

# Learning from the experience and effectiveness of retirement village and extra care housing responses to the COVID-19 pandemic

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## Abstract

**Purpose** – This paper aims to describe the RE-COV study and to summarise its findings. It focuses particularly on the implications of lessons learned for national, operational and building design policy and practice.

**Design/methodology/approach** – Invitations to take part in a RE-COV study survey were emailed to the operators of 270 retirement villages and older people's extra care housing schemes in England which were known to the Elderly Accommodation Counsel. Completed questionnaires were returned from 38 operators, online or electronically, between December 2020 and February 2021.

**Findings** – Survey findings evidenced the breadth and depth of the operators' responses, the effects these had on residents' lives and worthwhile changes which could be made. Outcomes demonstrated included higher levels of protection for residents from the COVID-19 virus compared to older people living in the general community, and high levels of residents feeling safe, supported and reassured.

**Practical implications** – The findings are used to offer evidence-based recommendations for housing operators, building designers and policymakers which could enhance resident, staff and operators' health and well-being, both going forward and during possible future pandemics.

**Social implications** – There is evidence that retirement villages and extra care housing provided safe, resilient and supportive environments during the first year of the pandemic which were highly valued by residents.

**Originality/value** – This study addressed a knowledge gap regarding how the COVID-19 pandemic had impacted housing-with-care stakeholders, evidencing specifically how operators had responded, and what their response achieved.

**Keywords** Social care, Older people, Building design, Extra care housing, COVID-19 pandemic, Housing-with-care, Impact of COVID-19 pandemic, Retirement villages

**Paper type** Research paper

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## Introduction

### *Scope of this paper*

This paper provides an overview and some of the main findings of the RE-COV study. It draws together principal insights and evidence from the study's findings to form learning points and recommendations for practice and policy.

It begins by setting out the purpose and design of the study, a brief description of retirement villages and extra care housing (also known as *housing-with-care*) and a summary of who participated in the study.

Some of the principal findings from the study are then presented in four sections: pressures and challenges faced by operators; the extent and effectiveness of the operators'

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pandemic response; the role of the design of the built environment; and evidence of positive outcomes. These are followed by a short discussion, conclusions and a final section outlining a summary of key recommendations.

### ***Purpose and design of the RE-COV study***

A depressingly recurring theme of the scientific commentary of recent months is that COVID won't be the last pandemic we'll experience. It's therefore essential that we learn the lessons of this one so that we're better prepared. (Susan Kay, Chief Executive, Dunhill Medical Trust) (Dutton, 2021)

The RE-COV study was designed to illuminate the responses and experience of retirement villages and older people's extra care housing during the first year of the COVID-19 pandemic. Its purpose was to provide useful evidence, learning and recommendations to inform on-going and future practice and policy across the housing, care and health sectors.

RE-COV was supported by the Dunhill Medical Trust [grant number STMT\1], undertaken by St Monica Trust and supported by the Housing Learning and Improvement Network (LIN). The study used a questionnaire survey methodology so that as many housing-with-care operators as possible could be reached and included. This collected information and data relating to responses, experiences and outcomes during the pandemic.

Invitations to take part in the study were sent to all known operators of retirement village and extra care housing for older people in England, provided by the Elderly Accommodation Counsel. There were 270 organisations who were operating approximately 150 retirement villages and 1,300 extra care housing schemes, together with an estimated 100,000 residents.

The RE-COV survey questions were developed in partnership with other operators of older people's housing-with-care and the Housing LIN. The questions provided a wide range of qualitative and quantitative data relating to areas such as building design features, COVID-19 infection and testing rates, financial costs of the pandemic, key challenges and views regarding what actions and approaches worked well. The aim of the survey was to find out the following:

- how the pandemic had affected the housing-with-care operators, their staff and residents;
- how operators had responded to the pandemic; and
- what had their innovations and successes been, and what were the key ongoing challenges.

The survey questions asked for data, accounts and views relating to the COVID-19 pandemic period from the beginning of the "first wave" (March 2020) to mid-way through the "second wave" (mid-February 2021). This period covered two national lockdown periods and largely preceded the UK government's introduction of a vaccination regime.

### ***About retirement villages, extra care housing and housing-with-care***

Retirement villages and extra care housing are very different settings compared to care homes, even though some retirement villages have care homes within them. They both provide self-contained, age-designated accommodation for independent living, with access to a range of communal facilities such as cafés, restaurants and leisure facilities and care services. Residents have their own home within a village or scheme, either as tenants or owners. Their ethos, built environments and services focus on independence, well-being and enabling best later life living.

An important difference is that the majority of apartments in retirement villages are for sale while much of the provision in extra care housing is social rental apartments, which links to Local Authority adult social care commissioning. This results in higher levels of need and frailty among those living in extra care housing. The average age of both village and scheme residents is around 83 years old; approximately 8% are under 70, 29% are between 70 and 79, 48% are aged 80–89 and 15% are over 90 (ARCO and ProMatura, 2019).

Organisations providing retirement villages and extra care schemes are referred to as “operators” in this paper.

### ***Study participants***

Completed questionnaires were returned from 38 operators between 16 December 2020 and 16 February 2021. In total 58% of the returns were from operators of extra care housing, 24% were from operators of retirement villages and 18% were from operators of both. Together the survey participants were providing 387 extra care housing schemes and 62 retirement villages, with residents totalling in excess of 25,864.

The survey response rate was 14%. There was a balanced distribution of types of organisations who participated, which provided a good representation of the older people housing-with-care sector. The participants represented 33% of the extra care housing market and 41% of the known retirement village market. They included a range of small-, medium- and large-sized organisations, the majority (68%) of whom were from the not-for-profit sector. Their villages and schemes covered a wide range of sizes with locations across all main regions of England.

### **Pressures and challenges caused by the pandemic**

Findings showed that housing-with-care operators experienced many of the same pressures that were being faced by care homes operators. These included difficulties with access to personal protective equipment (PPE) (96% reported this caused problems during the first wave), anxiety and stress (felt by staff, residents and their families), staff burn out, low morale, high numbers of staff off work self-isolating or shielding, having to keep up with frequent changes and adapting to the changes.

One survey respondent described an, “avalanche of guidance both external and internal.” Operators often needed to interpret and adapt the constantly changing government guidelines so as to make them applicable to housing-with-care, and then communicate the information as clearly as possible to relatives, residents and staff.

It was noted that there was, “increased workload but not readily available additional staff.” Staffing was identified as a main issue for many owing to staff being off sick, isolating or shielding. This was on top of an increased volume of work for front-line staff, required for protecting people from the virus and for providing extra support residents, especially at times when facilities, services and visits from family/friend visits were reduced. Some local authorities provided some compensation for this, but others did not.

Maintaining the morale, well-being and safety of residents and staff were top of operators’ agendas during 2020 and, they said, it would remain so for the foreseeable future. Some of the pressures they described included:

general anxiety and stress with pandemic (extra care housing operator).

maintaining a quality of service for people who were lonely and bored (retirement village operator).

reassuring staff when anxious on site (extra care housing operator).

combatting social isolation with communal areas closed. (extra care housing operator)

During the difference phases of the pandemic, operators needed to regularly reassess the risk of virus exposure and the need for restrictions on residents' independence, facilities and services. Striking the right balance between maintaining individual rights and freedoms while maximising the safety of those living and working in the village/scheme communities involved complex and careful management.

One of the biggest challenges commonly mentioned by operators were residents and visitors not understanding or adhering to internal guidance and/or not complying with, or resenting, government guidance. Examples given included:

managing family and visitors' expectations or not adhering to the rules (extra care housing operator).

customers initially understanding the importance to social distancing (extra care housing operator).

encouraging some individuals to socially isolate (retirement village operator).

supporting residents living with dementia or cognitive impairment to understand the required behaviour changes (extra care housing operator).

Notable challenges arose also from the continued low visibility profile of the housing-with-sector. More than half of the RE-COV operators said they had encountered challenges because of some local hospitals, local authorities and health and government departments not fully understanding what retirement villages and extra care housing offer or how they operate. For example,

Initially there were challenges in everyone being on the same page as to what the EC schemes could and could not offer, especially around the hospital discharge of individuals with COVID-19 and the ability for ourselves as landlords to control the extra care environment (an operator with over a hundred extra care housing schemes).

There were strong feelings expressed regarding a lack of consideration and support from central government. This largely stemmed from guidance specific to housing-with-care not being made available until very late on, and very little COVID-19 testing made available for housing-with-care residents or staff until November/December 2020. Clearly the lack of government leadership and guidance specific to housing-with-care generated a multitude of discrepancies, additional complexities and work for operators.

Additionally the group of 38 RE-COV participants experienced large financial losses, an estimated –£12.5m between them during March 2020 to mid-Feb 2021. Key factors here were increased costs for PPE, hand sanitizer, additional cleaning, laundry and staffing and income losses owing to reduced occupancy rates and reduced or suspended services such as restaurants, cafes and leisure facilities. The lack of funding and inconsistent processes of funding were both identified by operators as being among the biggest challenges they faced, and financial pressures were highlighted as one of their major concerns going forward.

### *Learning from the findings for policy and practice*

Major pressures and challenges could be alleviated, and housing-with-care stakeholders' well-being increased, by implementing the following:

- the creation of a clearer definition of housing-with-care;

- a greater shared awareness and understanding of the housing-with-care model, its important role in the broader care sector and the extent of the frailty, health and care needs they provide for;
- fair access to funding, support and tailored guidance for the housing-with-care sector comparable with those available to health and care home sectors; and
- more flexibility built into contracts for commissioned services so that costs of any additional essential staffing can be agreed and covered by the commissioner.

### **Extent and effectiveness of the operators' pandemic response**

Responses to the survey clearly demonstrated that the housing-with-care sector operational response to the challenges posed by COVID-19 were proactive, innovative and extensive. Operators went to great lengths to maximise their ability to support the health and well-being of their residents, staff and visitors through the pandemic. Their wide ranging measures to help maintain the health and well-being of residents and staff began early on.

#### ***Prompt action***

More than half of the operators locked down their villages and schemes prior to 23 March 2020, which was the start of the first national lockdown. Operators very quickly organised help, services and support to ensure that residents were able to continue to receive important supplies such as food, meals and medication, could keep in contact with friends and family and keep up-to-date with what was happening.

Among the wide range of changes planned for and implemented were: new ways of working, such as much greater use of technology for staff meetings and communication with residents; making adaptations to village and scheme environments; enhanced communications; and the rapid creation of alternative services, facilities and support for residents and staff, or new ways of delivering existing ones.

We contacted each resident daily, for a welfare check and to take their orders for shop and meal deliveries. We have sent out weekly updates and had regular meetings with the residents' association to discuss all changes to the village due to the COVID-19 guidelines (retirement village operator).

#### ***Supporting residents' daily lives***

To help maintain residents' general health and key aspects of daily living, over 70% of the survey respondents said they provided advice and information on government guidance, social calls, meals, shopping and help with access to internet shopping.

More than half of the operators said they provided food boxes, help with access to GPs, organisation practice and procedures, help with access to hospital services and specialist health professionals, and benefit/financial advice. Some helped with access to hairdressers (35%) and dentists (29%).

#### ***Additional or special measures put in place***

There was consistency in the primary measures put in place by operators to reduce the risk of residents and staff catching COVID-19. The most common, and implemented by over 88% of the survey respondents, were: the use of PPE; implementing social distancing; closing communal areas and services; shielding individuals; and restricting visitors. Prohibiting visitors and recommending that residents do not leave their village/scheme during times of heightened COVID-19 transmission (i.e. lockdown) were also deemed to be key measures by around half of the survey respondents. Many disallowed or discouraged

staff car sharing or use of public transport (one operator said that they provided pool cars and some taxis as an alternative).

Other key measures reported included increased cleaning regimes, daily well-being calls, delivering meals in individuals in their apartments and circulating information and posters. Limiting movement of staff across sites and services was also mentioned, for example,

Housing and maintenance staff confined to visiting one scheme only to avoid cross contamination (operator of extra care and retirement villages).

Increased recruitment to allow bank staff to be single-service specific (extra care housing operator).

### ***Effective actions to afford protection from the COVID-19 virus***

A total of 32 operators described their thoughts on what had made the biggest protective difference against COVID-19. These are presented in [Table 1](#), coupled with some important considerations. The factors mentioned by the highest numbers are shown in bold.

### ***Effective management and operations***

Important measures relating to management and operations which operators felt had been effective during the pandemic were provided by 29 respondents. These are summarised in [Table 2](#), along with some important associated factors to consider.

### ***Supporting residents' well-being***

Safety was paramount, but so too was helping to support mental and emotional health. The two most common key measures operators implemented to help maintain residents' mental and emotional well-being, were increasing access to technology and different provision of social activities. They were chosen from a list by over 82% of the respondents to this section (27 of 33).

Between 50% and 70% (17–22 respondents) reported enabling social contact with family, friends, neighbours, and with new befriending. 27% (nine respondents) helped with access to local NHS or social care services for non-COVID-19 related needs. Two respondents, both extra care, said that they implemented different/enhanced bereavement or end-of-life care.

**Table 1** Actions for effective protection from COVID-19: pointers for policy and practice

<i>Protective action</i>	<i>Important considerations</i>
Closing communal facilities/activities or restricting residents' access to areas	Clear explanation and communication to residents, staff and visitors. Regularly updated guidance
Restricting and closing to visitors and family when necessary	Consultation
Asking residents to social distance	Vigilant monitoring and encouragement to residents and visitors to follow the guidance
Asking residents not to leave the village/scheme (i.e. during lockdown)	Alternative activities/resources/services wherever possible, e.g. offering a full delivery service from the site's shop/restaurant to individual apartments
Monitoring and isolating people quickly if they were showing any signs of potential COVID-19 infection	
Full PPE/correct use of PPE	Staff training, compliance monitoring including external health and care professionals, proactive trouble shooting, regular encouragement, recognition and communication of the impact of staff's achievements
Regular/increased cleaning	Staff training, and clear explanation and communication to staff, residents and visitors

**Table 2** Important learning for effective management and operations: Pointers for policy and practice

<i>Protective action</i>	<i>Important considerations</i>
<b>Have a framework of emergency command, plans, processes, procedures and templates ready in place</b>	Using and enhancing existing Business Continuity plans. Being proactive Having a structure of required operational guidelines, tools and communications which can be updated efficiently and quickly as and when government guidance and/or situations change
<b>Set up a dedicated COVID-19 command team or governance arrangement</b>	Frequent meetings, often daily, are required. Effective flow of information and intelligence reporting. Effective dissemination of key issues, plans and actions
<b>Implement comprehensive risk assessments to protect residents and staff</b>	An important supportive action is to identify vulnerable individuals who may be at newly at risk, or more at risk, because of the changing situation and condition. For example, those at risk of malnutrition/dehydration because of having to eat alone
<b>Ensuring access to PPE and correct use of it</b>	Staff awareness, training and encouragement. Regular dissemination of clear instructions, updates and reminders. Posters
<b>The means for frequent, effective and consistent communication to all stakeholders (particularly residents, their relatives and staff)</b>	For example, setting up new and enhanced effective communication channels; likely to include regular frequent meetings of specific groups of staff
<b>Consultation with stakeholders</b>	Can be essential for keeping people included in the decision-making, up to date, and on board with changes

### *Activities*

There were many examples of operators providing alternative activities or usual activities in a different way, including holding exercise classes and sing-alongs on balconies/in gardens. Some also detailed how they had organised special diversions and thoughtful extras for residents to help keep their spirits up, such as visits from ice cream vans, and gifts of spring flowers and chocolate eggs at Easter.

### *Enhanced use of technology*

Operators recognised how technology could play a vital role for residents. Wherever possible they capitalised on ways in which technology could be harnessed. This was predominantly to help residents to stay socially connected, especially with friends and family, and to give them access to internet facilities and services particularly online shopping, social activities, leisure pursuits and live streaming of events such as church services and physical activity sessions.

In total 96% respondents (33 of 34 who answered this question) reported that their residents had become more receptive to using digital or mobile technology during the pandemic. Many went on to describe how their organisations had helped residents to get access to and/or use the internet and also access necessary technology such as tablets.

Our teams have helped many residents connect to their families, join digital exercise classes, quiz nights etc. (retirement village operator).

We have had some positive engagement with digital inclusion, particularly where hardware is the issue (we have provided iPads etc.). Where IT skills or the benefit is not seen, education has been hard to administer. There has been some success however and we are currently entering into several partnerships to engender learning remotely (click silver) (extra care housing operator).

A couple of operators specified that digital access for some residents had been limited owing to ongoing traditional barriers of not being able to afford a private internet connection for their apartment and a lack of availability of support to facilitate use of it.

A summary of the principal learning points regarding residents and technology during the pandemic is shown in [Table 3](#).

### Role of the design of the built environment

Some scheme and village design features were reported to have made positive or negative differences during the pandemic in relation to ease of management, safety, and people's experience of daily life and work.

#### *Beneficial design features*

The self-contained accommodation design offered by extra care schemes and villages was a positive feature for residents during the pandemic. It meant they had the ability to comfortably socially isolate within their own apartments if they needed or wanted to. It also gave residents continued control over whether they wanted other people to enter their private living space.

Beneficial building design features of schemes and villages detailed by the most respondents as being important during COVID-19 were to have:

- a range of communal lounges and other spaces;
- outdoor spaces – gardens and balconies;
- progressive privacy;
- security; and
- separate entrances.

Other beneficial features also highlighted by some were:

- having doors to apartments' patios;
- wide corridors (aids social distancing);
- good ventilation (helps to dissipate the virus if present);
- shop, food services, pharmacy and GP in close proximity;
- being able to see people in their homes from corridor;
- centrally located facilities that can be locked;
- staff reception at main entrance; and

**Table 3** Technology: pointers for policy and practice

<i>Factor</i>	<i>Learning from operators' experience</i>
Significance of online access for residents	Online access provided a very valuable resource for residents through helping to meet social, recreational and practical needs (such as ordering shopping via supermarket websites)
Digital exclusion	Residents were excluded from these online benefits where: <ul style="list-style-type: none"> <li>■ a resident internet access service was not provided within villages/schemes and the resident did not, or could not afford to, have a private supply of their own;</li> <li>■ they had no access to a device such as a tablet or mobile phone; and</li> <li>■ they lacked the skills, support, motivation or capacity to be able to use digital technology</li> </ul>



- staff facilities and office space.

### ***Problematic design features***

The design features mentioned by respondents as being problematic during the pandemic were as follows:

- open plan communal areas as they could be difficult or impossible to close down;
- not being able to stop visitors accessing the building;
- inability to be able to implement one-way systems, e.g. if a scheme or village building only has one main entrance;
- some apartments not having balconies; and
- a lack of suitable work/office facilities for staff.

### **Evidence of positive outcomes**

Despite experiencing many of the same pressures as care homes and receiving less guidance and support, findings from the RE-COV study indicate that the housing-with-care settings were able to protect residents and find ways to continue supporting their health and well-being even under the sudden unexpected and exceptional conditions brought about by the pandemic.

### ***Lower numbers of resident deaths***

The effectiveness of extra care and retirement village pandemic response is evidenced by the overall lower rate of deaths from COVID-19 among the RE-COV survey participants' residents compared to similarly aged people living in the general community in England (0.97% vs 1.09%). The rate was particularly low within the retirement villages (0.51%). These are notable positive outcomes, especially given the generally higher levels of health, care and support needs, particularly so among the extra care housing residents.

### ***Positive resident feedback/experience***

Survey respondents were asked if they had evidence they could share regarding how their residents felt about living in a village/scheme during the pandemic. Four operators submitted evidence. Two of these were findings from their own evaluation work (one carried out by a university). They both included resident surveys, most of whose respondents (80% or more) indicated high levels of feeling safe and supported, comforted in knowing other people were around, and enjoyment from organised outdoor activities.

Residents clearly greatly benefited from the community, care and special support provided during the pandemic by the villages and schemes which went above and beyond to help protect their health and well-being. There were reports of large volumes of positive feedback and thank yous received from residents and their families:

We have received overwhelming feedback and gratitude for the way in which we have managed the pandemic both within the villages and the local communities. Most feel that the pandemic has confirmed that their decision to move into a retirement community was the right thing to do. This has been echoed by family members (retirement village operator).

One RE-COV participant described how their village residents had pinned thank you notes to staff in their apartment windows.

## Discussion

Extra care and retirement village operators have demonstrated remarkable resilience despite having experienced similar pressures to care homes as well as other issues stemming from a lack of understanding regarding what housing-with-care is and what services and support it can provide for residents. The pressures were very high, and remain so as the pandemic persists. Not only are operators having to find ways to recover from significant financial losses, they are continuing to have to adapt to changing pandemic circumstances, strive to minimise the risks from COVID-19 and to maintain the health, safety and well-being of their residents, staff and visitors.

The RE-COV participants have shown strong characteristics that have been identified as being vital attributes of “resilient organisations”: competence, proactivity, innovation, rapid response, adaptability, collaboration, appreciation, empathy and responsibility “beyond the bottom line” (Denyer, 2017). Furthermore, in a recent very large study (Deloitte, 2021) attributes found to have been very important for organisational resilience *during the COVID-19 pandemic* were also evident among RE-COV operators, survey responses: acting with speed; trust between leaders and employees; a focus on improving communication and transparency with main stakeholders; leading with empathy; and acting responsibly and balancing all stakeholders’ needs.

The housing-with-care model appears to have provided fitting and beneficial environments for people who were living in them during pandemic conditions. Because schemes, villages and operators already had appropriate facilities, services, systems, structures, frameworks, networks, processes and resources in place they were able to quickly and effectively adapt to the exceptional changing circumstances, to continue providing a safe and supportive place to live. Their built environments commonly offered good private spaces, as well as some shared spaces that were adaptable for social distancing. Most had outdoor spaces such as patios, balconies, roof gardens or grounds. Many research studies have shown that access to gardens and green spaces positively affects people’s well-being and particularly so during periods of lockdown (Poortinga *et al.*, 2021; Pouso *et al.*, 2020).

Additionally, the housing-with-care model inherently requires operators to work in a person centred holistic way. This builds trustworthy relationships and strong personal connections with a residents (and often their families too), and develops insight and ability to provide “the right support at the right time.” These aspects have been highlighted as being essential for well-being during the pandemic by the National Lottery’s Ageing Better Programme (Community Fund, 2020). Operators, for example, were able to quickly recognise and help alleviate the natural fears and anxieties initiated by the COVID-19 pandemic, experienced by both residents and staff.

Although housing-with-care residents did experience loneliness, the evidence generated by the RE-COV study indicates it was likely not to be as great as that experienced by many older people who were living in their own homes in the general community. This is important since loneliness has been shown to adversely affect a person’s health and well-being. Recent analysis by the Office for National Statistics (ONS, 2021), for example, found loneliness had the strongest association to happiness than any other factor included in their *Opinions and Lifestyle Survey*. Scheme and village residents have been able to maintain social connections with staff and other residents, had support to use online video communication tools, and had been comforted knowing they were always nearby.

Alongside findings from other recent studies, the RE-COV study findings have highlighted just how essential the following particular factors can be for people’s health and well-being:

- opportunities for social contact and engagement;

- physical, mental and spiritual activity;
- feeling safe and supported;
- having a support network;
- design of the indoor and outdoor environment; and
- access to outdoor spaces.

It is also evident that the pandemic has reinforced, and in some cases re-imagined, some of the significant enabling factors for housing-with-care including:

- the physical, mental and emotional well-being of staff;
- the dedication, expertise and innovation of staff;
- resilience and resourcefulness;
- equality in access to funding, and access to support services and facilities for residents and staff;
- the value of support networks and forums for sharing experiences, challenges and insights;
- the power of collaboration; and
- external understanding of the range of services, facilities and environments housing-with-care provides for residents, among government and health sectors in particular.

## Conclusions

The number and range of RE-COV survey respondents provided a good representation of the older people's housing-with-care sector. The responses and examples demonstrated a care-ready environment, resilience, innovation and prompt effective action. Operators showed that they went "above and beyond" in working to protect their staff and residents' health, and to help maintain residents' well-being as much as they possibly could.

Among the range of special measures they implemented were introducing local lockdowns, the use of PPE and enhanced cleaning, social distancing, closing communal areas and services, enhanced communications and communication channels, alternative provision of food, meals, activities and social contact opportunities, transport, medication deliveries, access to health care, regular well-being phone calls, increased access to technology and online services and increased support mechanisms to reduce any loneliness and isolation arising from necessary reductions in social contact opportunities.

Despite experiencing many of the same pressures and challenges as those faced by the care home sector, the study findings demonstrated that a lower-than-expected proportion of residents in the housing-with-care settings died from COVID-19 in comparison with people of the same age profile who were living in the general community. This was a direct result of operators' responses to the pandemic, which helped to keep residents and staff safe and supported, as well as helping to maintain spirits and keep residents engaged, active and socially connected.

Evidence submitted indicates many extra care and village residents had an overall positive living experience during the pandemic. Findings from evaluations organised by operators showed very high proportions of residents reporting feeling safe, supported and satisfied. They showed great appreciation of the facilities and services they had access to, which had either always been available (such as their village shop and gardens) or newly offered (such as takeaway and delivery services). Many residents

showed that they highly valued staff and other residents being around, even if they were not in physical contact with them, and that they very much appreciated how caring and supportive staff had been.

Adverse effects were evident too, particularly relating to the emotional and mental health of staff and residents. Common causes were anxiety about the virus, workload and pressures, staff shortages, rules and regulations, distancing from friends and family, lack of activities and usual social contact, and suspended facilities or services. Financially, the impact of COVID-19 has been damaging for operators and this was identified as one of their major concerns going forward. Continuing additional costs and losses will mount up for as long as the pandemic conditions endure.

The main lessons learned from the study findings which have been summarised in this paper provide a valuable guide for policy and practice, including positive design features of the built environment which were identified as being particularly beneficial during the pandemic. If implemented, some of the lessons learned would generate a variety of improvements, both through and beyond the current pandemic. They could also provide a useful blueprint for governmental and operational responses should similar pandemic situations arise in the future.

## Recommendations

The RE-COV study findings highlighted changes that are needed in order to alleviate some of major challenges and difficulties operators and residents faced. In particular:

- Create a housing-with-care definition that is both clear and legally recognised;
- Generate a much greater shared awareness and understanding of the housing-with-care model including its important role in the broader care sector and the extent of the frailty, health and care needs it provides for;
- Ensure there is fair access to funding for the housing-with-care sector;
- Build more flexibility into contracts for commissioned services, so that operators can readily initiate and cover costs of any essential additional staffing needed; and
- Design future villages and schemes to be “pandemic-ready.” Buildings should allow for enhanced infection control, social distancing and ease of implementation of virus risk reduction measures. Key features found to be particularly beneficial for well-being during the COVID-19 pandemic, such as the provision of apartment balconies and doors onto patios, should be taken into consideration as priorities.

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