

# Tweedbank Care Village Community Voices

A report to Scottish Borders Council and  
the Health and Social Care Partnership  
from an engagement exercise in  
Tweedbank and Galashiels

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## Acknowledgements

Thank you to 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 for your guidance and help with organising the engagement exercise.

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# Executive Summary

## Background

**Scottish Borders Council (SBC) and the Health and Social Care Partnership (SSCP) are progressing the development of a future care village in Tweedbank.** As part of this exercise there is a desire for ongoing engagement with the community and key stakeholders on the design proposals to garner views and learning which will be used to inform the next stages of development. During this work we were mindful of views from a range of equality groups and there is a section in the report highlighting key issues raised.

**NDTi talked with 104 people through this engagement** during October and November 2022. These included 36 people at two Locality Drop-ins in Tweedbank and Galashiels, and 47 people attending face to face and online sessions with local groups and primary health practitioners. A number of people who attended the Drop-ins were older people who had views on their future preferences, or family members caring for relatives. We also spoke with 10 family members of residents from Waverley Care Home, Galashiels and Garden View Short Stay Assessment Unit, Tweedbank and 11 members of staff from Waverley Care Home who were able to highlight a range of issues facing older people from their personal and professional experience.

In addition we heard views from the Borders Older People's Partnership (BOPP) and the Dementia Working Group and discussed the implications from a LGBTQ+ perspective. Discussions were also held with staff from a large local employer to seek input from people from Eastern Europe whose first language was not English and with organisations who supported people with a learning disability.

We structured our conversations around three key questions, although we customised these for the different engagement sessions:

- **What do you think about the current plans for Tweedbank Care Village** (including its design and the services to be provided)?
- **What community facilities in the Social Hub would you use** (e.g. café, gym, village hall)? And how would these link to Tweedbank as a local community?
- **How could you contribute to Tweedbank Care Village?** (Primary Care Practitioners - through health care. Residents and families – through running activities in the Residents and Social Hubs, volunteering, involvement in the garden etc.)

## Findings

The engagement showed that the concept of a **care village in Tweedbank is broadly welcomed and expected to provide more choice, independence and community involvement for residents than the current provision is able to offer.**

People were **positive about many aspects of the design** of the care village including:

- good sized, ensuite bedrooms
- interconnecting rooms to accommodate couples
- facilities for staff
- the garden which residents can use and help plan and maintain.

There were **some concerns and suggestions for improving:**

- the availability and location of car parking and cycle shelters
- more space for wheelchairs and mobility scooters to move around and park and safer access to and in the garden.

Views about the **wider development** that the care village will be part of included:

- suggestions for **sheltered/supported housing on** the wider site
- **improving access** through bus routes and cycle paths
- being mindful about the impact of the village on the **green environment.**

Comments about the **services to be provided** in the care village emphasised:

- the importance of the **quality** of care and **adequate staffing**
- the need for **respite, short-term care and day care** and for **consulting rooms**
- the benefits of using **SMART technology.**

The discussion with primary care practitioners raised the key issue of **GP cover and impact on GPs' workload.** GPs were keen to continue discussing these and other issues with SBC.

People agreed it is important that the design of the care village be **dementia-friendly** and the Model of Care must meet the needs of people with dementia. It was noted that there was already much consideration of this in the plans being discussed but there were a few further practical suggestions to achieve this from the use of circular paths and corridors to personalised care plans to ensure residents can use and benefit from activities in the Residents and Social Hubs with support.

People we engaged with agreed with the importance of plans for the care village having **accessibility and equality considerations** at the heart of the design and running of the provision so that all residents feel welcome. This includes making activities and facilities in the care village accessible to disabled people in the community as well as to residents. The two key issues raised from a LGBTQ+

perspective were the design and layout of bathrooms and staff training. Eastern European employees from the Galashiels area were very positive about the development of a care village and also supportive of it being in Tweedbank. There are clearly opportunities for local social enterprises supporting people with a learning disability to get involved.

It is very important that **the care village is part of the local community**. The Social Hub activities should be for residents of the care village and open to local people. Older people with dementia and/or physical disabilities being cared for at home should be able to use facilities at the care village and participate in activities in the Residents and Social Hubs.

People wanted to use facilities such as the **café and hairdressers and** suggested a range of intergenerational **cultural and sporting activities** at the Social Hub. The care village should work with **Tweedbank community centre** to coordinate – not duplicate - activities.

Local people and organisations were **keen to get involved in the care village** as part of 'their community' whether as volunteers or community enterprises running facilities or activities. This needs early discussions with groups that might be interested in being involved and forward planning to put in place adequate support and co-ordination for volunteers.

## Recommendations

We recommend that Scottish Borders Council (SBC) should

1. **Consider the comments on the design of and services in the Tweedbank Care Village** as it continues to develop detailed plans
2. **Continue to meet with GPs and other primary care practitioners** to discuss and agree on a realistic level of input and how this can be achieved
3. **Facilitate ongoing engagement with residents, families and staff from Waverley Care Home and Garden View** as plans for the care village develop
4. **Consider establishing an 'Activities and External Liaison Sub Group'** to draw up plans for resourcing, managing and staffing the Residents Hub and Social Hub
5. **Initiate discussions with independent housing providers** about the feasibility of encouraging ExtraCare/sheltered accommodation on the wider development site
6. **Ensure that staff are provided with equalities training** to ensure that the care village will meet all individuals' needs and circumstances.



# 1. Introduction

## Background

Scottish Borders Council (SBC) and the Health and Social Care Partnership (HSCP) is progressing the development of a future care village in Tweedbank. As part of this exercise there is a desire for ongoing engagement with the community and key stakeholders on the design proposals, in order to garner views and learning which will be used to inform the next stages of development.

The objectives of this engagement exercise were to:

- Capture and share local and wider community views on the proposed development of the care village, including the design and the types of services that are proposed or could be needed/provided, including for residents with protected characteristics and from minority groups
- Capture and share key stakeholder views on the development, the proposed plan and design and the services that are or could be needed/provided
- Generate an opportunity to develop local 'ownership' of the care village, its role and opportunities it may create in the wider Tweedbank community
- Gather information on how the community and wider stakeholders can be actively involved and contribute to the activities in the care village
- Embed community and stakeholder recognition of the development as a care village for a range of needs e.g. assessment beds, respite, dementia, frailty etc.
- Gather views about how the planned facilities in the care village can be best used by the public, including those in the Social Hub (café, shop, village hall)

During this work we were mindful to engage with and listen to the views from a range of **equality groups**, specifically those from Eastern Europe and LGBTQ+ communities and this has informed the section on Accessibility and Equalities in the report. We also reached out to the local business community through the Chamber of Commerce but were unable to facilitate feedback on the development.

## Purpose of engagement

NDTi was commissioned to undertake an independent engagement exercise on behalf of Scottish Borders Council (SBC). The focus was on **engaging with stakeholders within the community in relation to the development of the Care Village in Tweedbank and focused on gathering views in Tweedbank, Galashiels and the surrounding area**. The engagement work and feedback have informed this “Community Voices” report which will help inform the future development and design of Tweedbank Care Village and the provision of care and wider services for and with the local community.

We aimed to hear the views of key stakeholders including;

- Community groups, equalities groups and individuals to understand & capture the needs and wants of those currently residing in and around Central Borders and specifically in Tweedbank
- Primary care providers (GPs) in the area
- Residents, families and staff from Waverley Care Home and Garden View Intermediate Care Home

## Plans for the Tweedbank Care Village

Tweedbank Care Village has been designed to accommodate 60 residents in three two-storey, specially designed buildings. Each of the buildings are grouped into four clusters of houses, each with their own front door. Each resident has their own private bedroom with ensuite facilities and there is a kitchen, lounge and separate family room shared with the five residents in the house. There is a recognition that the care village needs to cater for a range of needs including rooms for residents requiring short term intermediate care. In addition, there will need to be a number of respite care places to provide support to unpaid carers, as well as long stay residential rooms to be designated for older people with a general range of disabilities, and long stay enhanced dementia care rooms. The exact numbers are still to be determined as the care village develops and the use of the rooms will be flexible to suit requirements at any given time. Some rooms have interconnecting doors so that they can accommodate couples to enable them to remain together when in need of 24 hour support and this was welcomed by all groups we spoke to.

The plans for the care village also include a Residents Hub (with a craft room, gym, hairdressers and music room), a Social Hub (with a café, village shop and village hall) for use of residents, visitors and the wider community. These activities are suggestions and again we were keen to gather views on these and any other ideas about use of the flexible spaces. There is a guest room for visitors to stay overnight and showers and facilities for staff. There are enclosed gardens and car parking spaces on the site.



For the purposes of the engagement exercise, we used the most up-to-date set of detailed plans for the care village. These were fairly well developed although some details continued to be modified as comments were made to inform the plans and the development process.



## 2. Engagement

### Who we engaged, how, where and when

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

#### Locality Drop ins

- Session 1 on 24 October 2022 between 10 am and 2 pm at Tweedbank Community Centre (20 people)
- Session 2 on 27 October 2022 between 10 am and 2 pm at Café Recharge, Galashiels (16 people)
- A number of people attending the Drop ins had a personal interest either as a family carer or older person themselves with specific interests in dementia and disabilities.

#### Waverley Care Home

- Family members from Waverley Care Home and Garden View (10 people); staff from Waverley Care Home (11 people) – 15/16 November 2022
- There was an opportunity for any residents also to view the plans and give their views but we were advised that no residents with capacity wished to get involved at this stage. To encourage residents to comment on plans as they develop, and to allow for turnover of residents and staff, we suggest ongoing engagement with residents, families and staff from Waverley Care Home and Garden View

#### Other discussions with key groups in Tweedbank

- Dementia Working Group, Old Gala House – 25 October 2022 (8 people)
- Online discussion with Primary Care practitioners – 1 November 2022 (6 people)
- Online meeting of Eildon Hub - 1 November 2022 (15 people)
- Online meeting of Eildon Area Committee - 17 November 2022 (6 people)
- Online meeting of Borders Older People's Partnership (BOPP) – 20 January 2023 (6 people)

We also contacted representatives from several other stakeholder groups to try and arrange engagement sessions. As this was not possible, we extended the engagement into January 2023 to send them information about the care village and asked them to send us any comments from group members by email. This enabled us to seek and include comments from a LGBTQ+ community representative and learning disability providers. We met some people at the Drop-ins who were interested in equality issues and spoke to two organisations providing training and employment opportunities for people with learning disabilities in the local area. In total, **we spoke with 104 people** about the Tweedbank Care Village.

## Questions for our conversations

We structured our conversations around three key questions, although we customised these for the different engagement sessions:

- **What do you think about the current plans for Tweedbank Care Village** (including its design and the services to be provided)?
- **What community facilities in the Social Hub would you use** (e.g. café, gym, village hall)? And how would these link to Tweedbank as a local community?
- **How could you contribute to Tweedbank Care Village?** (Primary Care Practitioners - through health care. Residents and families – through running activities in the Residents Hub and Social Hub (e.g., volunteering, involvement in the garden etc.)



## 3. Our findings – What people said

### Views about the current plans for Tweedbank Care Village

#### Design of the building and gardens

People at the Drop-ins and the groups we spoke to were generally positive about the idea of a new care village in Tweedbank and the detailed plans for its proposed design. There was a recognition that the concept and design offered more opportunities for residents to be as independent as they could be and welcomed the range of proposed activities. As one person put it:

***“It values older people as part of community”***

*(Galashiels Drop-in)*

Some aspects of **the building design**, such as the ensuite facilities and the interconnecting rooms, which make it possible to accommodate couples, were positively received. Care staff from Waverley Care Home and other health and care staff who we spoke with at the Drop-ins and online meetings welcomed the design of the staff facilities including male and female shower facilities and restroom area. The provision of a Residents Hub with a gym was felt to be very positive to help with keeping people as active as possible and maintain or recover key skills. The design of the Social Hub was also appreciated with its multifunctional space available for use by the community including a café/ bar area.

**The gardens** around the buildings were welcomed but there were concerns about whether there was sufficient space for car parking or enough covered walkways or sheltered spaces outside. There also felt the design could be more bespoke for people with dementia such as including circular corridors and walkways, so people were less likely to get lost or confused.








Comments on the **design of the care village** can be summarised as:

Positive comments about key features of the plans:

- ✓ Ensuite bathrooms
- ✓ Interconnecting rooms to accommodate couples

- ✓ Good size bed rooms to assist with moving and handling equipment
- ✓ Staff facilities including showers and a restroom
- ✓ Provision of a gym/ activity rooms for residents to promote activities for wellbeing and prevent functional decline
- ✓ Garden which residents can use and help plan/maintain – with ideas for a sensory garden, accessible seating and paths, vegetable growing beds etc.

With concerns /suggestions about:

-  More car parking and cycle shelters - nearer to reception
-  Electric charging points
-  More space for wheelchairs and mobility scooters to move around and park
-  The site is on a gradient but need to avoid steps
-  Need for sheltered outdoor areas and non-slippery covered walkways
-  Make design-friendly for people with dementia (e.g. circular paths/corridors)
-  Increase size of toilets near the lounge/kitchen area – so anyone needing an accessible toilet don't have to go back to their own room

## Capacity and scope of accommodation

A significant number of **people were concerned about the total 60 bedded capacity** given the predicted increase in the numbers of older people, including people with dementia in the local area and Borders as a whole.

Some people told us that they had thought that a care village would also have additional housing provision including sheltered or supported accommodation for older people who may not have 24 hour needs but require some lower level support. They pointed out that some sheltered housing in the area would enable people to maintain their independence while being able to use the dining and social facilities at the care village. This would help people to settle in the area and may help with the transition to 24 hour care if needed in the future.

## Access, location and environment

Some views on the design of the care village were about **access for staff and visitors**. These were often connected to the **location of the care village**, which also raised issues about the **larger development site** it is part of and its **impact on the local environment**. It was noted that significant infrastructure was needed to ensure that the care village was clearly a part of the existing Tweedbank community.

These suggestions/ issues can be summarised as follows:

- Points raised about the **distance of the care village from Tweedbank village and train station** – suggestions for bus route/cycle path from station
- Consideration of options for **subsidised transport for staff** and/or **provision of transport for** on early/late shifts if not already available
- Suggestions for making best use of new **energy saving devices** in the build and running of the facility
- Concerns about the **environmental impact of the care village** and larger development site on surrounding green space. There was a query about whether an environmental impact assessment has been undertaken
- Suggestions for future investigation into **potential for sheltered/supported housing** nearby the care village and links with the care village on the surrounding development site

## Views about services for the care and wellbeing of residents

### Care and support services

People attending the Drop-ins were keen to share their views and ideas about the care, support and services to be provided at the care village, as they saw these as needing to be at the heart of the new provision. As one person at a Drop-in said:

**“It’s the quality of care that is most important”**  
(Tweedbank Drop-in)

Many families and carers of older people were able to describe the good quality of care currently provided in Waverley and Garden View and commented that this needed to be replicated in the new facility. Often they felt it was restrictions on the current building that had an impact on the care and support that could be provide e.g. current bedroom sizes. Some people were able to give their views as current or previous unpaid carers of older people who needed care and some

older people articulated the services they would want should they move into residential care in the future.

We also heard the views of primary care health professionals and staff from Waverley about the care services to be provided, including their potential role in the care village.

Many people – professionals and members of the community – spoke of the specific **service and support needs of people with dementia**. We also heard from members of the Dementia Working Group about what would be good practice in this regard including the importance of circular corridors and circular paths to enable people with dementia to walk unassisted without getting disorientated. They also emphasised adopting best practice in developing the interior design.

**General views about the care services** to be provided in the care village included:

- Importance of the **quality** of care and promoting independence
- The care village must be **adequately staffed-with good training and support. This will require additional staffing due to the increase in the number of places**
- Need a **range of care options** – as well as long term provision, consideration needs to be given to respite, short-term care and day care
- Support the use of **consulting rooms** for an optician, dentist, GPs, nurse etc.
- Would like to see **OT and physiotherapy capacity** available on site to assist reablement and rehabilitation
- Suggest use of building in **SMART technology** in the design and use of video equipment to help with support and health care

## Activities and facilities for wellbeing

Several people – notably at the Drop-ins and the families of residents at Waverley Care Home stressed that the service provided should not just be about care but should focus on **wellbeing and quality of life**. There was support for a hairdressers in the Residents' Hub and a gym with activities such as gentle keep fit, which could possibly be opened up to the public. A nail bar was also suggested as well as visiting chiropody. Generally, people wanted to see a range of activities for residents and pointed out that these needed to meet people's differing interest and capabilities.

**“[Residents need] activities for body and mind. E.g. keep fit”**  
(Waverley resident's family)

## Involvement of Primary Care Practitioners

The discussion with primary care practitioners raised a number of specific issues related to the care to be provided and the cover that local GPs and health centres could realistically provide. These included:

- In discussion with local GP's they raised the issue of **GP cover and the potential impact on GPs' workload**. Their support and input are regulated by existing GP contracts and existing funding streams
- More detail is required on **the proposed mix of residents** using the care village e.g. numbers of people with dementia, long term conditions, step/stepdown, intermediate care etc. This is needed for organising Advanced Nurse Practitioner (ANP) cover and other Allied Health Professionals' (AHP)
- There is an opportunity in that the new **nurse-led care home visiting service** may be able to support the GPs in providing health services to residents in the care village
- A query was raised whether the **broader Tweedbank community** could access primary care services in the care village
- **IT links and use of SMART technology** need to be built into the design of the care village - use of new technology could assist GPs and health staff in more regular monitoring of the health conditions of residents in the facility without necessarily having to visit the village

The GPs and other primary care practitioners/NHS staff were pleased to have been involved in an early discussion and agreed that they wanted to continue the conversation with SBC about the care village and the part they could play in this. Staff at SBC have agreed to enable this alongside the Model of Care Sub-group working on developing plans for the care village.

## Meeting the needs of people with dementia

The engagement exercise raised specific issues about the **care and quality of life for people with dementia** in the village.

Suggestions to ensure that the care village will meet the needs of people with dementia included **modifications to the building and garden design** as noted above. For example, there are a lot of dead ends in the plans for the residential block. Replacing these with circular corridors inside and circular paths outside would mean people are less likely to get lost and/or confused. Other modifications, e.g. avoiding steps outside and making sure covered walkways are non-slippery, are relevant to people with dementia and other residents, especially those with physical and/or sensory disabilities.



The Dementia Working Group and others raised how the Model of Care that is envisaged will meet the needs of people with dementia. Concerns and/or questions focused on:

- Careful thought will be needed to integrate short term **step up/ step down places** into the development, respecting that for many people it will be their home
- **Nursing support** will be required for some people - access to this will be important to maintain people with complex needs in the care village for as long as possible
- There needs to be **adequate skilled staffing** to care for and engage people with dementia. Use of volunteers can be helpful but should not be relied upon to run activities in the home without appropriate staff support and training
- **Need to consider the specific internal design of the building to for people with dementia** – it is important so consider the use of colour for people with dementia and use best practice design principles
- **Personalisation is important** and need to ensure people can bring in familiar personal belongings into the care village
- There must be individual, personalised **care plans** to ensure residents can use or benefit from the kitchen areas and activities in the Residents and Social Hubs with support

Lastly, there were views that the care village will be housing only a very small proportion of the general population of people living with dementia. Several people, including a number of family carers, made the point that the high capital costs of the care village should not take resources away from support for **people with dementia living in the community**. Additionally, the facilities at the care village should be open for access by people with dementia living in the community. This will need a range of different activities (e.g. art, music groups) and support for people to be able to enjoy and feel comfortable when using them.

## Accessibility and Equalities

People we engaged with agreed that plans for the care village need to have accessibility and equality considerations at the heart of the design and running of the provision. This will enable **all residents to feel welcome** and that their needs are met in the care village.

People felt that the plans were well thought out in terms of physical access and design of accessible bathrooms. There was a query whether the **disabled bathroom in the Social Hub** could be adapted to provide an accessible adult

changing area for people using a broad range of activities as there is a lack of such provision in the area.

The **importance of faith** and residents being able to continue to worship was raised and it was noted that religious services could be run in the village hall area and private spaces were available in all of the houses. There should also be consideration of how residents could continue to attend their local church or other place of worship as this is an important spiritual and social need.

When discussing the care village with members of staff from a local employer who lived in the Galashiels area they were very positive about the concept and felt that Tweedbank was a good area for this to be built. Whilst we did not have any further comments on the Tweedbank Care Home from specific local **minority ethnic groups**, we know from previous engagement activity that staff training is important to ensure that the provision meets all residents' needs and circumstances. Staff should find out what matters to each individual so that the care village can respond to these. More generally, needs are likely to include making sure translation services are available and providing for specific dietary requirements when the new service is up and running.

Comments on the plans to ensure they are appropriate for **people with dementia** in relation to their safety and wellbeing have been discussed earlier in the report.

Many of the comments about the care village discussed earlier in this report are relevant to **disabled people** as much of the design is aimed at meeting the needs of these residents (e.g. size of corridors, bedrooms and bathrooms for people using wheelchairs and for lifting equipment, ramps and safe pathways, sensory garden etc.). In addition, the importance of making activities and facilities in the care village accessible to disabled people in the community was highlighted.

We discussed some of the key issues to consider from a **LGBTQ+ community perspective** with a person with personal experience of the issue and advisor on this topic. The two key issues raised from this perspective were the design and layout of bathrooms and staff training, detailed below. From a LGBTQ+ perspective the **layout and design** of any communal bathrooms and shower areas needs to be carefully considered as part of the planning and design process. To accommodate gender fluidity the advice is to have gender neutral bathrooms in communal spaces wherever possible, including staff changing areas in the Social Hub, but with private spaces available within any communal areas.

In terms of **staff training**, staff need always to consider a resident's gender and whether a resident is gay, lesbian or has transitioned. This is particularly important for people with dementia who may have come out later in life or have lived their life as a gay person but may forget this due to their condition and may need to support to manage this. There are specific training tools and videos for

staff in LGBTQ+ awareness, focusing on older people, which would be useful in the future.

## Ideas for linking the care village with the local community

### How local people would like to use the Social Hub

The Tweedbank care village has been designed to have links with the local people so that the care village can feel part of the Tweedbank community.

**“Closer links with community will have benefits for residents [of the care village]”** (Waverley staff)

To find out what local people thought about this we asked them about which of the proposed community facilities in the Social Hub they would use (e.g. café, village shop, village hall) and whether there were other activities that would appeal to them. We also discussed how these features of the care village could help link it to Tweedbank as a local community.

Key points that were made at the Drop-ins and some of the meetings were:

- Social Hub activities should be for **residents of the care village and open to the local community**
- Older people in Tweedbank (and Galashiels) should be able to use facilities at the care village with activities in the Residents and Social Hubs **open to older people being cared for at home with dementia and/or physical disabilities**
- People **liked the idea of a café in the care village** which they could use when visiting relatives and friends in the village and/or as a local community cafe
- Popular activities for the Social Hub included **Yoga, Bingo, Community cinema, Dance, Craft lessons, and Meditation**
- Suggestions that the **Physiotherapy and the Hairdressers** (possibly including a nail bar), currently planned for residents, **could be opened up to the local community**
- The importance of **intergenerational activities** – in the Social Hub and gardens - and activities for children from the local community

**“More for bairns in the Social Hub!”** (Galashiels Drop-in)

## Enhancing community activities across Tweedbank

People felt that this wide and inclusive use of the Social Hub would help the care village feel like part of the local community. There was a view that there will need to be some specific guidelines for use of the Social Hub, for example, that it should focus on activities that benefit those living in the area and in the residential care community.

A specific role for the Social Hub could also mitigate some people's concerns that the Social Hub could end up being in competition with **Tweedbank Community Centre**. To prevent this and any duplication of activities there was a strong feeling that:

**“[The care village] needs to link to and work with the existing Tweedbank community centre”** (Tweedbank Drop-in)

Attendees at one meeting suggested that there could be a joint committee for the Social Hub and Community Centre. This and other ideas for local community involvement in the care village are discussed in the next section.

## How can the community get involved?

Local people and organisations were keen to get involved in the care village as part of 'their community'. There are a number of different types of involvement that could be considered ranging from individual volunteering to community businesses/CICs running facilities or activities in the Residents and Social Hubs.

### Volunteering

Suggestions about volunteering came from voluntary organisations and community groups as well as from individuals at the Drop-ins.

Recruiting volunteers to assist with **running groups and activities for residents** can mean being able to provide stimulating activities that are customised to residents' interests (e.g. art, singing) through using skills from the local community.

The use of **volunteers in the garden** was mentioned quite frequently with views that:

**“Gardening activities could be positive for some residents, supported by the community and volunteers”**  
(Family of Waverley/Garden View residents)

**Intergenerational volunteering** was also popular with people who suggested developing links with the local primary school, which would be mutually beneficial for the residents and the children.

Community involvement could also include training and work experience opportunities for **young people with learning disabilities**. The Working Together social enterprise, based in Tweedbank has experience of supporting young people to develop skills in baking, gardening, woodwork and catering.

Several voluntary and community organisations stressed that for volunteering to work well, the **volunteers will need to be supported and co-ordinated**. The sort of support required will include training and opportunities for development, supervision and/or mentoring, and assistance with travel and other costs. A **dedicated member of paid staff** to play this role is likely to be required.

Coordination of volunteers is vital to ensure that support to residents is well organised for **continuity and reliability**. It is not acceptable for residents to be let down when they have been promised and are looking forward to an activity.

When supporting vulnerable people, as many of the residents will be, they should be **working alongside and enhancing the roles of paid staff** rather than substituting for them. It has already been raised that volunteers working with people with dementia should be supported by trained staff and this will be the same for other vulnerable people with high levels of need.

## Running facilities and activities

Scottish Borders Council intends that care village **facilities such as the café, shop and hairdressers** should be run by local organisations or businesses and the preference is for these to be community enterprises such as Community Interest Companies (CICs).

We spoke to one CIC (Café Recharge in Galashiels), where we were holding one of the Drop-ins and were made aware of the considerable time needed for identifying possible organisations to run these types of facilities, and then discussing the specification for what is required and the finance available for commissioning.

We also spoke with a member of staff and trainee from the Working Together social enterprise based in Tweedbank that provides **training and work experience for people with learning disabilities**. The organisation felt that it could potentially contribute to care village activities, particularly in catering and gardening (building on their current making of planters) and would welcome further involvement to pursue this.

The care village will also be looking to external organisations or individuals to run **specific activities for care village residents and people from the local community**, such as keep fit classes, art and craft sessions, singing/music, vegetable gardening etc. in the Residents and Social Hubs. These may involve paid staff (e.g. as self-employed individuals, staff from the organisations) and/or

volunteers. Eildon Hub meeting and other engagement sessions were very helpful in suggesting organisations that it would be worth working to deliver a range of activities and/or volunteering opportunities. These include:

- Alzheimer's Scotland - to provide activities for people in the community who have dementia/ respite provision for carers
- Volunteer Centre Borders
- Perfect Harmony (concerts)
- Working Together – training and work experience in catering and gardening for people with learning disabilities)
- Local schools/ nurseries
- Galashiels Heartland (for marketing /promotion)
- Abundant Borders
- SBC Local Area Co-ordinator – working with people with learning disabilities
- Men's Shed - may be able to assist with gardening raised beds

People we talked to stressed that it will be important to engage with these organisations well before the care village opens to discuss opportunities for their involvement.



## 4. Conclusions and recommendations

### Conclusions

The engagement through local Drop-ins in Tweedbank and Galashiels, and meetings with stakeholder groups and organisations, showed that the concept of a **care village in Tweedbank is broadly welcomed and expected to provide more choice, independence and community involvement for residents than the current provision is able to offer.**

People we spoke with were **positive about many aspects of the design** of the care village including the good sized bedrooms with ensuite facilities, interconnecting rooms to accommodate couples, facilities for staff, and **the garden** which residents can use and help plan and maintain.

There were **some concerns** about the availability and location of car parking, with suggestions that this – as well as cycle shelters – should be nearer to the reception entrance. People said that there should be more space for wheelchairs and mobility scooters to move around and park and that safe access to the garden could be improved through avoiding steps and using non-slippery covered walkways.

A lot of people were surprised that the care village was being built for 24-hour residential care and did not include any **sheltered or supported accommodation**. They suggested that sheltered/supported housing could be part of the wider site development in the future.

Other comments about the wider site included **improving access** through bus routes and cycle paths and being mindful about the impact of the village on the **green environment**.

General views about the services to be provided in the care village emphasised the importance of the **quality** of care and **adequate staffing**. People felt strongly that the village should offer **a range of support needs including respite, short-term care and day care**, have **consulting rooms** that a range of health professionals could use and embrace the use of **SMART technology**.

The discussion with primary care practitioners raised the key issue of **GP cover and impact on GPs' workload**. GPs were keen to continue discussing these and other issues with SBC.

For residents and the local community, plans for the care village need to have **accessibility and equalities considerations** at the heart of the design and running of the care village.

From an equalities perspective the Dementia Working Group and others we engaged with raised stressed how the design of the care village should be **dementia-friendly** and the Model of Care meet the needs of people with dementia. Practical suggestions to achieve this ranged from the use of circular paths and corridors to personalised care plans to ensure residents can use and benefit from activities in the Residents and Social Hubs with support.

From a **LGBTQ+ perspective**, careful consideration needs to be given to gender neutral bathrooms for residents and staff. In addition, staff training is vital to provide personalised care for LGBTQ+ people and those from minority ethnic backgrounds and religions

People we engaged with felt it was very important that **the care village should be part of the local community**. The Social Hub activities should be for residents of the care village and for local people. Specifically, older people in Tweedbank (and Galashiels) should be able to use facilities at the care village with activities in the Residents and Social Hubs open to older people being cared for at home with dementia and/or physical disabilities.

People wanted to use facilities such as the **café and hairdressers**. They also suggested a range of intergenerational **cultural and sporting activities** they would participate in at the Social Hub. There was a strong view that the care village should work with the existing **Tweedbank community centre** to coordinate community activities.

Local people and organisations were **keen to get involved in the care village** as part of 'their community'. They suggested different types of involvement ranging from individual volunteering to social enterprises or CICs running facilities or activities in the Residents and Social Hubs. It was stressed that involving the community in this way needs early discussions with groups that might be interested in running activities. Similarly, the use of volunteers needs forward planning to put adequate support and co-ordination arrangements in place.



## Recommendations

To respond to the findings of the engagement exercise, we recommend that Scottish Borders Council (SBC) should

1. **Consider the comments on the design of and services in the Tweedbank Care Village** as it continues to develop detailed plans. These are relevant to the care and quality of life of all residents and include specific suggestions for people with dementia
2. **Continue to meet with GPs and other primary care practitioners** including Occupational Therapy and Physiotherapy to discuss and agree on a realistic level of input and how this can be achieved
3. **Facilitate ongoing engagement with residents, families and staff from Waverley Care Home and Garden View as plans for the care village develop**
4. **Consider establishing an 'Activities and External Liaison Sub Group'** (similar to the Model of Care Sub Group) to draw up plans for resourcing, managing and staffing (including through volunteers) the activities to take place in the Residents Hub and Social Hub. Membership should include local community and voluntary organisations/ businesses who are interested in contributing to these aspects of the care village.
5. **Initiate discussions with independent housing providers** (and if appropriate, the site developers) about the feasibility of encouraging ExtraCare/sheltered accommodation on the wider development site surrounding the care village.
6. **Ensure that staff are provided with equalities training** to ensure that the care village will meet all individuals' needs and circumstances in relation to faith, ethnicity, gender, sexuality and gender identity, and disability.