawn from the UK and internationally.

<https://www.housinglin.org.uk/Topics/type/Town-Centre-Living-A-Caring-Place-Intergenerational-housing-case-studies/>

## Architecture Design Scotland: Caring places

We hosted the launch of this report into a caring place which is all about intergenerational placemaking and communities: it has a useful list of principles as to what makes for a caring place

[https://www.ads.org.uk/a\\_caring\\_place\\_report/](https://www.ads.org.uk/a_caring_place_report/)

## Care Campus Visual design statement

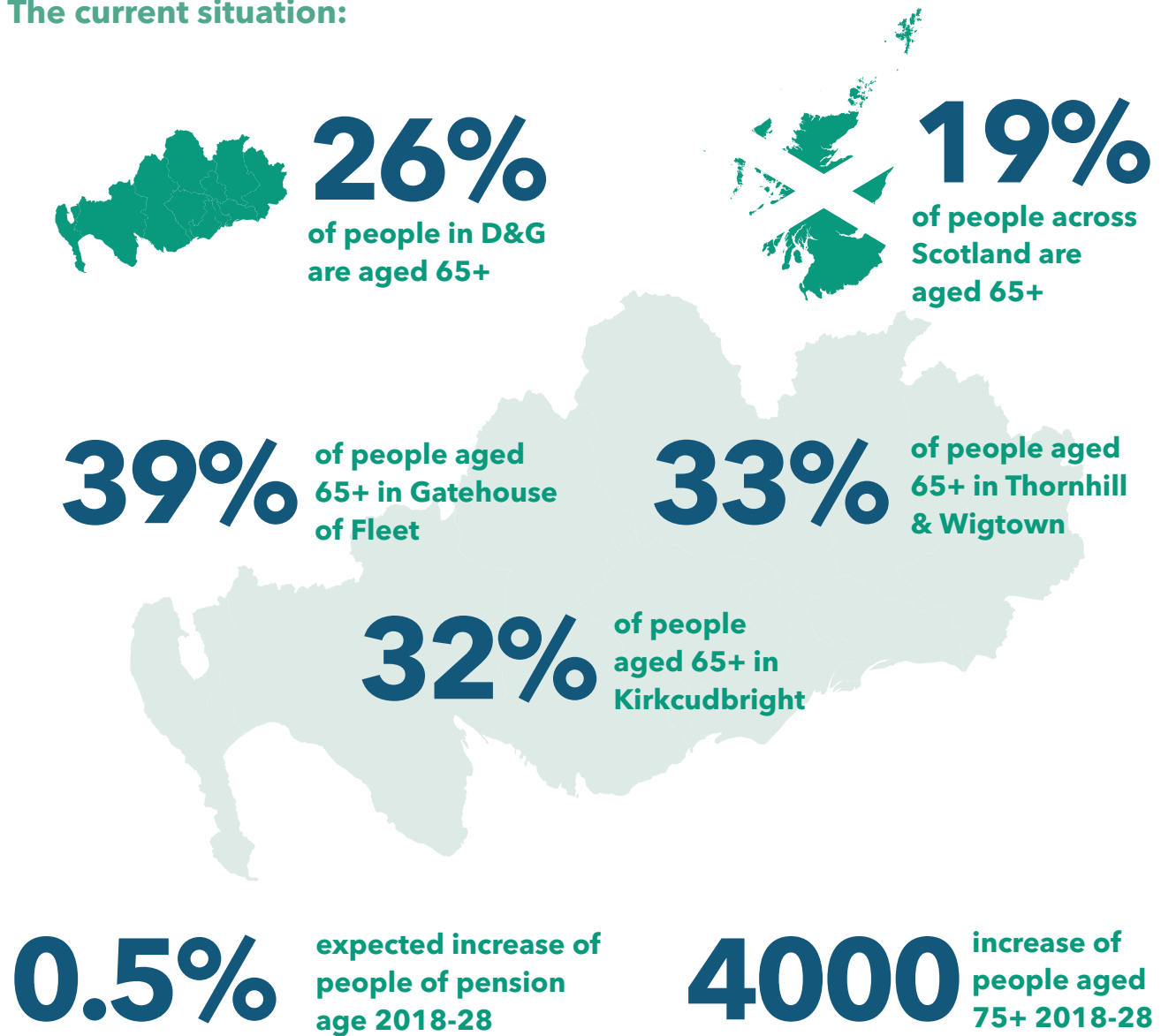
This visual design statement was developed by the Care Campus project team with the support and guidance of Architecture Design Scotland. It is still in draft form as it was not able to be completed due to COVID-19. However, we hope to be able to consult with carers and health and social care workers once the pandemic is over. It still provides a useful insight in to what people in Dumfries and Galloway want from a new housing and community development.

