

## Building the case for the Care Campus project Dumfries and Galloway

---

### The Project's story

Dumfries and Galloway are facing one of the significant challenges of our age. How to adapt to an ageing population and understanding how changes in the balance between people of working age and retirement will affect how we think of and look after people. By 2046 1 in 3 of the population in Dumfries and Galloway will be over the age of 65. As a region, we are not unique in facing the challenge of adapting to an ageing population. Still, we are one of the first to experience the benefits and challenges. In addition to our rapidly changing population, our health and social care services have the added complications of delivering services across a remote and rural population.

The idea of a Care Campus project and concept originally came out work at the University of Glasgow and the Open University. The idea had initially been to explore the possibility for a residential community on or near the Crichton in Dumfries that would meet the needs of our ageing population. This evolved as the project developed to also exploring wider questions around how we think about housing, communities and care in supporting people to age well across the whole region and how we respond now to future changes and challenges. The vision document we developed at the start of the project can be found [here](#).

In 2016 the Open University and the University of Glasgow hosted at the event to explore how Dumfries and Galloway could meet the challenges it faced in meeting the challenge of supporting the health and social care of an ageing population. A number of ideas and possibilities were explored in that community and stakeholder session. The graphic facilitation from the day is below. A consensus was reached at this event, not about specific solutions to the challenges but that we as region the case was 'indisputable' that we needed to find more and better ways to integrate housing, care and community. This event successfully started the work of building a foundation of support looking health and social care differently as a region and for bringing in a diverse range of voices to explore what would make Dumfries and Galloway a good place to grow old in. The need to further explore imaginative and sustainable solutions was the impetus to develop the: Building the case for a care campus Project).

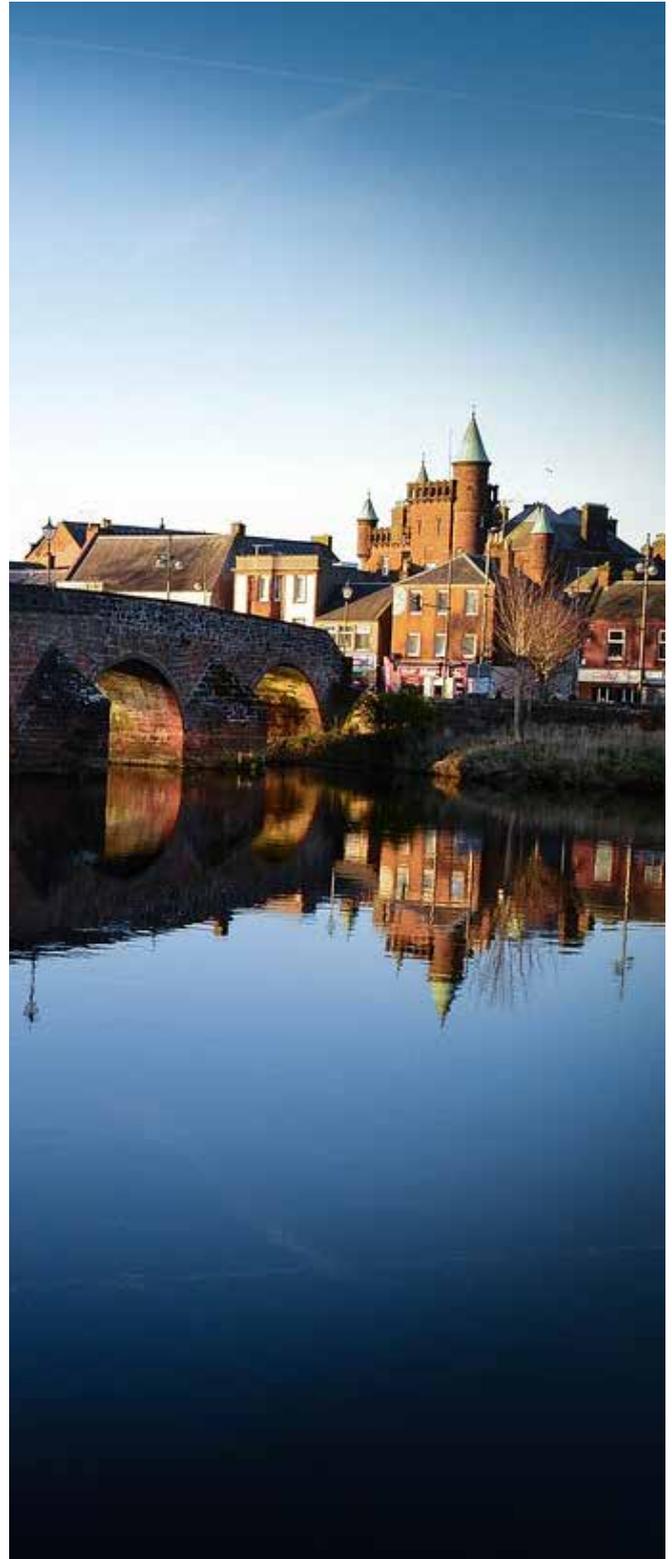




Image 1 This is the graphic facilitation image from OU event in 2016. The full-scale image of this graphic was on the wall in the Care Campus project office during the project and we frequently when back this image during project meeting and it reflected a lot of the issues that people raised with us during the project.

## About the Care Campus Project

The Building the case for a Care Campus project was funded by Dumfries and Galloway leader, Dumfries Council NHS Dumfries and Galloway, Scottish enterprise the Crichton Foundation and the Crichton trust. The project was hosted by The Crichton Trust with support from the University of Glasgow and the Crichton Campus Leadership Group.

The project officially started on 3rd October 2017 with the recruitment of the project team. The project team started work on the 8th January 2018 and the project ended on the 30th November 2020. The project staff were:

- Jennifer Challinor - Project Officer,
- Isla Roberson - Communication and Community Engagement officer (January 2018 to August 2019) on secondment from Dumfries and Galloway council
- Ann Gordon - Project Administrator (January 2018 to June 2020).
- Michaela Bitsanis – Project Administrator (September 2020 to November 2020)

The project was initially scheduled to run for 20 months until September 2019. However, the way the project evolved, including staff changes (including Isla returning to the council after her maternity leave), COVID19, we were able to extend the project until the end of November 2020.

The project staff met regularly with the wider project team including Gwilym Gibbons CEO of the Crichton Trust, Prof. David Clark of the University of Glasgow and Sharon Glendinning, Crichton Campus Development Manager for the Crichton Leadership Group.

We set up an Independent Reference Group (IRG) which included representatives from the health and social care partnership, NHS Dumfries and Galloway, Dumfries and Galloway Council's Housing and Planning Teams as well as third sector Organisations including Alzheimer Scotland, Third Sector Dumfries and Galloway, and Dumfries and Galloway Leader LAG committee. The IRG met regularly though out the project and were invited to the events we put on until COVID19 happened. We also at various times included members of the local Community and Students from the campus who expressed a particular interest in helping the project develop.



Photo 1 The care campus project team in June 2019 from left to right, Prof David Clark, Sharon Glendinning, Gwilym Gibbons, Ann Gordon, Jennifer Challinor

## Project Aims and Outcomes:

From the outset of this project, we were clear that the 'Care Campus' is not necessarily a physical development but a exploration of the way we think about homes and communities to support Health and Social Care across the region for older people. We wanted to explore a range of options which could benefit the whole of Dumfries and Galloway and understand what role there was for The Crichton Trust and the institutions based at The Crichton. The project started with the following Aims and Objectives:

### Project Aim:

To make a definitive assessment of the feasibility of developing opportunities for a new rural care model in the form of a relating to a Care Campus, with linked developments across Dumfries & Galloway.

### Project Objectives:

- To formulate a needs assessment based on demographic trends and planned service configurations and the continuing integration of Health and Social Care provision for older people in Dumfries and Galloway.
- Work with key stakeholders to formulate detailed options for the delivery of a Care Campus.
- To appraise these options through public consultation to establish a consensus statement on the preferred option, complete with stakeholder endorsement.
- To select the preferred options and develop a full business case through detailed discussions with key partners and stakeholders.

These aims and objective were adjusted and evaluated as we developed the project and our understanding of what matters to people and communities across the region. Throughout the project, we worked with communities and key stakeholders and with them reflected on what we were learning with our wider Project team and our Independent Reference Group. It became clear that although there was a good case for building a 'Care Campus' community in The Crichton Quarter in Dumfries that there was not one definitive option that would meet the needs of all communities. The project's potential evolved so that we could develop a shared understanding between communities and stakeholders about what makes for good homes, caring connected communities and places that support people to grow old well, so that communities and stakeholders can together develop better places for people as they age. We quickly realised that there were existing examples of good practice in the region and beyond we could learn from. We also realised that we needed to take a 'whole eco-system' approach to improve homes, places, care options and technology so that people can 'age in place' across the region. This approach enables our communities to develop plans to support local communities to remain socially, economically, culturally and physically active and independent for as long as possible.

Working with our Independent Reference Group members and the LEADER team, we changed the last two objectives to:

- To appraise the options for housing, technology, care and places through stakeholder and community consultation to establish a range of options and opportunities to improve the lives and health of people in the region as they age in their communities.
- To develop with stakeholders and communities the case and options for a connected, intergenerational caring community - a '21st-century village' on the Ladyfield site in Dumfries.

## Project funding:

The project was funded by a package of funding from the following organisations:

Scottish Enterprise	£25,000.00
Dumfries and Galloway Council	£10,000.00
NHS Dumfries and Galloway	£10,000.00
The Crichton Foundation	£15,000.00
The Crichton Trust	£10,000.00
Dumfries and Galloway LEADER (original funding)	£67,600.00
Additional Dumfries and Galloway LEADER funding *	£24,450.78
<b>Total funding</b>	<b>£162,050.78</b>

\*The additional £24,450.78 in funding from LEADER granted to the project in September 2020. This extra income enabled us to purchase additional desk-based research, IT equipment to ensure the team could work safely from home during COVID19 and graphic design and website and social media support for the publishing of the project's final recommendations. In total Dumfries & Galloway LEADER contributed £92,050.78.

We spent in total £162,059.13 this is £8.35 over budget, this additional cost has been covered by The Crichton Trust. The flexibility that our diverse package of funders afforded us meant that we were able to respond to community and stakeholder consultation the project in a community-led and responsive way. The ability to adapt and innovate has been a great advantage of the flexible funding we had. It has meant that D&G and the care campus project is increasingly being recognised as a centre for community-led knowledge and innovation in intergenerational housing and communities. We have been able to build networks and partnerships that will enable us to continue to develop projects and networks beyond the end of this project and to play a part in building stronger more resilient communities and embedding partnership working across the third sector, statutory bodies and private business.

## What we did during the project and what we learnt

The Care Campus project set out in January 2018 to work with communities and stakeholders to understand **what would make Dumfries and Galloway the best place to grow old?** We wanted to know more about what people wanted from their housing, care and community as they age. We also wanted to understand the opportunities and benefits we as a region, could gain from the longevity revolution.

We have met with local stakeholders and people working for the NHS, Health and social care partnership, statutory services and third sector organisations, local businesses, and entrepreneurial networks, we tested ideas and shared examples of what works elsewhere. We also consulted with local community members throughout the process and have tested ideas and good practice from other areas with local audiences. We also looked for good ideas and innovative solutions that are already happening in communities across the region and beyond.

We started the project by completing a Housing and care needs assessment in 2018. This review of current housing for older people showed us that:

- The majority of households in Dumfries and Galloway live in privately owned homes
- We have a one of the fastest-growing over 65+ and 75+ population in the UK this means our need for a housing option that is suitable for people with physical ill-health and disability will grow.
- There is a need for a greater variety of housing and care options across the region. Our care homes tend to be smaller in size than in more urban areas.
- Demand for supported or retirement housing outstrips supply.
- 50% of our population live in rural communities that often if they could not be cared for at home, they had to move significant distance to find a place in a care home.
- There is a significant increase in single-person households; by 2035 it is predicted that 12,000 people in the region over 75 will be living alone.
- The balance between people of working age and those retired is one of the smallest in the UK meaning that we will continue to find it hard to staff and pay for the health and social care across the region. The evidence is quite clear that over the next 15 years, this challenge will grow rapidly. The housing need assessment also showed us that most people over the age of 65 live in their own homes

The challenges of growing old and rural communities are multifaceted. They include challenges accessing healthcare services, finding care services that are willing to support them in their own home, isolation and loneliness, and limited residential care options and limited availability of options close to the community they live in.

## Stakeholder Consultation

From the start of the project, we have actively engaged in a wide range of stakeholders, from the third-sector organisations, statutory services, private business as well as academic experts and institutions. We started with a stakeholder analysis to work out who we needed to talk to initially and then we asked the stakeholders we identified who else they thought we should be talking during the project. In the first year of the project, we met with 120 people from stakeholder organisations, this high level of engagement has continued throughout the project. We talked to stakeholders throughout the project from testing what questions to ask in communities (to ensure we didn't overlap with other working going on regionally, listening to the challenges they face in delivering services and their thoughts about where good practice examples could be found. We have consultants with a huge range of experience from across the region, Scotland and beyond. The challenge for services across the region were identified as the following:

- We have a very rural and dispersed population that is expensive to support in terms of travel costs and time for health and social care staff supporting people in their own homes
- We have challenges around recruiting and retaining health and social care staff. This is partly due to the low rates of pay, limitation in how care is funded (for example many care at home staff are not paid in full for travel time which can be significant in some areas)
- The NHS is already struggling to keep up with the demand for its services, especially within acute hospitals setting and over the winter. A lack of options for care at home and a shortage of care home bed in some areas has a significant impact on acute hospital services through the costs of 'delayed discharge'. Delayed discharge is when someone no longer needs to be in an acute hospital setting but who can't be discharged as they are unable to return home due to their home being deemed unsuitable, delays arranging care services or alternative care arrangements are not available.
- There is a lack of step-up/step-down care space in some areas of the region, particularly in lower and upper Nithsdale. These are temporary care units for people who although no longer need acute hospital treatment may need some further rehabilitation and support before they can return home safely, or their admission to an acute hospital could be prevented through additional support and monitoring for a short period.
- Health and social care partnership organisations recognise the need for new ways of working and new models of looking after people as they age. Still, they need time and evidence of what works to make changes.
- As a region, we need to explore more ways to support people to age well and to keep physically, economically, social and culturally active for as long as possible. By helping people to keep well and be active, we could reduce significantly the amount of time people live with frailty and preventable long-term health challenges in the last years of their life.

The shift to prevention rather than treatment has enormous potential benefits for us a region.

- Older people are vital to the running of many voluntary organisations and community services across the region, and we need to recognise their contribution to our communities better and find ways to value it more
- Children, young people and adults could benefit from the knowledge and skills of older people, and we need to find ways to remove barriers for older people in mentoring and volunteering to support younger people in the region.
- Several voluntary organisations we spoke to said that they struggled to find the right intergenerational activities to run and that some funding was restricted to specific demographics so made it harder for them to run activities that bring together whole communities.
- Ageist attitudes are still prevalent in some organisations, and more needs to be done to challenge these attitudes and increase community understanding about common illnesses like dementia, stroke and arthritis
- That the most significant barriers to the adoption of technology to help people become an active participant in their care or for communication with health care services was among skills and knowledge among health and social care staff in the benefit and potential uses of such technology.

We found stakeholders were really keen to share their thoughts and ideas with us. There was lots of enthusiasm to exploring and developing innovative models of housing, care and community support here in Dumfries and Galloway.

## Community Consultations:

In 2018 we commissioned the Crichton Institute to undertake a region-wide focus group asking the question "What would make Dumfries and Galloway the best place to grow old?". In particular, we were interested in what people thought about the role of housing, care and community in ageing. Researchers held focus groups in a diverse range of faces from smaller to larger communities across the region. Events were open to anyone interested in talking about ageing in Dumfries and Galloway.

The role of the community and place in people's lives come out very strongly in this report. It referred to 'community as an essential element' of a place to grow old well in. What also became clear is that people were keen to remain active, valued parts of their community. The role of place is essential to people in maintaining connections to friends and family, and to broader community networks including community groups, clubs and places of worship.

The role of 'good neighbours' and mutual support networks is also important to people when they think about ageing well in a place. Although peoples experiences of what makes for 'good neighbours' were more mixed, they all felt 'good neighbours' that you could ask for help if you need it was essential, even if people felt conflicted about actually asking a neighbour for help.

The importance of loose connection: i.e. talking to staff in local shops, the postman, or knowing the first names of some of the people they pass in the street were key in making people feel connected and safe when out and about. Feeling connected and knowing the people in the community was particularly important for the people we spoke to who were concerned about falling when out and about, it was necessary to these groups that they could be confident someone would help if they fell in the street or park.

The community consultation by the Crichton Institute and subsequent conversations the teams had highlighted the importance of easy access to local amenities and services. The importance of local shops, amenities (and in particular their bank/post office) as well as GP surgeries and pharmacies came up in all the groups we spoke to. In a rural region like Dumfries and Galloway, accessing basic amenities is connected to good public transport networks. People talked about how they would get essential tasks done if/when they were no longer able to drive; this is a particular concern for people in remote areas. The importance of accessible public transport came up in some remote areas. People talked about the challenge of getting on and off buses with mobility issues in places with no kerb or bus shelter. They also mention barrier of being scared that the bus wouldn't turn up (or worse not being accessible) for the return leg of a journey and leave them stranded somewhere came up a few times. They also told us that using taxis could be prohibitively expensive, even for trips to the local GP surgery. Many people mentioned the challenge of getting to hospital appointments in Dumfries from the more remote parts of the region.

One of the key findings of the Crichton Institute report which helped shaped our thinking as the project developed, was that people struggled to think about and plan proactively for their future care needs. People often talked about hoping that they wouldn't need to make changes to their homes or move house to one that better suited changing needs. Many people expressed to us a hope that they would be able to live an active, healthy life in their own home and then 'just drop dead'. However, we know that this is not the reality of most people's last years, and it is unfortunately not the death most of us will experience.

Conversations we had after the first stage of the consultation explored people's thoughts around adapting their home or moving to purpose-built adaptable housing somewhere else, revealed that people wanted to stay in their community and that the actual house was less important to people than the connection and places it represented. However, gardens, sheds, spaces for hobbies and quiet are essential to many of the people we spoke to, and people found the idea of not being able to take these with them hard.

The Crichton Institute drew the following conclusions from their part of the community consultation, which has been reinforced by subsequent conversations.

What makes for a good place to grow old in:

- Has an active community with social groups and activities available to and accessible by older people.
- Has a culture of 'neighbourliness', community spirit and mutual support.
- Is a place where people are – and feel – safe, both in and outside their homes.
- The availability of certain services and amenities close at hand, and the existence of transport options that facilitate access to those further afield.
- Allows people who live there to maintain as high a degree of independence as they want or are able.
- Provides the care and support necessary for people to stay in their own homes if possible.
- Has local availability and variety of housing options appropriate for people with a range of needs and preferences – to allow them to stay within their own communities and maintain existing social connections.

We have continued to test what the Crichton Institute researcher found with individuals and community groups throughout the course of the project. We also expanded this conversation with communities over the last 3 years as our knowledge and understanding grew. We also asked people about their thoughts on technology and intergenerational connections. These additional areas came out of the stakeholder and community engagement activities in the early stages.

People welcomed the possibility of technology that enabled them to continue to live their lives their way. When asked what people thought about the possible implication of health care technology on privacy, people also said that it was a price they were willing to pay for being able to remain independent and in their communities for longer. People also talked about wanting to get to know the people in their community better. In particular, we were told that they wanted to know the young people in their community better. Several people linked knowing younger people in their community with feeling safer when they were out and knowing that someone would help them if they needed it. People also told us that they felt it was good for their mental health to have contact with people of different ages, and that they wanted the opportunity to learn new skills and to share existing skills with new people.

So in addition to the above list of 'what makes for a good place to grow old in':

- Has Homes that are designed for people to age well in and that can be easily connected to health care and communication technology.
- Has the opportunity for lifelong learning, volunteering and intergeneration connections

# Following the Changing Policy context around ageing and loneliness

## UK Context:

There has also been increased interest in both the Scottish and UK governments in the commercial implications of innovations to support Healthy Ageing and how we can encourage innovation around technology, homes and health to support our population as they live longer. The InnovateUK 'Healthy Ageing Challenge Fund' and 'Homes 2030' competition are initiatives to fund innovative ideas that can be scaled up nationally and internationally. We have had several conversations with UK wide networks about the possibility of Dumfries and Galloway being a good 'demonstrator site' for some of these innovations, to test how they work for rural communities. There is increasing recognition that rural communities are facing the challenge of ageing demographics first and more acutely, but also that rural context is an excellent place to test and evaluate the impact of innovation. These conversations are ongoing, but we have already been asked to be part of a number of bids for projects from health care technology to autonomous vehicle testing.

## Scottish context:

As we started the project, the impact of loneliness and isolation in health was starting to gain more attention and the role of housing, place and community in enabling people of all ages to live healthy active lives was also starting to be understood. This emphasis has continued throughout the project and has continued to impact the Scottish policy agenda. Below is a short summary of some of the way that these areas have developed since we started the project.

The Scottish Government, through the place standard tool provided a way for communities and local authorities to focus on the role of place in all aspects of health and wellbeing. This tool has now led to the development of a network of people across public, private and third sector organisations that are interested in looking at the role of place in health.

In December 2018 the Scottish Government released "A Connected Scotland" strategy for tackling loneliness and isolation. This strategy stressed the role of social connections and everyone having the opportunity to develop meaningful relations regardless of age, status, circumstances, or identity. This intergenerational understanding of loneliness highlights the evidence that community and meaningful connections regardless of age, status circumstance or identity are key to preventing and alleviating loneliness.

A year later in December 2019, The role of place and community has also been recognised in the new Scottish Public health priorities. Priority number 1: A Scotland where we live in vibrant, healthy and safe places and communities. Healthy homes and places for people to connect is key to all the public health proportions. Where people live and how they relate to their community is key to many of the public health priorities.

## Dumfries and Galloway:

We worked with Health and Social Care Partnership colleagues to help inform and support the development of the following strategies that are currently scheduled to go through the Integrated Joint Board in the Health and Social Care partnership. They will eventually inform practice and commissioning across the region

- Particular Needs Housing Strategy
- Residential care strategy

We also sat on the Healthy Ageing Programme Board, which sit below the IJB and attended meetings around 'Care at home' and 'Care homes' to help ensure our research findings informed the development of plans and actions within the health and social care partnership.

Finding examples of Good ideas and innovations Throughout this project, we have been exploring where examples of good practice can be found in Dumfries and Galloway, and beyond. These examples can be a useful starting point to learn and explore what options could work for communities across Dumfries and Galloway. Through our conversations with stakeholders, and talking to people in the community, we found a number of examples that we felt could influence what option we develop in our communities. We visited several examples of innovating models across the UK and Europe that represent new or different ways of thinking about housing for older people and intergenerational communities. We felt there were elements of each that we could learn from locally. We visited most of these projects and interviewed people who live and work for these communities but where that was not possible, we have developed the following project profiles:

[Project profile 1: Linkwood housing, Elgin](#)

[Project profile 2: Older women co-housing, London](#)

[Project profile 3: Hallam House, Beeswing](#)

[Project profile 4: Loch Arthur, Beeswing](#)

[Project Profile 5: Lancaster Co-housing \(Forgebank\)](#)

[Project Profile 6: Catstrand connecting communities project, New Galloway](#)

[Project Profile 7: Lets Get Sport, Dumfries and Galloway wide](#)

[Care Campus Study trip report](#)

## Hosting Events, starting conversations and building networks

To find examples of innovation and new ways of working, we attended a number of local, national and UK wide events throughout the project. These events have helped us build a network of supportive partners who are interested in developing innovative ideas. We also spoke about the care campus project at a number of these events and shared what we had found out so far. We also brought some of these partners to Dumfries to share their experiences and work with local organisations:

These events included:

- Hosted intergenerational training for practitioners and several network meetings for Generations working together over the course of the project.
- Attended and presented at the Aigle Ageing Alliance' Neighbourhood of the future' collaboration summit in May 2019
- Hosted and presented at Intergenerational places conference in partnership with Architecture Designs Scotland and the HousingLIN in June 2019
- We spoke at the Intergenerational Housing Network event in Leeds in September 2020
- Housing LIN national conference in both 2019 and 2020 event as a key partner. We are going to co-host a workshop with the HousingLIN on community-led intergenerational housing in 2021.
- We also hosted a series of workshops in December 2019 and February 2020 to develop a Visual design statement for the care campus with Architecture Designs Scotland. This work was cut short by COVID19 before we could finish the final section.
- We also hosted 'Creating Good places to grow old' a workshop for health and social care workers to share good practice and hear more about community-led innovation. This event was co-hosted with Outside the box in January 2020, and you can read more about this event here .
- Presented about intergenerational housing to the Royal Institute of Town planners (RITP) in August 2020
- Presented about the project and our findings at the Scottish Government Place standard alliance conference October 2020

We have also been involved in the AFLE project hosted by Dundee university about developing Age-friendly places and eco-systems to develop 'good practice' guidance for communities in developing age-friendly places. We are also working with the Open University to use design thinking methods to help develop the Crichton as a more age-friendly place and to ensure that the new co-working space at Crichton Central is accessible to enterprises and workers of all ages.



Photo 2 images from the event we co-hosted at The Crichton on Intergenerational Housing and Communities in June 2018

## The Care Campus project legacy and what comes next

We can split the legacy of this project into two parts: firstly, the work we have done around Care, Housing and Community challenges across the region and secondly, exploring the potential of developing housing on or near the Crichton.

Our aspiration is that much of the work we did with communities across the region exploring what matters to them and what their hopes are when it comes to ageing and ageing healthily, will help inform the work of partners across the region. The sister to this report 'Making Dumfries and Galloway the best place to grow old' sets out a number of key challenges and actions that we identified through the project for the region.

### How do we make Dumfries and Galloway the best place to grow old?

- **Warm, accessible homes**
- **Connected intergenerational communities**
- **Health and social care services to empower people to live independent connected lives**
- **Technology that enhances people's lives**
- **Age-friendly employers and workplaces**

These challenges and actions will be for partner organisations to take up for communities across the region now this project has finished although we will still look for opportunities to join up community-led projects with wider developments.

These challenges will also be built into the Crichton's ambitions and plan around the Ladyfield development site which is adjacent to the Crichton Estate. Whilst covid has delayed and caused us some challenges in sharing this report with the key stakeholders, this work will continue over the coming months and years.

The Crichton Trust board will over the coming months decide if it wants to pursue ownership of the Ladyfield development site adjacent to the Crichton estate. The work this project has completed will inform the decision-making process of our board. A number of the documents and reports we've developed during this project including and not limited to vision document, community consultation, the visual design statement, the housing LIN's research into community-led intergenerational housing models and the housing and care needs analysis will form the basis of any business case and plans we develop for this site. The Ladyfield site has the potential for 470 homes, so much of the work the care campus project has done over the three years will also be critical in finding investors, demonstrating the needs of our local communities, marketplace drivers and the need for designing a community-led, intergenerational and connected community.

In addition to the potential for developing a new housing community at the Crichton, much of the work around what makes for an age-friendly place and how to support healthy ageing will be mainstreamed by the Crichton Trust over the next ten years. Tackling the challenge of an ageing society, climate crisis, and technology are the three strategic aims of Crichton Trust, this has been heavily influenced by the findings and networks developed by the care campus project.

In addition to the legacy projects mentioned above we also have identified the following projects which build on the work of the Care Campus project. The following list of projects are either already underway or in the development stage:

- Smart homes and living project bid with the University of Glasgow with the potential for a demonstrator home to be built at the Crichton with the next five years.
- Age-Friendly Living Eco-system (AFLE) project – we are a local community partner within this University of Dundee project. They are looking to apply for funding options to extend this project currently.
- Partnership with University of Stirling to explore the co-design of homes and communities for healthy ageing.
- Knowledge transfer partnership with Heriot-Watt around the internet of things and the data they generate
- 5G network pilot site bid to help with the development and testing of new technology and apps for rural communities
- PhD studentship with the University of Glasgow in Dumfries to look at innovated models of housing for older people due to complete in 2025 directly out of the case made by care campus project for more evidence around what works.

The strong foundation of the network we build through this project with local and national stakeholder organisations is just starting to develop bids to explore the innovative solutions that could work in our region (and others). We have linked up a number of local organisations and businesses with innovative projects or companies that are keen to participate in the co-design, co-development and testing of innovative solutions that will work in our remote and rural region. These links are now starting to develop bids for funding for pilot projects around the challenge of an ageing society, see the section called legacy projects below.

We also identified some opportunities to continue to learn together with stakeholders about some emerging issues and challenges like intergenerational housing (the study trip we ran to Denmark and the Netherlands with LEADER funding in February 2020 is just the start ([see report here](#))).

## LEADER specific information:

**Response to some of the specific questions LEADER asked that have not been answered in the above information for our funders and stakeholders:**

### 8. Detail how the project fits with the Local Development Strategy.

1. **“Economy:** Enabling younger people to find employment and purpose;”

The Care Campus project has shown the need and potential opportunities in raising the profile of care as a profession for young people locally and highlighted the challenges we face with a shrinking, more youthful population. This project has also demonstrated the importance of developing communities for people to live in for the whole life course so we have focused community and housing models that would meet both the needs of young people and older people giving more young people the opportunity to spend time with older people, form friendships with older people and demonstrate some of the benefits of working in care as a profession.

The opportunities we identified for more intergenerational connections would also encourage skills knowledge to be shared between generations, increasing the chance of young people finding employment. There is significant evidence that giving young people a strong sense of place and connection to the heritage of the community helps them to feel pride and ownership of communities, as well as improving their mental health, helping people to find their purpose.

2. **“Sustainable Settlements:** through locality planning (taking account of the need for joined-up solutions around transport, housing and services), with a particular focus on services for older people and vulnerable groups – delivered through integrated approaches”.

One of the things that has been highlighted most by the care campus project is the need to look at communities as an eco-system wide approach to thinking about ageing and communities. We have shown that housing, care services, transport, community facilities and spaces all influence how someone ages in a particular place. We also hope we have demonstrated that involving people of all ages and the community to look at how in the future ageing could be supported better has been a productive approach.

The Care Campus would also have identified challenges which would address the LDS aims of:

- Engaging young people in forging future roles for themselves;
- Raising the profile of care generally
- Strengthening the integration of older and vulnerable people at risk of social exclusion
- Improving the engagement of volunteers
- Helping to tackle secondary challenges associated with ageing e.g. social isolation and older people
- Helping to challenge negative values, attitudes and stereotypes related to growing older

We hope that the report ‘making the Dumfries and Galloway the best place to grow old’ can also serve as a toolkit signposting document for communities looking to make their community age-friendly, by connecting them to examples of good practice both within the region and beyond.

### 10. What marketing was undertaken?

Marketing for the project and any events we held was done through direct emails, social media, we also asked stakeholders to share information with their networks and our care campus website [www.carecampus.co.uk](http://www.carecampus.co.uk) The event we hosted with Architecture Design Scotland about intergenerational communities in June 2019 was picked up by the BBC news <https://www.bbc.co.uk/news/uk-scotland-south-scotland-48674952>. Although they didn't mention the care campus project or mention LEADER by name (despite the information we gave them about the project), they did talk about the ideas discussed at the event.

The website [www.carecampus.co.uk](http://www.carecampus.co.uk) was developed at the start of the project will evolve over the coming months as a host for the final report, recommendations, case studies, and research reports for public access.

### 11. Who benefitted from the project?

The whole region has the potential to benefit from this project and the recommendations we made in the report ‘Making Dumfries and Galloway the best place to grow old’ We estimate that approximately 290 people attended events we hosted in Dumfries and Galloway, and around 130 people participated in community consultations activities across the region.

### 12. How did the final budget turn out?

We revised the budget periodically as we progressed the project and our plans developed. We are very grateful that our funders enabled us to be flexible to respond to the needs we identified through the community and stakeholder consultation. More information is available on request. Our Project budget was for £162,050.78 (including the additional funding) we therefore overspent this budget by £8.35 this was agreed in advance with the Crichton Trust who have covered the costs.

Project costs	Original Project Budget	Final Project budget (including extra LEADER funding)	Total Final Project Spend
Salaries	£94,500.00	£106,686.77	£106,686.77
Office costs	£3,100.00	£3,279.18	£3,279.18
Professional Fees	£34,000.00	£35,503.31	£35,503.31
Project Costs	£6,000.00	£19,589.87	£16,589.87
<b>Subtotal</b>	£137,600.00		
Extra LEADER funding	£24,450.78		
<b>Total</b>	£162,050.78	£162,050.78	£162,059.13*

\*This includes the £24450.78 in additional funding that we received from LEADER at 100% intervention rate in September 2020.

---

## Acknowledgements

The Building the Case for the Care Campus project, has always been a partnership project. It would not have been possible to complete this project without the diverse and supportive network of people that helped us thought out the course of the project. In particular, we would like to thank the project team: Isla Robertson, Ann Gordon, Sharon Glendinning, Prof David Clark, as well as the various temporary academic and students who joined the team for meetings over the course of the project. We also are grateful for the members of the Independent Reference Group and partner organisations including Jenny Wilson, Wendy McLeod, Shona McCoy, Jamie Little, Julie White, Vicky Freeman, Viv Gration and Julie Morely. The support of these people and others has enabled us to work closely and build a good relationship with a diverse range of organisations and people. We are grateful for your patience, time and wisdom, in guiding the project and ensuring we could test our findings and find good options for people and communities across Dumfries and Galloway. But most of all we would like to thank the communities across Dumfries and Galloway who have been involved in this work and their willingness to share their experiences, thoughts and dreams with us over the last 3 years.

### Notes on language:

We spent a lot of time early in the project exploring and discussing the language we would use and tested several terms including 'older people', 'ageing', 'elders', 'seniors' with stakeholders and community member we talked to. Ageing is a relative process, and ageism influences how people related to the operation of ageing. Many people regardless of their numerical age, find it hard to identify as either 'old' or even reluctant to plan for 'ageing'. However, after talking to a wide variety of people, we concluded that people understood the terms 'ageing' and 'older' almost universally in our communities. We use the term older people throughout this document, but we have purposefully not defined or specified what this term means. Much of the statistical data we use, apply the classifications of 55+ year, 65+ year and 75+ year as a broad demographic category for analysing data. Purposefully we have taken a holistic approach and explored the changed in needs and wants in terms of housing, care and support, and technology that can come with changing physical health and cognitive health that correspond with increasing age. We recognise that the experience is not universal and that the process of ageing can be a very individual.

## Our Funders:

