Future Care Provision in Hawick

A report of an engagement exercise in Hawick

A report to Scottish Borders Council and Health and Social Care Partnership

August 2022

NDTi
National Development Team for Inclusion

August 2022

Acknowledgements

Thank you to thank all the people we spoke with to produce this report. We appreciate how you gave us your time and shared your experiences with us. Our thanks also to the staff from Scottish Borders Council/ Health and Social Care Partnership for your guidance and help with organising the engagement exercise.

Executive Summary

Background

Scottish Borders Council (SBC) and the Health and Social Care Partnership (HSCP) are exploring options for future care provision including the development of a care village in Hawick and commissioned the National Development Team for Inclusion (NDTI) to engage with the community and key stakeholders in Hawick to hear their views.

NDTi carried out this engagement through talking with 113 people at stakeholder workshops, Locality Drop Ins, community groups, and online sessions with health and social care practitioners and third sector organisations. We also spoke with residents, families and staff at Deanfield Care Home. We structured our conversations around four key questions:

- What do you think are the **most important services** to be provided in Hawick and are there any current gaps?
- What are the most important features for care services **including 24-hour residential care** provision?
- What other services do you think would be important to be on a **community site**?
- How can the community **get involved**?

Findings

We heard that people **valued existing health and care services** in Hawick including from the community hospital, Deanfield care home, supported housing and community groups. They missed some of the services that had closed, and a core message was not to close any further facilities until new services were opened.

A number of **gaps in services** were highlighted, which reflected the demographics and focus of those engaging. Three of the main ones were a lack of support for independent living (through care at home and/or linked to sheltered housing), care and support for people with dementia, and carer support and respite. Other gaps included palliative care /end of life care at home, 24-hour care for younger people and having information about support when it is needed.

There were **concerns about a funding gap** between the cost of the services needed and resources available, and a view that that **services should be more joined up**.
Overall, it was clear that people want **flexible care options to meet their needs in a way that preserves their dignity and independence** at home and in residential settings through:

- better integration between housing, care and health services
- a person-centred approach where staff understands what matters to an individual
- future proofing when repurposing /designing care provision
- training and development for all care staff

In addition, **residential care** should be homely, have good sized bedrooms and ensuite bathrooms, provide access to outdoor space and the wider community, offer a range of activities and be a welcoming environment for visits from family and friends.

The engagement exercise showed that the question for most people is 'W**hat care services does Hawick need'** rather than what would a care village look like? This way of thinking moves the focus from a physical site to identifying a range of key services – housing, care, social and leisure facilities/activities – provided at sites across Hawick - that meet the needs of people requiring care. These needs reflect the SBC/HSCP principles for future care options in Hawick and can be summarised as:

- **People want to live as independently as possible** – either at home or in sheltered accommodation with 'my own front door' – remaining in their own neighbourhood and community, preserving the connections and networks they already enjoy – and with access to care services as needed.
- **Care services should be person-centred and flexible**, providing different options – home care, day services, respite care, 24-hour residential care - reflecting people's circumstances and choice. They should enable people to have **dignity and respect**.
- **Support for carers needs to be responsive** and timely to maintain people's independence and prevent emergency admissions to hospital/residential care.
- Residents, families and staff agree that **residential care should be provided in a homely setting that match people's preferences** with modern ways of supporting care through design and technology, access to stimulating activities and be able to have contact with family, friends and the local community

Wherever the care facilities are, people stressed how the **location is important** as people in Hawick have a strong sense of place and for residents in sheltered housing and residential accommodation it must be possible to have two-way contact with the town.

Care provision should also be **inclusive** and thought given to the need for 24-hour provision specifically for younger people. For any age group, care at home or in residential accommodation should be appropriate for people with learning disabilities, LGBT+ people, and people from minority ethnic and the Gypsy and Traveller communities.

Local people and other stakeholders thought that care of older people should be something that runs through Hawick as a community so there could be a move from a care village concept in Hawick toward **Hawick as a village/town that cares**.

Those expressing the above felt this would enable **practical community links** and people mentioned possible roles for volunteers including running communal activities, taking individuals and/or groups on trips, and befriending by volunteers with key interests that could provide stimulation and support. Stakeholders agreed that for the approach to be successful, volunteers must have access to training and support and enhance (not replace) care from paid staff.

Hawick as a town that cares would also require a **partnership approach between agencies for integrated, flexible housing and care. H**ousing, home care, day support, respite and residential care could then be delivered from across premises or 'hubs' across Hawick and be 'joined up' with the council, health, third and independent sectors working together.

Contents

1. Introduction

Background

Scottish Borders Council (SBC) and the Health and Social Care Partnership (HSCP) are exploring options for future care provision including the development of a care village in Hawick and has commissioned the National Development Team for Inclusion (NDTI) to engage with the community and key stakeholders in Hawick to hear their views. The findings of this engagement exercise are presented in this report which will inform an options appraisal and the development of an Outline Business Case for Scottish Borders Council / Health and Social Care Integrated Joint Board in September 2022.

Council/HSCP commitment

The Council and HSCP are committed to improving care provision both in Hawick and Tweedbank and as part of this exploring the concept of a care village. This commitment has been made in the context of recovering from the pandemic and recognising the demands of a growing older population and increasing complexity of needs. New legislation and guidance have set out revised standards for accommodation and support which also need to be considered.

Improving care provision is not without challenges, notably around staffing and the economic/financial climate. However it will also provide an opportunity to embrace new technology and redesign services to bring them up to date including Deanfield Care Home.

Purpose of engagement

The Council/HSCP is keen to develop care services which are based on both identified need and reflect the views of local communities and key stakeholders. This approach allows all interested parties to contribute to service planning and resource allocation and provides opportunities for cross-sectoral partnership working.

The focus of engagement is with all stakeholders in the Hawick community and those people who use current services. Alongside this engagement process SBC/HSCP is undertaking an epidemiological needs assessment including future population projections and health needs to inform the future plans and options could be considered most suitable for care and then appropriate service level.

Principles for future care provision in Hawick

The detailed model of care and support including a care village will be informed by the engagement and needs assessment work. However our engagement with stakeholders and local people was based on the principles of future care provision in Hawick. These are:

- Emphasises the Importance of **place** - neighbourhood and communities
- Provides **flexible,** up to date **care** and **support**
- Gives people using services greater **choice** and **control** of their **social care** and **health.**
- Improves **access** to services and the local **community**.
- Supports people to **l**ive as **independently** as possible with their families and/or carers at home or in a setting of their choice.
- Enables people to live in a setting of their choice surrounded by the **facilities** and support of a local **neighbourhood** model.
- Optimises efficiencies and effectiveness.
- Maximises **flexible, responsive** and **preventative** care – in a homely setting, with support for families and carers.
- Improves **quality** and **effectiveness** of a homely setting and environment used to support service delivery.
- Improves **safety** of health and social care **advice, support** and **accommodation**.
- Provides more **options** for care - how and when it is delivered.

2. Engagement

NDTi's role

NDTi's role in Hawick has been to:

- To **engage** with, **hear** and **capture** the **voice** of **people providing** and **requiring support**, including **carers** and the **community**
- To **capture** the **views** and **ideas** of the **community**, **stakeholders** and **people** of Hawick to inform the plans for the provision of care in Hawick
- To provide a **report** of our **engagement findings** to **inform** the next stage of the development- this report
- Undertaken **research around care villages and alternative models of support** to inform the options for future care village provision and associated services.

Who we engaged, how, where and when

We took a blended virtual/in person approach to the engagement work in Hawick to capture the voices, knowledge, views and ideas of different groups of people as follows:

Stakeholder workshops

- Initial stakeholder workshop: Hawick Town Hall 27th June
- Online workshop: Third & Independent sector 18th July
- Online workshop: Health & Social Work professionals 22nd July
- Online workshop: Community Groups 25th July
- Online workshop: Mental Health 1st August

Locality drop ins:

- Session 1 on 14th July between 10 and 2 at the Heart of Hawick Community Café
- Session 2 on 19th July between 10 and 2 at the Heart of Hawick Community Café

Deanfield Care Home

- Staff – 12th July, 13th July
- Families – 12th July, 19th July
- Residents – 13th July

Other discussions with key groups in Hawick

- Conversations with people from: Men's Shed and Women's Craft groups, Dementia Café, Cuppa and Chat (Burnfoot Community Centre), mental health and learning disability representatives, and health and social care staff including the District Nursing Team.

In total, **113 people were engaged** through the above sessions. There were slightly more women than men engaged. Staff from the Council, NHS, third and independent sectors tended to be of working age. Most of the local people at the drop-ins and community groups were older e.g. over 60. This provided a wide range of perspectives although underrepresents those from people from some specific Equalities Groups (e.g. LGBT+, Learning Disabled people), which we discuss later in this report.

Questions for our conversations

We structured our conversations around four key questions:

- What do you think are the **most important services** to be provided in Hawick and are there any current gaps?
- What are the most important features for care services including 24-hour residential care provision?
- What other services do you think would be important to be on a **community site**?
- How can the community **get involved**?

3. Our findings – What people said

What do you think are the most important services to be provided in Hawick and are there any current gaps?

We heard that people really valued the existing health and care services in Hawick including Hawick community hospital, Deanfield care home, supported housing and many community groups that exist. There was still a sense of loss for some of the services that had closed, and a core message was not to close any further facilities until new services were opened. There were also concerns about a funding gap between the cost of the services needed and resources available in the current financial climate.

The following **gaps in services** were highlighted by a number of people we spoke with.

- Lack of social care to enable people to live at home for as long as possible
- Sheltered housing for independent living – with care as needed
- Palliative care/ end of life support at home is limited
- Support for people with dementia
- Carer support and the need for more short break/ respite options including residential care and opportunities during the day
- 24-hour on-site support for younger people
- The importance of getting the right information and support at the right time

A number of people talked to us about accessing any new services from Newcastleton pointing out the lack of services there for people who had long term, complex needs. This issue was also raised in relation to people living in other rural areas of Teviot.

Independent living

Most people we spoke with said that **remaining independent** was very important to them. Ideally, they wanted to remain **at home for as long as possible** with social care coming to them as needed. But there were concerns that home care is inadequate or inflexible just now with stories of people only coming for 10 minutes and/or to help people into bed by late afternoon.

People explained that when they did not feel able to remain in their own home, they would want some form of **accommodation with flexible care support** which could be increased when they had mobility issues and/or felt unable to live alone, often after losing a partner. Features that were mentioned often include:

- “My own front door”

- Communal facilities – a café, residents' lounge
- A garden, space outside – somewhere to grow things
- Activities and trips – which the community can help organise
- Guest rooms or flat for when friends and relatives come to stay
- Location important – many preferred to be near centre of Hawick – to continue meeting friends, for shopping etc.
- Accommodation that could be easily adaptable as needs changed or new ways of delivering support and care developed

At present there seems to be a shortage of this type of flexible housing provision in Hawick currently although we did hear some good ideas from housing providers about how they worked in other areas to provide flexible support to people in need of housing and care.

Several people we met at the drop-in sessions and at local groups were concerned about the time that they had been waiting for sheltered housing and said that they did not know how long the wait was likely to be. Some people mentioned previous provision which could have been adapted to provide solutions such as 'the cottages around Deanfield' (sheltered housing which people said had been closed and been replaced by private housing).

Some home owners we talked with were interested in **mixed tenure housing** developments so they could buy accommodation that suited their needs as they required more care and retain their assets. There was also interest in shared ownership housing.

Support for people with dementia

The other significant gap highlighted by a range of people we spoke to was support for people with dementia and their carers. This included plugging current gaps through better:

- GP follow up post initial diagnosis e.g. for reassessment, review of medication
- Understanding and/or support for people with dementia to take part in previous interests and specialised, stimulating activities for people with dementia
- Appropriate home care as an alternative to residential care for people with moderate to severe dementia
- Support for carers through respite facilities

Carers of people with dementia explained about the gap between support for people for one year after a dementia diagnosis and the stage at which they required 24-hour (residential/nursing) care. During this time they wanted access to reviews by a GP on the progress of the disease and medication as well as social work reassessments. As one carer explained:

"People tend to see Alzheimer's and dementia as a single condition – but the disease changes and progresses AND is different for different people. So provision has to be flexible"

People with dementia at the Dementia Café told us how they enjoyed the sandwiches and music, especially the songs they liked and could sing along too. The café runs for one afternoon a month and several people pointed out that more was needed to provide people with dementia with stimulating activities and an opportunity to socialise.

Although some people with dementia have care workers supporting them at home, they tended to provide personal care rather than stimulating activities. Although some home carers took people with dementia on walks and talked/reminisced with them about their interests, we also heard about carers who were untrained in understanding dementia and/or of different carers coming each visit which was confusing for people with dementia.

Carer support and respite

Carers of people with dementia and with other conditions told us how they appreciated the information and emotional support they received through the Dementia Café, the Dementia Support Group and the Carers' Centre.

But they felt that this support, although important, does not cover the need for **home care/support and day activities to allow respite for carers**. Carers mentioned that the day care facilities at Deanfield and the community hospital had closed. We heard from several people that the only day centre in the area is 'Place and Space' in Kelso, which incurs a charge and, if the person needs help going to the toilet, the carer needs to be there all day.

Some carers told us how they receive a limited amount of respite care (e.g. 2 x 2 hours a week) but others said how they were trying to get some but did not qualify. (It was unclear whether this was through SBC/SDS or privately arranged and paid for).

Carers also wanted access to respite care for weekends and occasionally a week. We heard that the nearest place this is available is in Eyemouth and that facility (at the hospital) is currently full.

Carers were concerned about the **effect of the gap in respite care on their physical and mental health**. This was echoed by health professionals, one of whom explained that:

"Family carers are under huge stress. Lack of paid carers puts all the pressure of caring on the family. Often carers become ill because of the stress and/or because they are not looking after their own health as their focus is on the person they care for. Then they get admitted to hospital, but often too late. The carer passes away and the person being cared for has to go into a care home. It's short sighted not to support carers more"

Other care gaps

Carers and health and care practitioners spoke to us about some other specific care gaps which are related to those above but require specialist care provision. These included **palliative care /end of life care at home** so people are able to remain in their own homes and die with dignity and as much independence as possible.

There is also a need for **24-hour care for younger people in Hawick**. The lack of this has meant young people with physical and/or learning disabilities in transition from children's to adult services have needed to go out of the area to receive complex care support. We also heard about a couple of instances where middle -aged people with physical disabilities were staying in residential care geared to older people, often with dementia, because there were no alternatives. They could result in feelings of isolation and lack of appropriate stimulation.

A common theme that runs through people's comments on care provision and gaps is the need for **information and support at the right time**. Whether for management of long-term conditions, home care, sheltered housing or specialist services, such as for dementia, people had often spent a lot of time trying to find out what was available and how they should go about accessing the provision. This is often a problem for people with long-term conditions who are not told/don't know how to get support after the initial diagnosis / assessment when they become aware of wider support needs and/or as the condition progresses.

Partnership approach between agencies for integrated, flexible housing and care

Many people, including representatives of the independent and third sector we spoke to, commented on the need for a range of flexible housing solutions and tenures and more joined up planning. For example, housing, home care, day support and respite care needs to be 'joined up' with the council, health, third and independent sector working together to:

- Enable people to be able to continue to live independently/in sheltered housing and increase the level of home care and day care they required without moving
- Prevent people having to move into 24-hour residential accommodation due to a lack of appropriate home/day care support
- Provide retirement/extra care/sheltered accommodation for couples combined with flexible care options so partners could stay together when one person requires care but the other either doesn't or needs a different type/level of care.

We understand that Eildon Housing Association has plans for an extra care housing development in Hawick. A few people we met were aware of this in very general terms and asked questions about how this would link to future care support and a care village. This raises the need for **partners working together to plan future housing and care in an integrated way that meets needs**.

Sufficient capital and revenue finance

People welcomed the commitment that SBC had made to a care support and a care village in Hawick but questioned whether the £8 million capital funding allocated for the development would be sufficient. Specific concerns included:

- Whether £8 million would be enough for the sort of care village/future care services that would represent a significant improvement over what is currently available
- Whether there would be increased revenue funding for training and development of specialist staff at the staffing levels needed
- How the community could be resourced to get involved e.g. how co-ordination, training and support of volunteers would be funded

These concerns about funding a new care village in a very tight financial climate led to a degree of scepticism from stakeholders. This was given as a possible reason why relatively few Deanfield staff and families came to the engagement sessions. Some people at the drop-in sessions and community groups also seemed jaded about 'council promises coming to nothing' and 'a traditional council that isn't good at change'.

Conversations with third sector and independent providers showed that the independent sector has a range of resources that could be utilised in partnership when developing housing and care provision. Some stakeholders suggested that working with the private sector more generally should also be explored to tap into wider resources.

What are the most important features for care services including 24-hour residential care provision?

Flexible care appropriate to individuals' needs now and in the future

We talked with residents and their families at Deanfield (see below), people whose relatives had received care at home and in residential settings and people who thought about what they would want from care they might receive in the future. The overarching view was that **people want flexible care options to meet their needs in a way that preserves their dignity and independence at home and in residential settings**. This means:

- better integration between housing and care (as discussed above)
- a person-centred approach to care where staff understand the individual and what matters to them
- future proofing when repurposing /designing care provision
- training and development for all care staff.

One local resident described what she would want from a care facility as:

"Ground floor cottages with 24-hour carer support and communal areas for meals if wanted …. my want own front door and view. I'd want to be able to make a cup of tea. And I'd need to get out – go to church, go out for lunch. Lots of places you go into then they shut the door and that's it – it shouldn't be like that"

Future 24-hour residential care - Learning from Deanfield care home

One aspect of any future care provision/ care village will be the repurposing of Deanfield Care Home and we talked with residents, families and staff at Deanfield to find out about what works well and what needs to be improved in the future. Maintaining as much independence and links with their family and local community were highlighted as key principles for people when they moved into a care home.

The things that work well in Deanfield are:

- the staff - who residents and families think are kind and attentive
- activities - such as craft competitions, keep fit, musical bingo (for residents with capacity to participate)
- residents' rooms and communal areas – clean and comfortable

The things that need improving are:

- size of bedrooms and ensuite bathrooms – too small particularly if residents use wheelchairs and/or hoists-

- ability for residents/visitors to make themselves a hot drink (kettles in rooms or access to communal facilities)
- private spaces to see visitors – rooms with chairs and/or more private spaces within communal areas
- communication – reception area could be staffed and easier to contact via phone
- staffing levels - residents worry about them being overworked and staffing shortages mean there are often not enough staff to run activities/ take residents out
- staff skills – families feel staff need more understanding of dementia, how it can affect people differently and how to communicate with residents with dementia
- outdoor area – that is accessible and safe for all residents to sit/walk in

Well trained, specialist staff

The importance of staffing for good quality, flexible care services was raised by stakeholder sessions, community drop-in and in conversations at Deanfield.
Care staff shortages including care at home were seen to be a barrier to providing flexible, person care. As one health professional put it:

"Investment is needed in [the social care] workforce - both in pay and conditions"

People thought staff needed to know about how conditions such as Parkinson's, diabetes or dementia can affect people differently and what this means for their care. Several carers for people with dementia and families of residents at Deanfield suggested that specialist staff are needed to care for/support people with dementia in a similar way to having Macmillan nurses for people affected by cancer.

Stimulation and activities based on people's interests – indoors and outdoors

People also stressed how important it is for care staff to understand an individual's interests. This helps 'good conversations' and planning relevant activities such as gardening, watching football or tennis on television, going to church or learning how to Zoom with grandchildren.

Care and nursing staff agreed with this view but explained how they felt frustrated that the current staff shortages (made worse since/by Covid) made it difficult for them to spend quality time with individuals e.g. in activities or reminiscence sessions.

Carers and families of with dementia emphasised how they need stimulating activities, but that these require funding, organisation and staff with specialist skills.

In a residential setting, two members of staff are often needed for taking a resident to the park or into town, so these opportunities are restricted during staff shortages.

What services do you think would be important to be on a community site?

What care services does Hawick need?

As the engagement work progressed and we heard from people about their experience of care services, the gaps in provision and their priorities for improvement, it became clear

that the question to start with is 'What care services does Hawick need' rather than what would a care village look like?"

This way of thinking moves the focus from a physical site to identifying a range of key services – housing, care, social and leisure facilities/activities – that meet the needs of people requiring care and are integrated and provided flexibly through partners – public, private, community - working together.

These services could be provided at/from sites across Hawick as long as they are co-ordinated around a person-centred approach. This requires close working between partner agencies when planning and delivering these services.

Location for local links

Wherever the care facilities and services are situated, people stressed how it must be **possible to have two-way contact with the town**. Residents in all types of accommodation should have the choice to get into Hawick to go to for example, the shops/hairdressers, attend clubs/activities they enjoyed previously, meet friends and family for coffee or go to church/place of worship.

Likewise it is important that friends, families, volunteers from Hawick and beyond, who won't necessarily have access to a car, can get to the care village site(s). If the site(s) are outwith the centre of Hawick, and with limited bus services, this may mean that a minibus or volunteer car service is required for links between the care village and community.

"Families should be encouraged to visit [people in a care village]. Need a transport network, a playground for children, bird and wildlife watching, dog friendly visits, a coffee shop"
(Stakeholder workshop)

The **location and transport issues were raised frequently relation to Stirches**, which a lot of people thought was the agreed site for the care village. Buses only run from the town centre to Stirches once an hour and people with mobility issues find them difficult to use. There was a range of views about **other aspects of siting a care village at Stirches** including from some local residents being concerned about traffic, noise and lighting. Others living in the Stirches area raised the lack of local amenities there and thought a care village could bring facilities such as a shop and community café into the area and help bring the community together. Some people pointed to the potential inter-generational links that could be made with the local primary school which is next to the Stirches site.

People suggested **other sites for a care village** (or some parts of it if a diffused model is adopted) particularly Crumhaugh House (a disused care facility) in central Hawick. In any event, people felt strongly that **no more existing facilities should be closed before new care provision was opened.**

Key features of a care village

There were mixed views about a care village model and whether the care village is an £8 development on a single site or whether it is a more diffuse model of integrated care

provision across Hawick. However we found a lot of agreement that is should be **person-centred with some key features**. These are:

- A range of accommodation for people with different levels of care needs
    - Sheltered/extra care/retirement housing with 24-hour warden
    - 24-hour residential accommodation
    - Accommodation for couples
    - Guest rooms for visitors
- Care services including:
    - Home care – for people living independently and in sheltered housing
    - Day services – enabling participation in stimulating, social activities
    - Specialist care for people with dementia
    - Respite care and support for carers
    - Hub for specialist care services e.g. palliative care at home
- Communal facilities (for people in all types of accommodation and visitors):
    - Lounge/refreshment area
    - Café/restaurant/meal service
    - Outdoor space
    - Play area for children visiting
    - Trips and a range of regular activities (for residents)

Although people said access to communal facilities was important to them, having all services on site is not essential. Investing in and linking to existing businesses including cafes, shops, hairdressers and pharmacies would generate greater integration of a care village into the surrounding community, as well as bringing economic benefit to businesses and new jobs in the town

There were mixed views about **who a care village should be for**. Most people thought it was most practical to aim it at older people. There was some interest in including services to meet the needs of people with learning disabilities and/or young people in transition, including through a training flat. But there was a concern that it wouldn't work for there to be one or two young people in a care village where everyone else was a lot older. There were also comments that the budget wouldn't allow the necessary planning and facilities to include other demographic groups.

How can the community get involved?

Hawick as a town that cares

Local people and other stakeholders thought that care of older people should be something that runs through Hawick as a community so there could be a **move from a care village in Hawick to Hawick as a village/town that cares**.

There are already a good number of community groups and activities in Hawick, such as the Men's Shed and the Dementia Café, which enable people to maintain their interests,

socialise with other people, access information and give/receive peer support. The What Matters Hub, at Heart of Hawick can provide assessments for social care and occupational therapy and signpost people to a wide range of community support. We also heard of organisations providing support including counselling locally that could be developed.

Building on this existing community support could include helping shops, cafes and other businesses to be more aware of the needs of older people, disabled people and people with dementia and how their services could be more dementia friendly. This would also help reduce the stigma that carers of people with dementia spoke about.

Community groups could look at involving people with dementia and other care needs in their activities through additional support and/or customised sessions. One participant suggested that groups such as the Men's Shed might look into this.

Better links between the community and residents in a care village/care facilities could also be promoted through volunteering and intergenerational activities with, for example, local schools or as open community events e.g. tea party, karaoke entertainment.

This approach needs the active support of all stakeholders. While we engaged a wide range of all types of health and social care practitioners, and made contact with **GP surgeries**, we were unable to have a conversation with GPs directly. We would also have liked to **engage more local businesses, possibly through the Chamber of Commerce.** We suggest that SBC/HSCP involve these two groups during the further development of care plans in Hawick.

Inclusive care

Despite reaching out to a broad range of people and groups and our engagement providing a wide range of perspectives, we recognise that this report underrepresents some Equalities Groups including the direct voice of lived experience with:

- Learning Disabled people
- LGBT+ people
- Minority ethnic communities including the Gypsy Traveller community and Eastern European people (predominately Polish, Romanian and Roma) who stay in Hawick

However we did hear from other some professionals who were able to offer some thoughts but recognise this was not from people with direct experience of services.

As the plans for future care develops in Hawick, it will be important for SBC/HSCP to engage these groups. Although most people thought it was better that a specific care village was for older people, it would be useful to consult with people with a learning disability, their carers and practitioners in this field to discuss whether a care village could include care for Learning Disabled people, especially if a diffuse model of integrated care services across Hawick is pursued.

We are aware that people from ethnic minority communities can find it difficult in sheltered housing or residential accommodation as they may be in a very small minority and find that their language, dietary and cultural needs are not catered for. Like LGBT+ people, they can

be vulnerable to stigma, prejudice and discrimination. Engaging the relevant Equality Groups can help ensure that care services are inclusive of everyone's needs

Volunteering

Most people we spoke with thought that, in principle, **volunteering could be an important development to provide additional social support and involve more people from the Hawick community.** This would enable practical community links and people mentioned possible roles for volunteers including running communal activities, taking individuals and/or groups on trips, befriending and volunteers with key interests that could provide stimulation and support. Participants on online sessions made some specific suggestions:

"For befriending services, Interest Link a positive example of linking people with learning disabilities with volunteers with the right interest, skills and groups. Could a similar model be set up for older adults or around mental health buddying – or in a care village?"

However, a small number of practitioners expressed concerns about volunteering, often based on previous experience. They pointed out that as they would be working with vulnerable people, they would have to be trained appropriately and have PVG checks.

The current staff shortages also mean that recruiting volunteers can become a sensitive issue if it is thought that these may replace paid staff or fill gaps in staffing.

Overall it appeared that **volunteering is a good way to build community links with people needing care and support if it is follows good practice**, such as:

- Allocating resources to co-ordinate, train and support volunteers
- Using volunteers to enhance (not replace) care from paid staff
- Enabling volunteers to link people needing care with local community activities

4. Conclusions

The engagement with the Hawick community and other stakeholders on options for future care provision, including the development of a care village, has reinforced Scottish Borders Council/Health and Social Care Partnership's **principles of future care provision in Hawick.**

It is also clear that individuals and services recognise the need for modern care provision in the area, which gives people the best possible options and choice for how care is provided. The way in which this is viewed as being achieved is however inconsistent. The concept of a site based dedicated care village is attractive to some, but equally others stated a desire to have an approach which embraced the wider community and opportunities that Hawick offers, utilised, improved or better-connected existing assets

- **People want to live as independently as possible** – either at home or in sheltered accommodation with 'my own front door' – remaining in their own neighbourhood and community – and with access to care services as needed.
- **Care services should be person-centred and flexible**, providing different options – home care, day services, respite care, 24-hour residential care - reflecting people's circumstances and choice. They should enable people to have **dignity and respect**.
- **Support for carers needs to be responsive** and timely to maintain people's independence and prevent emergency admissions to hospital/residential care.
- Residents, families and staff agree that **residential care should be provided in a homely, up to date setting with access to stimulating activities** – inside and outdoors - and be able to have contact with family, friends and the local community

Although people valued existing health and care facilities in Hawick, they identified gaps (e.g. for independent living, support for people with dementia, and carer support and respite) and made suggestions about how these and other services could be improved in line with the principles.

They felt that no more existing facilities should be closed before any new care provision was opened. And there were doubts about whether the £8 million development of a care village on a single site would be able to offer the improvements in care services that are needed.

Local people think Hawick is a caring place where 'people look out for each other' and are keen that the community is involved in care and support of older and vulnerable people. So

another way of thinking about improving care services would be to move from a care village in Hawick to **Hawick as a village/town that cares.**

This would involve taking a **partnership approach between agencies for integrated, flexible housing and care.** Housing, home care, day support, respite and residential care could then be delivered from across premises or 'hubs' across Hawick and be 'joined up' with the council, health, third and independent sectors working together.