[Care campus 21st century village visual design statement](#)



# Health and social care services to empower people to live independent connected lives

## The current situation:



- 26% of people are aged 65+, compared to 19% across Scotland. Within D&G, this is highest in Gatehouse of Fleet (39%) Thornhill, Wigtown (33%) and Kirkcudbright (32%)<sup>22</sup>.
- From 2018-28 is expected to see a small increase (0.5%) in the number of people of pension age. However, within this, the number of people aged 75+ is expected to grow by 24% - an increase of over 4,000. Around 33,000 people in Dumfries and Galloway have a life-limiting health problem or disability. Over half of these are aged 65+<sup>23</sup>.

**33,000+**

have a life-limiting health problem or disability.



**50%+**

Over half of these are aged 65+



**1000**

decrease in working-age population 2018-28

**1000** adults in 36 care homes across D&G



**90%** of registered care homes capacity across D&G



**6500**

projected to be in care sector employment

- The working-age population will fall by around 1,000 over the same 10 years<sup>24</sup>.
- There are currently over 1,000 adults in 36 care homes in Dumfries and Galloway. This is around 90% of the region's registered places<sup>25</sup>
- Projecting future employment in the care sector is difficult. However, some estimates suggest that based on current models of care, Dumfries and Galloway could need around 6,500 people working in care homes and providing at-home care for older people<sup>26</sup>.

Health inequalities mean that the massive increase in life expectancy we saw over the 20th century has not been evenly distributed. If you are born into disadvantage, you are still more likely to have more years of disability and die earlier than those born into the wealthiest communities. Even before COVID-19, there was evidence that the number of years we will live free from ill health and frailty was going down. We may be living longer, but those years are not yet different years of fitness and activity.

The Care Campus project originally came out a recognition that we needed more options for caring for people as they age in Dumfries and Galloway. Since the project was first discussed in a community consultation event in 2016, the Health and Social Care Partnership has taken a more visible strategic lead in developing new approaches to better meet the needs of

people who need care. Changing how we deliver Health and Social care is the responsibility of the Integration Joint Board and Health and Social Care Partnership. They are faced with significant challenges meeting the needs of people who already need care and support.

In our region we have taken a much more integrated approach to develop services that meet our communities needs than in some other area in the UK, this integrated approach is starting to make an impact in how we innovate new ways of supporting people and find solutions for our communities. Throughout this project, we have worked with Health and Social Care Partnership colleagues to share our learning about what works elsewhere as well as what people have told us matters to them. In this report, we will focus on the aspects of health and social care that wider partnerships can support.



Even before the highlight COVID-19 has placed on the experience of living in a care homes as we age, people in our region were already questioning if existing options for housing with care and residential care available in Dumfries and Galloway met their needs and aspirations. Not one person we spoke to said that they aspired to move into care homes in the future. People talked of a 'fear' of having to live in a care home. Many of the people who spoke to said joked about to just 'drop dead' one day ideally doing something they enjoyed. However, that is not the reality most of us face ageing for most of us will be a gradual process with increasing frailty and disability. For many people living in a care home is synonymous with living cut off from their families, communities, social networks and activities they enjoyed and valued.

In Dumfries and Galloway, the options for housing with care for people of all ages are limited. We don't have many sheltered or housing with care spaces, and the waiting list is long for them. After a health crisis or fall people are faced with the option of returning to a possibly unsafe and unadaptable home or moving to a care home. Peoples options of care homes are usually dictated by space availability, costs and distance from loved ones rather than active choices. Very few people we spoke expected to make a conscious choice to move to a care home.

The imperative to better support people in these additional years of increased frailty is clear. However, the systems to do this fairly and provide people-centred care with squeezed social care budgets is much less straightforward. The NHS and Health and social care providers are already facing the challenge of supporting a remote and rural population over huge distances with limited resources and challenges in recruiting staff. This challenge will continue

to grow significantly as low wages, Brexit and our regions demographic changes will continue to make it hard to find people willing to work in care.

The recommendation we have given around homes and communities giving more people the option to remain living independently in their own home surrounded by the things, places and people that matter to you is described as 'Ageing in place'. This concept is now a significant driver in how we plan our health and care services in Dumfries and Galloway. The teams are structured as locally based multi-disciplinary semi-autonomous teams who are tasked with supporting local people and responding more holistically to a client's situation rather than purely on a task-orientated basis. They have been trialled in Dumfries and are now being rolled out across the region. They have the potential to make a huge difference in the experience of received care and give people more of a chance to be involved in their care.

### **Actions for Health and social care services to empower people in live independent connected lives**

Raising the profile of care as a profession: The training and recruitment of Care workers need a cross-sectoral effort. We need to understand how we can recruit and support people better in these roles and how we can make 'Care' an attractive option for young people leaving school, and others retraining or change careers. Levels of pay and the opportunities for career progression need to be part of this approach so that we can retain good care staff and reward them for the skills and experience they gain.

Training and support for Health and social care staff in smart home technology and health care technology The skills needed by Health and Social Care staff will change

rapidly over the next few years we need to support them to understand the technology that will aid them in their work in the future.

Make smarter use of existing care facilities and buildings. This includes removing barriers to working collaboratively across sectors and organisations, and working with partners to open up facilities and services up to local communities, eg care homes and cottage hospitals could provide lunch clubs and activities for older people in the wider community to help break down 'fears' around care and provide support to people in the wider community.

More co-production and co-design of care services to meet the changing need of communities and individuals and to help people feel ownership and connections to care homes and housing in their community.

Health and social care teams need to talk to communities more about innovations in how we provide care. Initiatives like the 'Home teams' model, will have a big impact on peoples care options in future, but awareness of this pilot has been low and many people we spoke to even in an area that had pilots running for the last couple of years were unaware of these changes.

Collaboration between different statutory health and social care services, private businesses, The Care Inspectorate, voluntary sector partners to find ways to support people to remain connected to their communities and activities they enjoy, recognising the roles each has to play in people being able to live healthy connected lives and in preventing hospital and emergency care home admissions.

### Outside the Box report:

The Scottish charity Outside the Box has had a project running for several years to improve pastoral care options, and we hosted a joint event in January 2020. The report from the event can be found here:

[OSTB - report](#)

**Case studies** of housing with care projects that we have visited in Dumfries and Galloway and beyond.

[Linkwood \(link\)](#)

[Loch Arthur \(link\)](#)

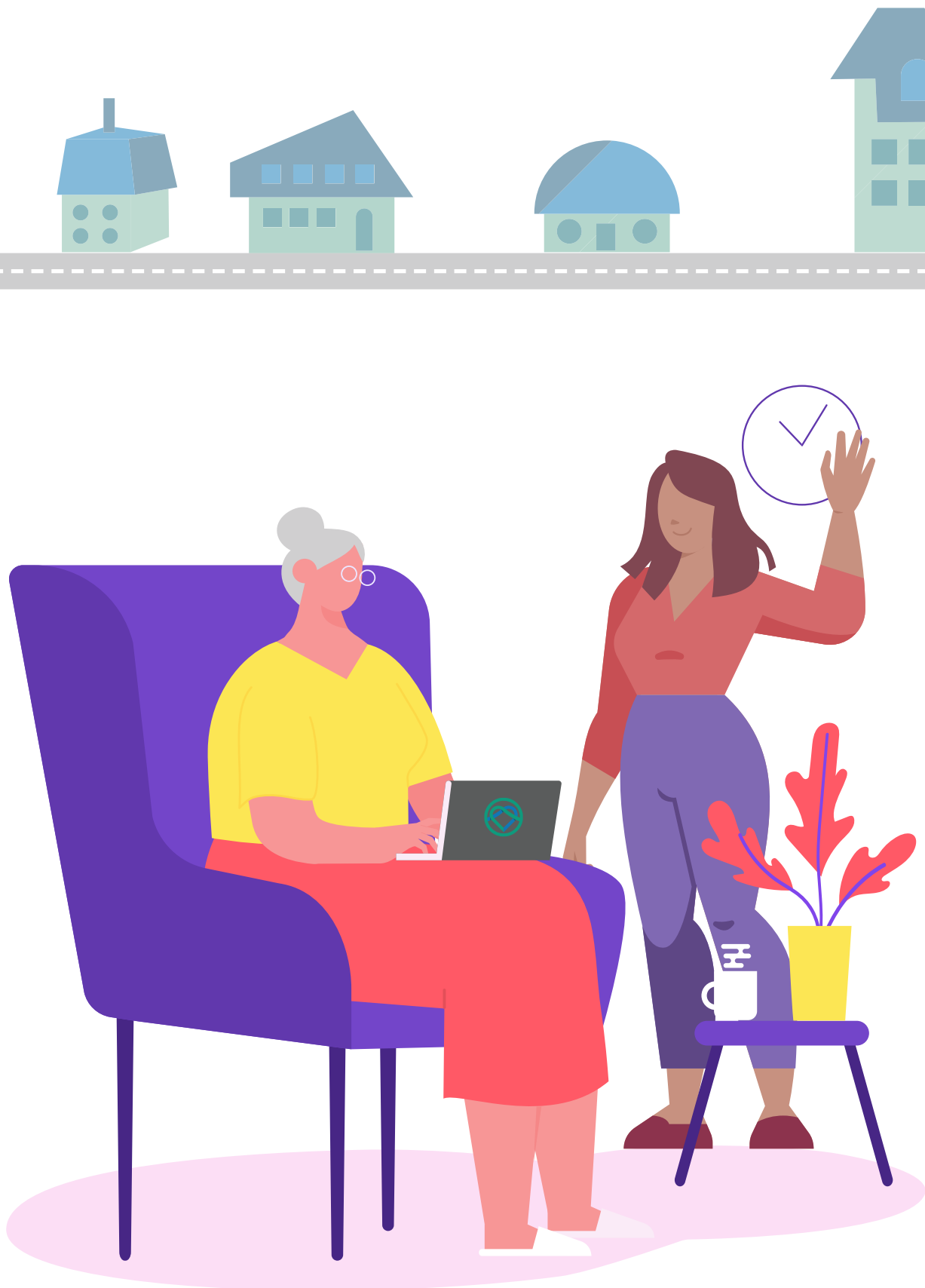
[Study trip report \(link\)](#)

