



Health Impact Assessment (HIA) of the Gaer Bungalow Estate and new Derwen Development

March 7th 2017

Introduction

Health Impact Assessment (HIA) is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Government (WG) is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. It works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks and it can also identify any 'gaps' that can then be filled. HIA can also provide a way of addressing the inequalities in health that continue to persist in Wales by identifying any groups within the population who may be particularly affected by a policy or plan.

The Wales Health Impact Assessment Support Unit (WHIASU) was established in 2001 to support the development of HIA in Wales and is based in the Policy, Research and International Development Directorate (PRID) of Public Health Wales (PHW). It is independent and its remit is to support, train, facilitate and build capacity in HIA and raise awareness of how the process can support and contribute to improving health and wellbeing. A particular focus of WHIASU in recent years has been the use of HIA within traditionally 'non-health' sectors such as mining, regeneration and housing, waste, land-use and transport planning as a method of encouraging a consideration of 'Health in All Policies' (HiAP). The Unit has a strong research function and has published a number of guides, evidence reviews and resources to support the practice of HIA by specialists and non-specialists¹.

Background

Derwen is the only housing association in Wales with a dedicated focus on older people. It was created in April 2014 with the sole aim of providing housing and related services informed by the needs and aspirations of older people. It's work enables its residents to live healthy, independent lives within their communities and active ageing is at the heart of its new, innovative approaches to older people's housing. It aims to be an organisation with the right expertise and focus

¹ Wales Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk (Last accessed 23/5/17)

to be able to respond to changing demographics and aspirations - an issue often presented as a challenge but one Derwen firmly views as an opportunity.

Derwen Housing Association is clearly focussing on the healthy and active ageing agenda. One in which active minds, healthy bodies, family, friendships, financial resilience and being involved are just as important as the design and quality of the homes that it provides. Derwen currently promotes healthful initiatives such as complementary therapy sessions, healthy eating clubs supported by nutritionists and dieticians and a range of other projects which support people to live healthier, more active lifestyles.

Recognising the negative impact which social isolation can have on people's health and wellbeing, Derwen's staff also delivers a range of wellbeing initiatives to promote residents' involvement in social activities and bring people together within the communities in which it works. Examples include 'Music and Memories' (using Spotify to play residents' requests and trigger memories and discussion), 'Past and Present' (discussing images of places from the past and of memories and how things have changed) and 'Knock a Neighbour' (which is a resident led initiative to bring a new neighbour along to social events). This is in tandem to coffee mornings with talks and awareness raising information sessions such as Dementia Friends. Derwen has made a commitment to become a dementia friendly organisation and is promoting Dementia Friends to all staff and residents.

The HA's relationship with its residents is the key to its business model and involves getting to know residents as individuals so that all personnel can better understand what their needs and expectations are. Derwen employs staff who embrace its commitment to 'Excellence Everyday' - where going the extra mile for residents is part of how it does things. Residents are benefitting from our forward-looking approach which challenges and transforms traditional landlord services; an older people's housing provider we are about so much more than sheltered housing and bingo!²

New Housing Development on the Gaer estate

Derwen has an active development programme and is currently on site with a new development of 39, one- and two-bedroomed apartments for older people (Figures 1 and 2) abutting an existing estate of 70 bungalows in an area of Newport called the Gaer.

Existing residents have stated that they have been lacking a community feel since the Gaer estate was redeveloped fifteen years ago, replacing post-war prefabricated buildings³. The new bungalows are a success in terms of the accommodation standards, but because security has been 'designed in' a consequence has been to 'design out' the opportunity for neighbours to interact and socialise within their neighbourhood.

Derwen has also included a large community hub as part of the design of the new development (see Figures 3 and 4). The facility has a large open plan flexible space looking out onto a terrace, incorporating a café (non commercial) area. There are two separate large rooms that can be used for additional more private activities i.e. a health and wellbeing room for alternative therapies. The HA is encouraging

² Derwen Cymru Housing Association website. <http://www.derwencymru.co.uk/> (Last accessed 14/9/2017)

³ Derwen Cymru Housing Association. (2016). Resident survey

other organisations, including health providers to use the facilities, for example, podiatry and dementia services. The outside space will include an allotment area and could include areas for other physical activities.

The development is near a considerable amount of open space. The aim is to encourage not only new residents to use the space but also the existing residents on the bungalow estate. The new physical developments will be in place and ready for community use in early 2018.

Figures 1 and 2: Plans for the new Gaer Development





When the new development opens at the start of 2018, the community will double in size. The HA aims to use this opportunity to bring people together to address issues of loneliness and isolation, improve people's physical health and wellbeing and build a supportive and neighbourly community spirit. ⁴

Community Health and Population Profile

Newport, located in South East Wales has a population of 147,769. It consists of 20 designated Ward areas, 14 Community Councils and 95 Community Councils⁵. Older people (65+) are currently 17.47% of the population but this percentage is expected to increase to 23.5% by 2039. The 65 and over age group in Gaer is above the Newport average of 17.5%, with 1,827 living in the area. Within Gaer 2 Lower Super Output Area (LSOA) where the HIA took place 30.7% of the population are aged 65 or over.

Black and Minority Ethnic groups make up 10% of the population of Newport with 7.6% in the Gaer. The majority of the people living in Gaer 2 are social housing tenants. The Gaer 2, where the estate is located, is in the top 30% most deprived in the Welsh Index of Multiple Deprivation.

The number of offences per 1,000 population in Gaer has increased from 54.1 in 2013-14 to 73.5 in 2015-16. This is below the Newport average which has increased from 77.34 to 86.37 for the same period but above the Wales average which has increased slightly from 57.35 to 58.95. The rate of Anti Social Behaviour incidents per 1,000 population has increased in Gaer from 33.2 in 2013-14 to 50.6 in 2015-16. This rate is still below the Newport rate which has increased slightly from 54.4 to 56.2.

⁴ Derwen Cymru Housing Association website. <http://www.derwencyrmru.co.uk/> (last accessed 14/9/2017)

⁵ Newport Community Well-being profile 2017. Available at: <http://www.newport.gov.uk/atlas/en/Profiles/Newport-community-wellbeing-profiles.aspx> (last accessed 14/9/2017)

Healthy life expectancy (estimate of how many years a person may live in a 'healthy' state) has increased for both males and females in Newport, from 63 years in 2015-9 to 65.4 in 2010-14 for males and 64.2 to 67.2 for females. However, the gap in years between the most and least deprived area of Newport is 18.7 for males and 20.1 years for females. The percentage of people that rate their health and bad or very bad in Newport is similar to the Welsh average at 7.4%. However this percentage varies across Newport with the rate in the Gaer at 9.2%. Within the Lower Super Output Area (LSOA) of Gaer 2 where the HIA took place the percentage is 14.2. The percentage of people that activities are limited by illness a lot and a little in Gaer is 25.4% compared with 20.8% for the whole of Newport and 22.7% in Wales.

In the wider Gaer Ward, there are consistently higher alcohol admissions to hospital, respiratory emergency admissions and cancer mortality are than the Welsh averages.⁶

The average age of the current 62 residents living on the Derwen bungalow estate is 74 years, ranging from 68 to 94 years⁷.

The Health Impact Assessment

In 2015, Nerys Edmonds, Public Health Practitioner (Policy and Impact Assessment) from WHIASU/PHW delivered a short health impact assessment session to the Derwen Housing Association. At this, a screening of a proposal for the proposed Gaer Development took place. It identified the potential detrimental impact that the geography of the area could have on the future residents and the way that the Development could interact with the community.

A further HIA was identified as being of benefit in the future when the development was more advanced and more details were available. HIA was flagged up as a useful way of assessing its potential positive impacts and/or any potential unintended negative consequences or issues. It would involve local stakeholders including community representatives and residents as part of the project's development, inform any decisions made and enhance its final delivery. Subsequently, in 2016, the Acting Head of Active Ageing, Denise Brennan approached WHIASU to explore the possibility of undertaking the suggested participatory HIA. A discussion was held and it was agreed to continue the relationship, facilitate any HIA and provide advice and guidance for the process.

A Steering Group was established and the HIA was scoped. The Steering Group consisted of:

- Liz Green, Principal HIA Development Officer from the Wales Health Impact Assessment Support Unit (WHIASU)
- Denise Brennan, Acting Head of Active Ageing, Derwen Housing Association
- Carly Dix, Health and Housing Policy Officer, Community Housing Cymru
- Ailsa Yeoman-Evans, Derwen Housing Association

⁶ Newport Community Well-being profile 2017. Available at: <http://www.newport.gov.uk/atlas/en/Profiles/Newport-community-wellbeing-profiles.aspx> (last accessed 14/9/2017)

⁷ Information provided by Derwen Cymru Housing Association.

They were later joined by Nerys Edmonds, Public Health Practitioner (Policy and Impact Assessment), WHIASU/PHW and Vicky Hiscox, Head of Active Ageing.

It was agreed to undertake a rapid participatory HIA which would include a half day community and stakeholder workshop. It followed the systematic methodology described in the new 2012 Welsh HIA guidance of 'Health Impact Assessment: A Practical Guide'⁸. It supports work and training that WHIASU has recently been undertaking across Wales to develop HIA and a consideration of health, wellbeing and inequalities with local authority Housing and Regeneration Departments, Housing Associations and national related organisations such as Community Housing Cymru (CHC).

The HIA built on a variety of evidence that had already been collated by Derwen and aimed to inform the Gaer Housing development and contribute to its development. There had been consultation with a number of local organisations and individuals and feedback from them previously but the HIA would involve all the stakeholders directly and facilitate a structured discussion with them together.

Evidence

Research indicates that the quality of housing and internal and external environments that people live in can have a detrimental or beneficial impact on their health and wellbeing^{9,10}. There are a number of well conducted guidance documents and reviews, including systematic reviews, which have taken place in the field of housing and health many of them published since 2010¹¹. In 2011, the World Health Organisation (WHO) published a guidance document relating to the environmental burden of disease associated with inadequate housing¹² and WHIASU itself has produced a 'Housing and Health Evidence Review for HIA' in 2014¹³.

As part of the HIA, a brief evidence review was completed specifically for it. It contained recent evidence published about housing and older people (Appendix One). It had a particular focus on mental health and wellbeing impacts.

The Principal HIA Development Officer searched for previous examples of HIAs for Extra Care Housing Schemes via HIA networks^{14, 15, 16}. Several HIAs were identified¹⁷

⁸ Chadderton C, Elliott E, Green L, Lester J and Williams G. (2012). Health Impact Assessment: A Practical Guide

⁹ Thomson, H., Thomas, S., Sellstrom, E. and Petticrew, M. (2013). Housing improvements for health and associated socioeconomic outcomes (Review). Cochrane Database of Systematic Reviews 2.

¹⁰ Thomson, H, Macdonald, C, Higgins M, Palmer S, Douglas, M. (2012). Health impact assessments of Housing Improvements: A guide, ScotPHN and NHS Scotland, Glasgow.

¹¹ Clark, C. Myron, R. Stansfeld, S. & Candy, B. (2007), A systematic review of the evidence on the effect of the built and physical environment on mental health, Journal of Public Mental Health, 6(2), 14-27

¹² Thomson, H. Housing improvements and their health effects. (2011). In: Braubach, M. et al. eds. WHO environmental burden of disease associated with inadequate housing pp. 179-195. Bonn: WHO European Office.

¹³ Byrne, E, Elliott, E, Green, L, Lester, J. (2014). Housing and Health Evidence Review for Health Impact Assessment (HIA). Accessible from Wales Health Impact Assessment Support Unit website: www.whiasu.wales.nhs.uk (Accessed 23/5/2017)

¹⁴ Wales Health Impact Assessment Support Unit (WHIASU) website. www.whiasu.wales.nhs.uk (Accessed 23/5/2017)

¹⁵ HIA Gateway HIA Gateway website http://www.apho.org.uk/default.aspx?QN=P_HIA (Accessed 23/5/2017)

¹⁶ Society of Practitioners of Health Impact Assessment (SOPHIA) - <https://hiasociety.org/> (Accessed 23/5/2017)

^{18 19}. The Officer had previously worked on a number of HIAs of similar schemes which have never been published in the public domain and had access to this grey literature including summaries and papers which had been produced for local authority Executive Boards, Housing Associations and funding applications^{20 21}.

Age Friendly Streets Questionnaire

At the initial HIA which was carried out in 2015, it was noted the potential negative impact on residents' health which the hilly terrain may have. This was followed up in January 2017 when all Derwen residents on the Gaer estate were sent the 'Age-Friendly Streets Questionnaire: How Walkable is Your Neighbourhood'²². The questionnaire and supplementary information is available at:

<http://www.ageingwellinwales.com/en/age-friendly-streets>. Derwen HA wanted to find out how often residents walked in the local area and for what reasons, what deterred local people and what would encourage residents to walk more. The HA also wanted to find out how involved people were in their local community and what would help them to become more involved. The HA was particularly interested in looking at how it could encourage residents to use the new community hub once opened and integrate into the life of the new development of 39 flats in the Gaer in the autumn.

Figure 3 and 4 Gaer bungalow estate showing hill leading down to new community hub



¹⁷ Conwy County Borough Council. (2014). Tan Y Fron Extra Care Housing Development <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=10108>

¹⁸ Capita on behalf of Denbighshire County Council (2014). Rhyl Housing Improvement Project HIA. <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=10108>

¹⁹ Conwy County Borough Council. (2015). Llanrwst Health and Wellbeing Hub HIA

²⁰ Wrexham Llys Madoc Proposed Llys Madoc Extra Care Housing Development for Older People, Plas Madoc, Wrexham. 2008. Wrexham County Borough Council

²¹ Regent Road Proposed Jaques Road Extra Care Housing Development for Older People, Wrexham. 2009. Wrexham County Borough Council

²² Ageing Well in Wales <http://www.ageingwellinwales.com/Libraries/Documents/AF-streets-Q-PDF-eng.pdf>



The results

Fifteen questionnaires were returned from 45 sent out. One resident on the estate asked specifically for a form and returned it. Almost half of the respondents described themselves as having a disability. A third said they never walked out in the local area. Those that did walk said they walked for exercise or personal enjoyment (6 people) or to go to shops, local services or GP (9 people). Only one of the respondents said they would not like to walk more as they already walked out nearly every day.

There were a wide range of reasons why people were put off walking around the local area with the main reason being the lack of places to sit and rest (9 people). Slippery pavements, lack of suitable toilet facilities, steep kerbs, traffic and cars parked on pavements also had a significant response rate. Four people reported feeling unsafe and 3 voiced concerns about anti-social behaviour.

When asked what would encourage them to walk more in the locality two thirds said more places to sit and rest would do so, followed by reducing the speed of the nearby traffic (8 people). Almost half of the respondents said they would like more information about places to walk locally and 6 wanted to see walking routes away from the main road and more attractive walking routes. Eight people wanted to see a reduction in traffic speed. Another key theme was for walking routes to be accessible for wheelchairs and mobility scooters (5 people) and this was provided as feedback in the additional comments option *'I'd like to go out on my mobility scooter but the pavements are too narrow and there are no down curbs'*

Only one person felt very involved in the local community although seven felt they were a little involved. Only one person said they wouldn't like to get more involved in their local community with 6 saying they would and 6 unsure. The biggest reason preventing residents getting involved was the lack of information about community initiatives and not being sure who to contact and others gave lack of confidence

and not being sure what they had to offer as reasons. Some residents stated that they had an illness or condition which hindered their ability to become involved and one mentioned that they didn't have the time because they were a full time carer. No one stated they weren't interested.

Additional comments about the neighbourhood included: problems with cars parked on the pavements; the condition of the pavements; and the busy traffic at certain times of the day. The bus stop was identified as having no sides or seat.

The sample was very small and this therefore has limitations re a representative sample of the local community as a whole but it has highlighted the impacts which current Derwen HA residents report and it given several examples of action which could be taken to minimise any detrimental impacts or constraints to physical activity and interactions within the community.

Rapid HIA workshop

A rapid participatory HIA workshop took place on March 7th 2017. Over 30 key local stakeholders and community members were invited to participate and contribute to the discussions. Of these, 24 attended. Those who attended the morning included a number of local authority officers from Social Services, Housing and Planning Departments; elected members for the area; public health and health care sector representatives; Derwen and Newport City Homes Housing Associations; representatives of the Gaer Community Centre; the third sector and Derwen HA residents from the Gear Estate. The programme for the morning is included as Appendix Two.

As statistical evidence, best practice case studies and other robust research on the health impacts of housing had been considered already, the aim of this workshop was primarily to gather professional and community knowledge and evidence about the potential impacts of the Gaer Development within the local community context.

The HIA facilitated some interesting conversations about the Housing development's impact and identified some cross cutting themes to consider more fully. The HIA was led by Liz Green, Principal HIA Development Officer from the Wales Health Impact Assessment Support Unit (WHIASU) and co-facilitated by Nerys Edmonds, Public Health Practitioner, Public Health Wales/WHIASU and Carly Dix, Health and Housing Policy Officer, Community Housing Cymru.

At the outset, the participants identified the main vulnerable groups who would be affected by the Gaer development using Appendix 2 of the Welsh guidance (Appendix Three). A lively discussion followed and a wide ranging number of groups were highlighted as being directly affected by it. These were (in no particular order):

Vulnerable Groups Affected (in no particular order)

- Older people
- Families
- Younger people (that live in the area)
- People with physical disabilities
- Low income

- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health
- Carers
- Health workers
- Social care workers
- LGBT
- Veterans
- People who are unable to access services and facilities
- Homeless people
- Those in poor/unsuitable housing

After agreement on the above, the group then worked systematically through the wider or social determinants of health in turn and assessed the health and wellbeing impacts (as listed in Appendix 1 of the Welsh guidance) of the proposed housing development (Appendix Three). Positive or negative impacts were identified as were any opportunities to improve the development and its delivery and any gaps or unintended consequences. Suggestions were made for mitigation and documented. All of this is summarised in the table below.

The *text highlighted in red italics* within the body of the table documents specific comments put forward by the participants throughout the appraisal session and suggestions for further consideration and action. These should be read alongside the final recommendations which are listed at the end of the report.

Appraisal

1. Lifestyles	
Positive/Opportunities (+ ve)	Negative/unintended consequences (- ve)
<p>Access to fresh food in nearby facilities</p> <p><i>Opportunity - local green grocer/mobile shop to come to the development on a particular day</i></p> <p><i>Opportunity - Market place within the Hub - 'market day' where residents can socialise too</i></p> <p><i>Opportunity - neighbours to help each other with transport, sharing costs, socialising ('Grassroots' scheme, transport via Monmouthshire CC, did not work for residents in Stratford House, £5/year - replaced Newport Links). Recommendation: Need some clarity on service provision</i></p> <p><i>Opportunity - Physical/exercise and how</i></p>	<p>Accessibility issues to shops in terms of scooters, bigger supermarkets used which require taxi/transport</p> <p>Some residents have to plan shopping weeks ahead as can't afford regular taxis.</p> <p>Difficulty in getting support for activities (experience from Stratford House)</p>

<p><i>the external space is used, will need to be facilitated. How this can be sustained with support. Opportunity to use Hub space to GF for exercise classes. Note - 'Extend' classes are being held in Gaer Community Centre.</i></p> <p>Walkway within the development is level access and wheelchair accessible. Accessible by lift too. Benches will be available regularly along the walkway.</p> <p><i>Opportunity - raised beds/allotments on South side of the development</i></p> <p>Non-smoking environment within the communal areas of the building. Residents can smoke within their own apartments.</p> <p><i>There was a discussion around whether smoking areas/smoking shelters should be provided outside i.e. a covered smoking area in an appropriate place (away from main entrance) to prevent litter? Public Health messages within the smoking area? FRA implications?</i></p> <p><i>Recommendation - Plan for, and think about the provision of a smoking area prior to handover, rather than when residents have moved in AND/OR address this issue with residents once they have moved in.</i></p>	<p>Topography can make walking around the area difficult with few benches to sit on.</p> <p><i>Recommendation to ensure that benches are spaced out regularly and appropriately - inaccessible areas without appropriate stopping points can create a feeling of failure</i></p> <p>Smoking outside/smoking shelter could potentially create more litter which will need to be managed and could increase maintenance costs.</p>
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Recommendations:

Recommendation - Plan for and think about the provision of a smoking area prior to handover rather than when residents have moved in AND/OR address this issue with residents once they have moved in.

Recommendation - to ensure that benches are spaced out regularly and appropriately - inaccessible areas without appropriate stopping points can create a feeling of failure for some residents²³

Recommendation: Need some clarity on service provision re the 'grassroots' bus scheme of MCC

2 Community and Social Influences	
Positive/Opportunities (+ve)	Negative/unintended consequences (-ve)
<p><i>Opportunity - Mapping what is already in the Gaer, looking at the gaps and working with Community Connectors in Newport to facilitate services that are not already in the community. Encourage residents to use all of the facilities available to them across the area.</i></p> <p>Derwen facility could enhance the pride of the Gaer area.</p> <p>Flexibility of the space within the development for activities, coffee clubs, floating support etc.</p> <p>Making new residents welcome - leaflets for new residents, bin day etc. Planned to use screens to display information instead of too many information leaflets.</p>	<p>'Hub' replicates initiatives held already in Gaer Community Centre. From a Gaer Community Centre perspective this could be detrimental to services being provided already - particularly at a time when Communities First services are going to be withdrawn. Transport (taxi - funded) is provided on a Wednesday for services.</p> <p><i>Recommendation - Derwen to promote activities already being provided in the Community Centre. Could facilitate this using a live calendar.</i></p> <p>Isolation for those with mobility issues</p> <p>Accessing the Hub for the wider community.</p> <p>There could be a separation of the residents from the community created by limiting access to the development. Security could be an issue if there is an open door policy for the hub.</p> <p><i>Opportunity - need to ensure that community division is not experienced, as there could be a 'them and us' culture created and need to avoid this.</i></p>

²³ Jane Mudd and Amanda Protheroe, Cardiff School of Health Sciences, University of Wales Institute, Cardiff. *Added Extras - the contribution of extra care housing to the health and well being of residents. Theme: Housing and Older People.* Paper presented at the 5th Warwick Healthy Housing Conference 2008

	<i>Residents and wider community welcome within the development. To discuss how this can be facilitated.</i>
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<p>Recommendations:</p> <p><i>Recommendation - Derwen HA to promote activities already being provided in the Gaer Community Centre. Could facilitate this by using a live calendar. Encourage residents to use all of the facilities available to them across the area.</i></p> <p><i>Recommendation - Need to ensure that community division is not experienced, with a 'them and us' culture created. Residents and wider community are welcome within the development. To discuss how this can be facilitated without compromising security and health and safety regulations.</i></p>
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3 Mental Wellbeing	
Positive/Opportunities (+ve)	Negative/unintended consequences (-ve)
<p>Facilitation and support are important to prevent isolation and loneliness. Recognition of huge impact of loneliness on MH and Wellbeing. Derwen are encouraging residents to help with loneliness via volunteering. Mapping what is there already in terms of support.</p> <p>Sustainability of services is essential.</p> <p>Sense of control over where they live and participation, how to maximise this in the development. Having your own space is important. Derwen use a choice-based approach, ie email, face-to-face contact, social media etc. Theme based groups, ie gardening group across schemes, mixing with other Derwen communities.</p>	<p>Welcoming people into the development versus fob access and accessibility to certain areas. To be mindful of this contradiction and how this works for the residents.</p> <p><i>Recommendation - Explore giving all Derwen residents' access to the Hub, ie fobs or a staff member to open the door. Acknowledgment that it's not a 'one size fits all' solution, however to establish this prior to residents moving in for greater acceptance.</i></p> <p>Promoting independence and support, to establish this from the outset in term of the approach.</p>

Recommendations:

Recommendation - Explore giving all Derwen residents' access to the Hub, ie fobs or a staff member to open the door. Acknowledgment that it's not a 'one size fits all' solution, however to establish this prior to residents moving in for greater acceptance.

4 Living/Environmental conditions affecting health	
Positive/Opportunities (+ve)	Negative/unintended consequences (-ve)
<p>Bin stores, issues around storage and odours.</p> <p>Gaer development - Communal bins stores accessed externally to accommodate storage and mitigate any issues with odours.</p>	<p>Use of the 'Hub' and ensuring that this does not impact on neighbours.</p> <p>Cycle storage not included in development.</p> <p><i>Recommendation - Derwen working with Swansea University to explore how</i></p>

<p>Scooter parking - park and plug storage is available on the ground floor for 5 scooters, on the lower floor there is space for another 3.</p> <p>Laundry facilities - apartments have washing machine and dryer spaces due to nature of independent living scheme.</p> <p>Railings in corridors - this will be provided in the outside space along path area with bollard lighting.</p> <p>Service charges for landscaping areas and lifts etc. mitigated by type of planting. Building also has a solar roof to reduce cost of electricity to communal areas and therefore service charge.</p> <p>Derwen considering walking groups for local routes.</p> <p>Independent living scheme - to consider changing needs during life course and planning for the future. Derwen can facilitate adaptations via grant funding as appropriate. Designed for residents as their needs change.</p>	<p><i>people can get involved in cycling activity - community bikes, with power. Possible funding opportunity.</i></p> <p>Scooter parking - residents would have to walk from scooter storage back to apartments. Action - design of scooter storage now by lifts in main building</p>
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<p>Recommendations</p> <p><i>Recommendation - Derwen working with Swansea University to explore how people can get involved in cycling activity - community bikes, with power. Possible funding opportunity.</i></p>
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5 Economic conditions affecting health	
Positive/Opportunities (+ve)	Negative/unintended consequences (-ve)
<p>New residents will have access to Derwen's Financial Solutions and Benefits Adviser to ensure they have entitlement to correct benefit</p>	<p>Bedroom tax - exemption over age of 60. To be considered for those who might be impacted by this. Proportion of 1 bedroom and 2 bedroom apartments considered as part of development. Predominantly 2 beds</p>

	<p>required. Affordability checks as part of pre-tenancy process.</p> <p><i>Home share could not be used to mitigate due to planning restrictions.</i></p> <p>Those in receipt of Universal Credit - impacts on eligibility to pay service charge elements.</p> <p>One entranceway into the development.</p>
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Recommendations:

None identified

6 Access and quality of services	
Positive/Opportunities (+ve)	Negative/unintended consequences (-ve)
<p>Access to services, adequate services currently, neither negative nor positive. Wider health and wellbeing improvement potential via the Hub.</p> <p>GP surgery is nearby with parking, offer different clinics. Additional patients can be accommodated within the GP surgery.</p> <p>Potential for services within the development such as podiatry. Derwen working towards capturing more information on residents' health and wellbeing, to have the information to know what services are required.</p> <p>Education and training - getting the local school involved, Dementia Friends training for example.</p> <p>Wifi throughout the development, could run Digital Inclusion sessions. Integrated communal Sky Q system in place all residents can access through sockets in their flats</p> <p>No issues with Emergency Services accessing the site.</p>	<p><u>Transport</u></p> <p><u>By foot</u></p> <p>Steepness of hill leading into the development and in the general area. Difficulty in getting around by foot - this will range by fitness of the individual.</p> <p>Walkability and extra benches - additional benches on the hill leading to the development would help. NCC Highways unlikely to accept responsibility to maintain additional benches/seating, covers to bus shelters also.</p> <p><i>Recommendation - to query with NCC Highways. Active Travel Act and Welsh Government Walkability Questionnaire to form part of discussion.</i></p> <p><u>Public Transport</u></p> <p>Bus stop near to the entrance of the site and two others nearby (Masefield and near to the church also). Bus travels circular route along the Gaer, one an hour that travels to Tesco on its route.</p>

	<p><i>Recommendation - to discuss with Newport Transport - including shelters to bus stops (NCC Highways).</i></p> <p><u>Parking</u></p> <p>39 apartments, 34 spaces which include visitor parking, non-allocated parking. Potential issue with visitors taking up residential parking and carers vehicles.</p> <p>Parking within the curtilage of the scheme and this is causing a hazard. Builders parking on the road and causing obstructions to Newport Transport vehicles. Addressed by Derwen with contractors during construction - a traffic management plan was put in place</p> <p>Note: This will be a <i>short term impact whilst the construction takes place.</i></p>
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Recommendations:

Recommendation - public transport aspects to be discussed with Newport Transport - including shelters to bus stops (NCC Highways).

Recommendation - to discuss walkability of the area and lack of seating etc with NCC Highways. The Active Travel Act and Welsh Government Walkability Questionnaire to form part of discussion.

7 Macro-economic, environmental and sustainability factors	
Positive/Opportunities (+ve)	Negative/unintended consequences (-ve)
<p>Slow worms found on site, decanted to local rubbish tip.</p> <p>No contamination issues on site.</p> <p>Solar roof included within design.</p>	<p>None identified</p>
<p>Recommendations:</p> <p>None identified</p>	

Suggested Recommendations

Many potential positive impacts and opportunities to improve the development and the services within it were identified. Some negative or unintended impacts were also flagged up, along with some gaps in the provision. Potentially problematic issues were raised and addressed with recommendations and mitigation discussed.

The following were the key recommendations suggested by the participants:

- Plan for and think about the provision of a smoking area prior to handover rather than when residents have moved in AND/OR address this issue with all residents once they have moved in to generate a consensus.
- Need to ensure that benches are spaced out regularly and appropriately - inaccessible areas without appropriate stopping points can create a feeling of failure for some residents²⁴
- Need some clarity on service provision re the 'grassroots' bus scheme of Monmouthshire County Council to help inform ways forward in respect of transport options
- Derwen HA to promote activities already being provided in the Gaer Community Centre. This could be facilitated through the use of a live calendar. Need to encourage residents to use all of the facilities available to them across the area.
- Need to ensure that community division is not experienced with a 'them and us' culture created. Residents and the wider community are welcome within the development. Further discussion should occur to establish how this can be facilitated without compromising the security of the residents and health and safety regulations.
- Explore giving all Derwen residents' access to the Hub, ie fobs or for a staff member to open the door. There was an acknowledgment that it's not a 'one size fits all' solution. This needs to be established prior to residents moving in for there to be greater acceptance of it.
- Derwen HA is working with Swansea University to explore how people can get involved in cycling activity - community bikes, with power. This could provide a possible funding opportunity.
- Explore further and build on the opportunities for health maximisation highlighted by the workshop participants which are contained in this report

Conclusion

Overall, it was concluded that the Gaer bungalow estate and development has the potential to be highly beneficial for the area, its local people and support some of the most vulnerable in society. It will positively deliver some services and accommodation and these can be maximised and built on. It has also highlighted some issues that could potentially be detrimental and the workshop participants provided some practical recommendations for actions to minimise these.

²⁴ Jane Mudd and Amanda Protheroe, *Cardiff School of Health Sciences, University of Wales Institute, Cardiff*). **Added Extras - the contribution of extra care housing to the health and well being of residents. Theme: Housing and Older People** . Paper presented at the 5th Warwick Healthy Housing Conference 2008

The workshop followed a systematic process and provoked a lively discussion. An evaluation of the HIA was completed (Appendix Four). This demonstrated that the HIA was of benefit to the participants and the partnerships involved.

Author

Liz Green, Principal Health Impact Assessment Development Officer, Public Health Wales/Wales HIA Support Unit

With contributions from:

Carly Dix
Nerys Edmonds
Vicky Hiscox
Denise Brennan

For more information on this HIA or HIA in general please contact:

Liz Green, Wales Health Impact Assessment Support Unit, Croesnewydd Hall, Wrexham Technology Park, WREXHAM, LL13 7YP Tel: 01978 313664 or Email: liz.green@wales.nhs.uk

www.whiasu.wales.nhs.uk

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Appendix One

Short Evidence Review of Health and Housing

Overview

Ageing population in Wales

The 'Ageing Well in Wales (2014-2019)'²⁵ report outlines that there are over 800,000 people in Wales aged 50 and over, which is more than a quarter of the population. These figures are predicted to rise to over one million people in the next twenty years.

Housing LIN Cymru's report 'Extra care housing in Wales: A state of the nation'²⁶ highlights how the older population is the group most likely to require additional support, whilst a significant number of older people live alone and are increasingly living with limiting long term illnesses, such as dementia.

Therefore, it is important to ensure that there are both adequate accommodation and support options for older people.

A report by the Welsh Government Expert Group on Housing an Ageing Population in Wales produced the report 'Our Housing AGenda: meeting the housing aspirations of older people' in January 2017. The report identifies that living in the right home is fundamental to a person's quality of life and can support all to live well. It also outlines that the current housing supply in Wales does not reflect the lifestyle choices that people want or need as they age. The report recommends an increase the availability of housing that is affordable for older people and the range of tenure options.

The report also refers to Derwen's Gaer development as an 'exciting over 55s city centre development in Newport'.

Implications of the Local Housing Allowance (LHA) Cap

Towards the end of 2015, the Chancellor of the Exchequer announced that housing benefit and housing costs within Universal Credit for social housing tenants will be capped at the relevant Local Housing Allowance (LHA) rate. More recently, it was announced that the application of the LHA will be delayed until 2019. This cap may impact on those living in supported accommodation.

The application of LHA to general needs social housing in 2019 has been labelled as the 'pensioner bedroom tax' and will impact on older people who are in receipt of full or partial housing benefit. Pensioners are currently exempt from the bedroom tax but the application of the LHA rate will impact on them, particularly if they are under-occupying and living alone, as they will only be entitled to a one bed rate.

The funding model has not yet been developed for those in supported accommodation (sheltered and extra-care) who are in receipt of full or partial housing benefit but there is a risk going forward that, if funding is squeezed,

²⁵ Ageing Well in Wales. Ageing Well in Wales 2014-2019. Available at: www.ageingwellinwales.com (last accessed 21/8/2017)

²⁶ Housing LIN Cymru. 'Extra care housing in Wales: A state of the nation report' (2015)

sheltered accommodation residents may be expected to begin covering costs, as they are already in some areas for alarms etc.

Transport, isolation and division in communities

A report by the Expert Group on Housing an Ageing Population in Wales, '*Our Housing AGEnda*'²⁷ acknowledges the importance of access to an adequate public transport system. The report has suggested a key action is to develop a set of indicators around accessible places - where people can live with greater ease and feel connected to people and services. This would include features such as 'neighbourhood walkability', 'accessibility to public spaces and buildings', 'accessibility of public transport' and 'affordability of housing'.

Different types of housing for older people and their impact on health and wellbeing

Accommodation options for older people include maintaining an owner occupation status and living in their accommodation along with housing related support, there is also the option of sheltered accommodation, extra care, residential care and nursing care.

Extra Care Housing was defined by Welsh Government in 2006²⁸ as 'living at home, not in a home; having one's own front door; having the provision of culturally sensitive services delivered within a familiar locality; flexible care delivery based on individual need - that can increase or decrease according to circumstances and the opportunity to maintain or improve independent living skills'.

In the '*Extra care housing in Wales: A state of the nation report*' it outlines that Extra Care housing can make a considerable difference to the health and wellbeing of its residents, as well as offering efficiencies in care provision, and making a positive contribution to local communities. This type of care offers a home for life as a care and support package can be tailored around the individual as their needs change.

Mental health and wellbeing - a focus

A 2017 Shelter report '*The impact of housing problems on mental health*'²⁹ explored the relationship between housing and mental health, with the aim of providing an evidence base to inform discussion around how to reduce the negative impact of housing problems on mental health. The most prevalent type of housing issue that impacted on mental health negatively was affording the rent or mortgage on their property, highlighting the effects that a lack of affordable housing can have.

The '*Our Housing AGEnda*' report outlines that poor quality and inaccessible housing can contribute towards loneliness and isolation for older people, and that housing has a role to play in tackling this and providing a foundation for people to live independent and fulfilling lives.

²⁷ Welsh Government. Expert Group on Housing an Ageing Population in Wales, '*Our Housing AGEnda*' (2017)

²⁸ Welsh Government. (2006). Guidelines for Developing Extra Care Housing in Wales

²⁹ Shelter UK '*The impact of housing problems on mental health*' (2017).

Physical activity

Physical activity programmes for older people can improve mental well-being and reduce mental illness³⁰. Regular physical activity in day to day life benefits mental wellbeing^{31 32}.

“Fitter older adults have better cognitive function, with even gentle exercise helping to reduce stress, ease depression and anxiety, and enhance mental well-being” (Age UK,undated)³³.

Social isolation/avoiding exclusion

Social isolation is a key risk factor for poor mental wellbeing and mental illness in older adults³⁴. There is evidence that loneliness and social isolation are associated with reduced cognitive function in older people³⁵ and may contribute to both causes and consequences of alcohol addiction³⁶.

A recent quantitative meta analysis found that interventions that improve social skills, enhance social support, increase opportunities for social interaction have been found to have a promising impact on loneliness³⁷. Joplin (2015) has published a recent review of “Promising approaches to reducing loneliness and isolation in later life”³⁸. This review highlights the importance of a type of approach called “structural enablers” to reducing loneliness and isolation in later life. These are reported as effective ways of creating the social activities and groups that support thriving social connections because the processes involved in developing these initiatives can in itself help to reduce loneliness. The structural enablers include:

- Neighbourhood approaches - working within the small localities with which individuals identify.
- Asset based community development (ABCD) - working with existing resources and capacities in the area to build something with the community.
- Volunteering - with volunteers working at the heart of services, wherever possible creating a ‘virtuous circle of volunteering’ whereby service users become volunteers.

³⁰ NICE (2008). Public health interventions to promote mental well-being in people aged 65 and over: systematic review of effectiveness and cost-effectiveness.

³¹ Ekkekakis, P., Hall, E.E., Van Landuyt, L.M. & Petruzzello, S. (2000). Walking in (affective) circles: Can short walks enhance affect? *Journal of Behavioral Medicine*, 23 (3), 245-275

³² Joint Commissioning Panel for Mental Health (2011) Commissioning guidance for public mental health services (updated 2013) Joint Commissioning Panel for Mental Health

³³ Age UK (undated) Healthy Ageing Evidence review, <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/Evidence%20Review%20Healthy%20Ageing.pdf?dtrk=true>

Accessed 26/05/17

³⁴ Public Health England/Institute of Health Equity (2015) Reducing social isolation across the life course: Practice resource, PHE

³⁵ Shankar, A., Hamer, H., McMunn, A., Steptoe, A. P. A. (2013) ‘Social isolation and loneliness: relationships with cognitive function during 4 years of follow-up in the English Longitudinal Study of Ageing’, *Psychosomatic Medicine* 75, pp. 161-170

³⁶ Public Health England/IHE (2015) *ibid*

³⁷ Masi C M , Chen H Y, Hawkey L C, Cacioppo J T (2011) A Meta-Analysis of Interventions to Reduce Loneliness, *Pers Soc Psychol Rev.* 2011 August ; 15(3): . doi:10.1177/1088868310377394

³⁸ Joplin K (2015) Promising approaches to reducing loneliness and isolation in later life, Age UK and Campaign to End Loneliness

- Positive ageing - approaches that start from a positive understanding of ageing and later life as a time of opportunity - including Age Friendly Cities, Dementia Friendly Communities, etc.

A systematic review found that educational and social activity group interventions that target specific groups can alleviate social isolation and loneliness among older people³⁹.

Transport/Accessibility

Older people may be inhibited from accessing services and social activities because they cannot access means of transport, for a variety of reasons and this can contribute to social isolation and loneliness⁴⁰.

Opportunities for volunteering/taking part

Cohort studies showed volunteering has favourable effects on depression, life satisfaction, wellbeing but not on physical health. Experimental studies are inconclusive. Meta-analysis of five cohort studies found volunteers to be at lower risk of mortality⁴¹. A systematic review⁴² of studies found that under certain circumstances, volunteering has a positive effect on volunteers' health. It can impact on their:

- longevity
- ability to carry out activities associated with daily living
- ability to cope with their own ill-health
- adoption of healthy lifestyles and practices
- family relationships
- quality of life
- social support and interaction
- self-esteem and sense of purpose
- view of their own health.

The review has also shown that volunteering reduces the incidence of:

- depression
- stress
- hospitalisation
- pain
- psychological distress.

The review also found that older volunteers appear to derive greater health benefit than younger volunteers

Improved quality of built environment, housing and neighbourhood design

³⁹ Cattan M, White M., Bond, J. and Learmouth A. (2005). Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions. *Ageing and Society*, 25(1), 41-67. doi:10.1017/S0144686X04002594

⁴⁰ Public Health England/IHE (2015) *ibid*

⁴¹ Jenkinson C E et al (2015). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers, *BMC Public Health*201313:773

<http://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-13-773> Accessed 26/05/17

⁴² Casiday R et al (2008) *Volunteering and Health: What Impact Does It Really Have?*, University of Wales, Lampeter

The Caerphilly study has identified that hillier topography with higher slope variability was associated with increased risks of psychological distress in older men⁴³.

Studies have found that housing quality is related to positive mood in older people, however, this relationship was mediated by attachment to place⁴⁴. This suggests that having a sense of belonging and identity related to where you live may be a crucial factor in the impact of housing on the mental wellbeing of older adults. There is a wide range of evidence on how the quality of housing and neighborhoods impacts on the mental wellbeing of older people^{45,46}. Particular housing factors include housing quality, warmth, and security. Neighbourhood factors include feeling safe, accessible resources and activities to reduce social isolation.

Compiled by:

Carly Dix, Nerys Edmonds and Liz Green

⁴³ Sarkar C, Gallacher J, Webster C (2013) Urban built environment configuration and psychological distress in older men: Results from the Caerphilly study BMC Public Health 2013;13:695 DOI: 10.1186/1471-2458-13-695 <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-695> Accessed 26/05/17

⁴⁴ Evans G W, Kantrowitz E, Eshelman P (2002) Housing Quality and Psychological Well-Being Among the Elderly Population, J Gerontol B Psychol Sci Soc Sci (2002) 57 (4): P381-P383 <https://doi.org/10.1093/geronb/57.4.P381> <https://academic.oup.com/psychsocgerontology/article-lookup/doi/10.1093/geronb/57.4.P381> Accessed 26/05/17

⁴⁵ Age UK (undated) Improving later life: Vulnerability and resilience in older people. Age UK https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Improving_Later_Life_4-Vulnerability.pdf Accessed 26/05/17

⁴⁶ Housing LIN (2012) Briefing paper 2: Health, Wellbeing, and the Older People Housing Agenda https://www.housinglin.org.uk/_assets/Resources/Housing/SHOP/HLIN_SHOPBriefing2_HWBv4.pdf Accessed 26/05/17

Appendix Two



Health Impact Assessment Workshop for the Gaer bungalow estate and new Derwen development - Programme

Tuesday 7 March 2017

Gaer community centre, 57 Gaer Rd, Newport NP203GY

9:30	Registration (Tea/ Coffee available)
10.00	Introductions – Denise Brennan, Head of Active Ageing, Derwen
10.10	An outline of the new development – Denise Brennan
10.20	Outline of Health Impact Assessment and the morning – Liz Green, Principal Health Impact Assessment Development Officer, Public Health Wales
10.30	Introduction to Appraisal Tool – Liz Green
10:35	Screening session – using appraisal tool to identify key health impacts of the proposal
11:30	Tea/ Coffee break
11:45	Screening session – continued
12.15	Feedback or recommendations – Liz Green
1.00	Finish, evaluation and lunch

Appendix Three

Vulnerable/Disadvantaged Groups Checklist

(Please note that this list is a guide and is not exhaustive)

The target groups identified as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and it may be appropriate to focus on groups that have multiple disadvantages.

Age related groups*

- Children and young people
- Older people

Income related groups

- People on low income
- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health

Groups who suffer discrimination or other social disadvantage

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups**
- Religious groups**

Geographical groups

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

The impact on the general adult population should also be assessed. In addition, it may be appropriate to assess the impact separately on men and women.

* Could specify age range or target different age groups for special consideration.

** May need to specify

Health and Well-Being Determinants Checklist

1. Lifestyles	<ul style="list-style-type: none"> • Diet • Physical activity • Use of alcohol, cigarettes, non-prescribed drugs • Sexual activity • Other risk-taking activity
2. Social and community influences on health	<ul style="list-style-type: none"> • Family organisation and roles • Citizen power and influence • Social support and social networks • Neighbourliness • Sense of belonging • Local pride • Divisions in community • Social isolation • Peer pressure • Community identity • Cultural and spiritual ethos • Racism • Other social exclusion
3. Living/ environmental conditions affecting health	<ul style="list-style-type: none"> • Built environment • Neighbourhood design • Housing • Indoor environment • Noise • Air and water quality • Attractiveness of area • Green space • Community safety • Smell/odour • Waste disposal • Road hazards • Injury hazards • Quality and safety of play areas
4. Economic conditions affecting health	<ul style="list-style-type: none"> • Unemployment • Income • Economic inactivity • Type of employment • Workplace conditions
5. Access and quality of services	<ul style="list-style-type: none"> • Medical services • Other caring services • Careers advice • Shops and commercial services • Public amenities • Transport including parking • Education and training • Information technology
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none"> • Government policies • Gross Domestic Product • Economic development • Biological diversity • Climate



**Rapid Health Impact Assessment (HIA) workshop -
Gaer Bungalow Development**

**Evaluation and Feedback comments
7th March 2017**

1. What did you learn during the workshop?

1. Hear about residents perspective and management considerations on existing schemes
2. Learnt about the scheme and Derwen's approach and about health impact assessment
3. Design of the building
4. How many flats will be built and the positive and possible negative outcomes from the build
5. How everyone had a valid point of view and the huge range of experiences and knowledge in the room
6. -
7. More detail on the scheme itself, what is to be included and excluded. The key concerns of local residents (transport, accessibility key). Positive to note the thought that has already been put into to ensure that this is a successful scheme.
8. How much planning and consideration goes into the decision making
9. Possible impact on area
10. Never done one before so all very informative

2. What do you feel were the positive outcomes resulting from this workshop?

1. Highlighted some areas for future investigation with LA on transport issues e.g. bus stops/frequency etc
2. A good opportunity to meet other stakeholders and listen to others point of view
3. Potential for future partnership working
4. Chance to raise ideas of how to use the community hub
5. Lots of recommendations to consider
6. It was fantastic to consider everyone's input
7. Ability to discuss issues and capture a range of views. Ability to capture issues that were not previously thought about. To hear people's views, especially current Gaer residents
8. Airing concerns and having these addressed. Group discussion - listening to others point of view
9. Positive feedback by some residents
10. Ensuring working together, limiting duplication, ensuring all wider issues are considered

3. What do you think worked and what didn't?

1. I think it was really productive - everyone was respectful of views raised within the group
2. The brief at the start worked well - summary worked well
3. Representatives from varied stakeholders
4. All worked well
5. Once discussions started it flowed well. Noise from accompanying room sometimes a distraction
6. It was quite long, older residents, poor venue, cold and noisy
7. Felt the room was a bit small. Would have been an option in a bigger room to enable smaller break out groups (if room available). Also some people more likely to exchange views in smaller group of around 4 or 5
8. Felt all aspects of workshop worked well however having the venue take place next door to toddler group I found very distracting due to the noise
9. Need to improve transport
10. All worked well good pace

4. What were your expectations prior to the session? Did the session meet them? (Please rate them 1-10 where 1 = not at all, 10=very much met them).

1. 9
2. -
3. 8/10
4. 10
5. Expectations 7. Session 10. Really enjoyed it
6. 5
7. 10 - did meet them
8. The workshop exceeded my expectations - Prior 5, finished on a 9/10
9. 7
10. No prior expectations, all very good. V informative enabled everyone to have their say

5. Any other comments you wish to make?

1. Beneficial
2. No
3. -
4. Very engaging
5. -
6. Thank you
7. Useful sharing of contextual and background info. Would have been helpful to have a public transport rep at the session (given that this was a key concern for residents)
8. Have workshops take place at a quieter time rather than when children/toddler groups are being held. Facilitators very good
9. -

10. -