[Fit homes \(NHS highland evaluation\)](#)

### Dumfries and Galloway College's Digital Healthcare Centre Training lab:

Part of the Henry Duncan Innovation and Research Centre, it features a simulated care home modelled on a dementia-friendly care environment. It combines state of the art communication technology with adaptable kitchen and care facilities. It will help train future care staff in the digital skills they will need in the future.





# Technology that enhances people's lives

## The current situation:



8%

of homes in Dumfries and Galloway are unable to receive a decent fixed broadband connection

2%

of homes in UK as a whole are unable to receive a decent fixed broadband connection



7%

of residential premises in rural parts of the region are unable to receive a 4G mobile signal

- Nearly 8% of homes in Dumfries and Galloway are unable to receive a decent fixed broadband connection, compared with 2% across the UK as a whole. In some parts of the region, this is nearly a quarter <sup>27</sup>.

- 7% of residential premises in rural parts of the region are unable to receive a 4G mobile signal <sup>28</sup>.

The scale of change in technology use in 2020 is at a scale we could not have predicted a year ago. Many of us have quickly become more confident using video calls and online tools to stay connected virtually with people. COVID-19 and the experiences of Lockdown have accelerated the adoption of technology for many aspects of our lives, from GP consultation, council meetings and widespread adoption of online grocery shopping. These changes have happened so rapidly since March that it will take us a while to understand the full extent of these changes in how people connect with essential services.

There has been a persistent idea that older people don't use technology, but this isn't backed by experience locally or research in the UK that shows that the number of people over 55+ age using the internet has grown faster than any other part of the population over the last few years<sup>7</sup>. We found that there was a range of digital skills/confidence in the older people we spoke to; many older people were

very comfortable using technology to contact friend and family and to access digital services like banking or to do online shopping. In contrast, others resented feeling 'forced' to use online methods to access essential services like banking (especially as many banks have closed branches in small communities) and other who saw no benefit to them in using technology. However, all the people we spoke were open to using technology to enable them to remain independent as they age.

The movement during Lockdown online of community groups, faith-based services and community information, may have encouraged people to try technology like Zoom or WhatsApp for the first time that they might not previously have seen a reason for using. Before the pandemic, some of the older people we spoke to in Dumfries and Galloway about Technology said that although they had access to the tools they needed that they relied on family and social networks to help set up and to support them to develop their skills and confidence.

Research before the Lockdown showed that if you are someone who is experiencing social isolation or loneliness then you are less likely to have access to support to try using technology<sup>8</sup>.

Digital exclusion is not just about access to digital tools, it is also about the barriers people face to using the technology. Digital skills, confidence in using tools, and their motivation for using technology rather than more traditional methods of communication are also necessary and important to look at. During both our stakeholder and community consultation, people talked to us about being concerned about breaking the device or do something wrong that they couldn't fix.

Assistive and health care technology has been moving fast in the last ten years and is perhaps the area that has changed the most since we started this project in 2018. We will need to wait until the pandemic is over before we can evaluate how much 2020 has impacted permanently the way we think about technology, but it looks like the principle of using technology to help monitor people's health remotely and giving people more control and information to make lifestyle changes is a trend we already saw in our consultations. Most older people we spoke to welcomed using assistive/smart home and healthcare technology in their lives if it enabled them to have more control over their long-term conditions and to retain their independence and ability to live in their own homes and communities.

There is concern from both stakeholders and communities about how this technology would work in some rural context, with patch connectivity and poor infrastructure. Although infrastructure improvements are coming as part of the Scottish Government's digital initiatives, there remain challenges in many of our more rural areas. There is a need to support a range of smart and health tech solutions that are flexible and able to adapt to the challenges of rural connectivity with varied signal strength, bandwidth, and connection types.

One of the largest barriers (identified by key stakeholders) is the skills and confidence of health and social care staff who are working in the community to recommend and support technology use with the clients they support.

These workers are themselves often in the 40-60 age range and are not themselves confident in using technology. Stakeholders also raised concerns around the ability for health care technology to connect to NHS systems, the skills and confidence primary care staff would have in the data and also concerns around data protection and information security.

**LoRaWAN** is short for Long Range wide area network and is a wireless network that can transmit small packets of data, the technology is used for remote monitoring the "Internet of Things" (connected physical devices and sensors to connect and exchange data). This type of network has unique application potential in rural communities as it can provide better area coverage in rural contexts than mobile or other Wi-Fi technology that exists. Currently, we understand that this network only covers the Nith estuary area but could easily be expanded. See the ARMED project below.

### Actions for technology that enhances people's lives:

More options for rural connectivity. So that all homes and communities across the region can access online services and information with stable, reliable connections. This included supporting the role of fibre optic network, 5G mobile network and extending the LoRaWAN network. Good connectivity is essential for both economic development as well as increased for rural communities to be able to access health and social care services.

Smart cyber-secure homes and healthcare technology designed for rural communities. The development of innovative solutions should keep rural communities in focus. New smart home and care technology should be tested in rural context first – if it is proved to work in our communities, it can work anywhere.

Training, support and education for health and social care staff in the use of assistive and health care technology and greater involvement of frontline staff in the development of technology strategies will mean that we don't leave services behind.

Provide a trusted place for technical support and learn in using technology to connecting to essential online services, including online banking, healthcare as well as keeping in contact with the family. A number of community groups we talked suggested that library and community shops would be a good option for this type of intervention as they are already trusted available services in communities.

Encourage partnership to encourage the project to address digital exclusion and help people feel safe online. Working across statutory services, police, banks, library services and voluntary sector, we need to find ways to help support people to overcome barriers to using technology.

Planning homes and technology for future generations that will be more technologically skilled and experiences

Dumfries and Galloway are in a unique position to become a demonstrator site

for smart homes technology that enables people to remain independent for longer. We can build on the success we have had so far in developing and testing digital solutions to the challenges of ageing and ill health at home. We can provide the opportunity to test digital solutions away from the more complex urban environments making it easier to evaluate its impact on people lives and our health care services better.

### **What we don't know yet:**

More research needs to be done to make the economic case in dispersed rural communities like ours, for using more health care and smart technology to help build the case for how technology can save the health social care partnership and individuals money and improve their health.

## **Loreburn Housing and the ARMED project**

This Pilot project retrofitted passive smart homes sensors, wearable activity trackers and linked the data remotely to provide virtual monitoring. The combination of data could identify changes in a person's activity and behaviour such as night waking or dehydration that increase the risk of falls. The software tracked behaviour patterns and could raise 'red flags' to notify staff when they changed so that the individual, relative or staff could anticipate risks and intervene. This pilot's preliminary data showed that they could potentially predict falls up to 28 days in advance. This would therefore enable people to remain independent, active and in their own homes for longer.

<https://loreburn.org.uk/uploads/2018-10-16-14-12-20-CaseStudyLoreburnARMEDpdf-29917.pdf?open=1&width=800&height=550&iframe=1>





# Age-friendly employers and workplaces

 **1000** decrease in working-age population 2018-28

**£61 billion** to the UK economy through work, caring and volunteering by people over 65 years (Age Scotland)

**1/3** of the workforce in the UK are over 50 

- The working-age population in Dumfries and Galloway will fall by around 1,000 over the next 10 years<sup>29</sup>.
- There is limited data on the prospects in Dumfries and Galloway, for over 50s nationally the case for looking at the role of work as we age is growing:
- Age Scotland estimates that people over 65 years of age contribute a massive £61 billion to the UK economy through work, caring and volunteering<sup>30</sup>.
- 1/3 of the workforce in the UK are over 50<sup>31</sup>.



more likely to succeed if you are over 50 years old

50yrs +

struggle the most to find work if they are made redundant

COVID-19

Older and younger workers are more likely to have been placed on furlough during COVID-19



2.7 million

over 50s were furloughed during COVID-19

50%

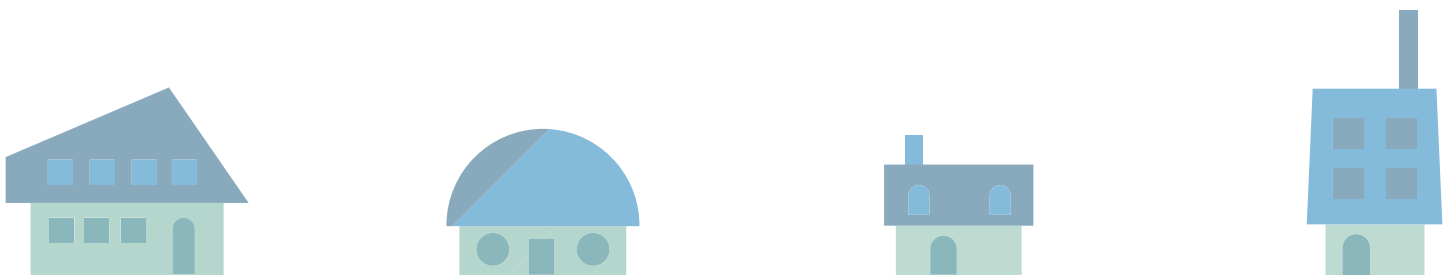
of workers aged 50-69 say their job is 'excessively demanding'



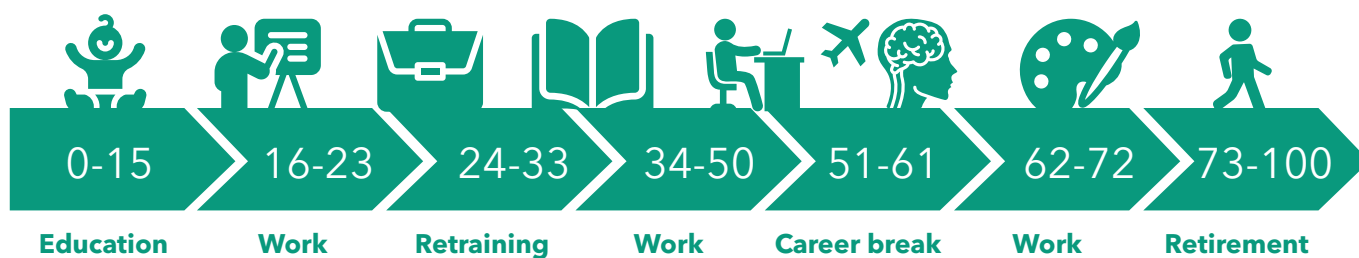
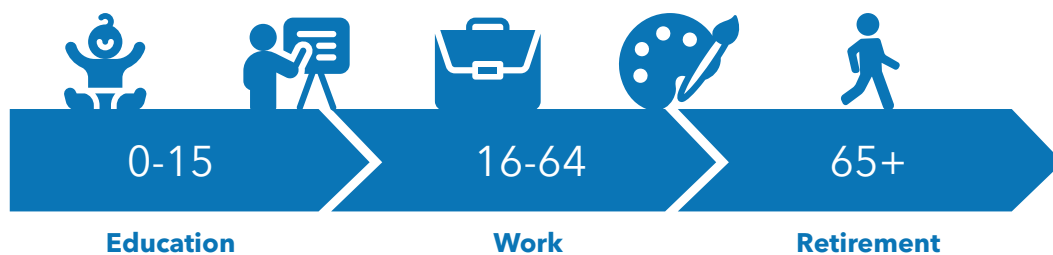
- The majority of the workforce is out of work before the time they reach state pension age<sup>32</sup>.
- You are 2 x more likely to succeed in a new venture if you are over 50 years old<sup>33</sup>
- Older and younger workers are more likely to have been placed on furlough during COVID-19, and this gives some indication of what is to come. Currently people over 50 struggle the most to find work if they are made redundant. There were 2.7 million over 50s in the UK furloughed <sup>34</sup>
- 50% of workers aged 50-69 say their job is 'excessively demanding' (this includes effort/reward imbalance, lack of control at work, excessive work demands and low job satisfaction) this along with ageism explains partly why 1 in 5 workers are self-employed (this is more than any other age range)<sup>35</sup>.

A baby born today has a 1 in 2 chance of living until 100 years old. However, our financial models for retirement and pensions and how we fund health and social care have not yet caught up with our longer life expectancy. The retirement age of 65 was number picked almost at random, but even if in the UK, our retirement age was increased, this could still mean 30+ years of retirement. The old model of a three-phase life that starts with education work until we are 65 and then retirement will no longer be fit for purpose. Instead, we need to think about multiple phases of work, and various phases of education, re-skilling, career breaks for travel, caring responsibilities or retraining throughout our lives. Good purposeful work is important to people of all age as it part of our identity and from good work we gain a sense of being valued appreciated and socially connected.

Not everyone will want to or be able to work past 'state retirement age' either due to the nature of their work or personal preference. But there are many people we have spoken to who wanted to have the option to continue to work and find a working pattern that suited them. Many more will need to work so that they can top up their pensions or delay drawing them.



# The 100+ year life



Adapted from 'The 100-Year Life: Living and Working in an Age of Longevity' By Lynda Gratton, Andrew Scott

## Actions

More lifelong learning opportunities locally so that people of all ages can train and learn new skills throughout their lives and careers.

Greater focus on workplace wellbeing and keeping people physically, mentally and socially healthy throughout their working lives so that they are in the best chance to age well.

Age-friendly workplaces that are accessible for changing physical and sensory needs, but also employers that have age friendly workplace policies and practices that support people to keep working when they have caring responsibility at different points in their lives.

Age friendly entrepreneurial support where people of all ages are able to access start-up support and funding.

Age friendly volunteering opportunities and internships (sometimes called return-ships due to stigma of interns being under 30) so that people can gain skills and knowledge about new sectors of career options and increase their chances of getting a job. We need to find ways to harness people's life times of transferable skills and experience to help support the services and businesses that are so important to our communities.

Targeted support to help people over the age of 50 stay in work and get back into work after the COVID-19 crisis including retraining support for those from hardest-hit sectors



## Crichton Central

Crichton Central will open in March 2021, and will be a 'terminus and interchange for ideas for The Crichton' – a central station for The Crichton and all that happens here – academic, business and everything in between. It will be a model place for co-habitation, networking, and innovation and a place for informal knowledge exchange.

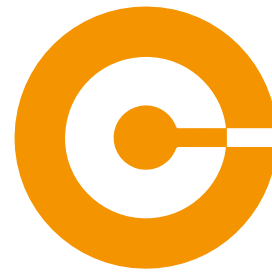
This project was developing at The Crichton Trust alongside the Care Campus Project, so the focus we had 'what would make the Dumfries and Galloway the best place to grow old' help highlight a gap in the market and a need for support for older entrepreneurs and also the opportunities for intergenerational connections through mentorships, where older experiences mentors can support in younger start-ups and share their knowledge and experience to help establish and grow new businesses.

<https://www.crichtoncentral.co.uk>

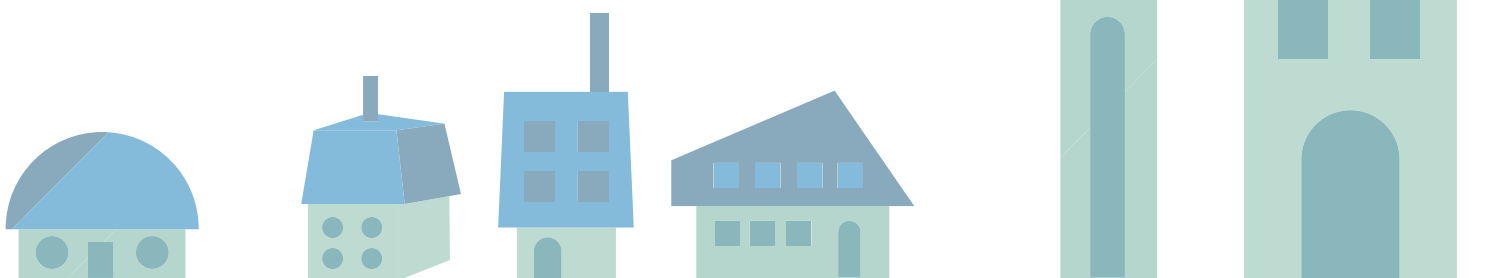
## Age-friendly Employer Guide

This guide for employers is about how to make sure you are ready for the demographic changes we will experience over the next 15 years.

<https://www.ageing-better.org.uk/sites/default/files/2019-06/age-friendly-employer-A5.pdf>



# CRICHTON CENTRAL





**Crichton Central Café  
(formerly Fresco)**



**Outdoor Veranda**



**Radio Station**



**Courtyard Pods**



**Meetings Rooms**



**Changing Places Toilet**



**Kitchen**



**Co-working Space**



**Members Co-working Space**



**Toilet and Shower Block**



**Café, Working and Events Space**

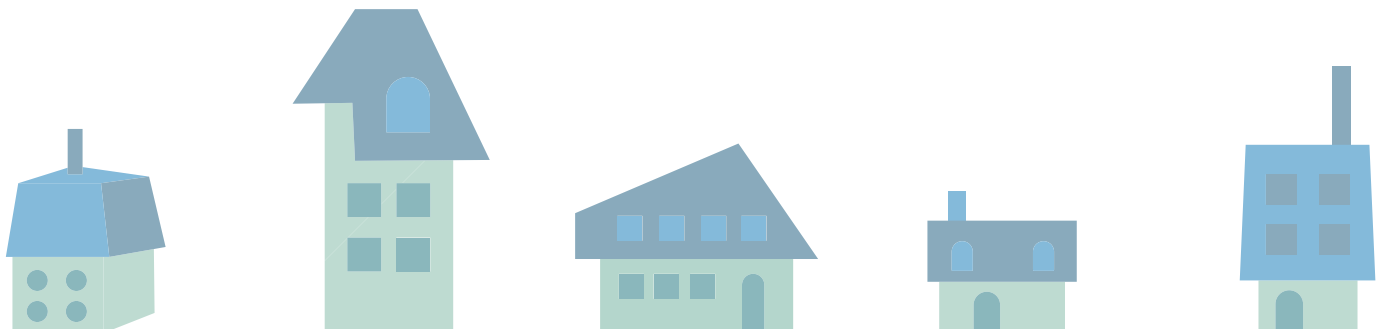


**Members Self-Service Kitchen**

# Next steps and legacy projects

The following projects are already underway or in the development stage:

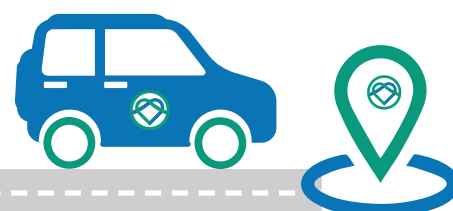
- Smart homes and lives project with the University of Glasgow
- Mainstreaming of ageing, age-friendly places and wellbeing work into the core work of The Crichton Trust and the future development work of the organisation.
- Expanding the local Intergenerational housing and care network based on the networks built during the Care Campus study trip and the Care Campus project with local partners to explore what this might look like for Dumfries and Galloway. We have already established local partners including Health and Social Care Partnership and Midsteeple project
- Age-Friendly Living Ecosystem project – we are a local community partner within this University of Dundee project.
- Partnership with Stirling University to explore the co-design of homes and communities for healthy ageing.
- Ladyfield site & 21st-Century village plans for the Crichton quarter
- Intergenerational housing innovation network with MSQ/DG Council & H&SC
- KTP with Heriot-Watt development of a Centre for Embedded Innovation
- Scotland 5G Centre South of Scotland 5G Hub site bid to help with the development and testing of new assisted living technology, autonomous and micro-mobility transport and 5G powered apps for rural communities including digital health technologies and wearables.
- PhD student with the University of Glasgow to look at innovated models of housing for older people due to complete in 2025





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- 13 University of Glasgow D&G statistic report 2020 – see our files
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- 35 <https://www.ageing-better.org.uk/work-state-ageing-2020>





### Acknowledgements:

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### Our Funders:

