



**HEALTHY  
AGEING IN  
RESIDENTIAL  
PLACES**



**ERA AGE 2**

European  
Research  
Area in  
Ageing 2



**RE-IMAGINING LONG-TERM RESIDENTIAL CARE**  
an international study of promising practices

ESRC grant ES/K010964/1



**E · S · R · C**  
ECONOMIC  
& SOCIAL  
RESEARCH  
COUNCIL

## 🌟 HARP countries and PIs

### **Canada:**

Dr. Pat Armstrong  
York University,  
Toronto  
Funded by CIHR



### **Sweden:**

Dr. Marta Szebehely  
Stockholm University  
Funded by Forte



### **United Kingdom:**

Dr. Liz Lloyd.  
University of Bristol  
Funded by ESRC



### **Norway:**

Dr. Mia Vabø  
Norwegian Social  
Research, Oslo  
Project 'Contested  
spaces: Exploring how policy and  
practice shape Norwegian  
nursing homes' funded by Norwegian  
Social Research





University of  
BRISTOL



## Project questions

1. What constitutes active, healthy ageing for women and men in residential care facilities?
2. What conditions support active, healthy ageing for residents and staff, taking gender, context and individual capacities into account in providing long-term residential care?



## Background

- A shared concern about the negative impact of community care policies on the place of care homes and on the people within them
- A shared interest in the relationship between the working conditions and living conditions in care homes
- A shared interest in conducting comparative analysis of homes within different policy contexts



## 🔥 Methods (1)

- Comparative, collaborative, qualitative case studies of selected care home sites
- *Rapid, site-switching ethnography*
- An international team of researchers at each site, working in pairs (local and ‘foreign’ researchers) to conduct
  - observations of daily routines
  - interviews with the range of people (residents, managers, staff, relatives, volunteers)



## Methods (2)

- 14 sites visited for a period of a week
- 11 additional 1 day 'flash' visits.
- 500+ interviews
- 1500 pages of field notes



## 🌟 'Types' of home observed

- The care home as a home – emphasising homeliness
- The care home as a hospital – emphasising physical health
- The care home as a hotel – prioritising the wellbeing of residents as 'guests'

*Often homes could exhibit elements of each type*





## Key findings:

How do we understand healthy ageing in the care home context?

What influences healthy living and working?





## Approach to care:

- Person-centred care  
good relationships between staff and residents,  
between managers and staff. Knowledge of individuals.
- A positive ‘culture of care’  
understood and promoted by everyone involved and  
led effectively by managers
- Solid team work  
Where supporting the residents is everyone’s  
business and continues to the end of life



# 🌿 Activities



## Activities

A range of activities observed everywhere – the most successful (popular with residents, enthusiastic participation) were those that were built into the normal routine of the home, rather than being reserved for special one-off events.

Residents' choices of activities did not always reflect the kind of person they were before coming to the home.



## 🔥 Attitudes to risk and safety



- Changing attitudes: more inclination to take risks in some places
- Tensions for staff between drive to be caring and to allow risky behaviour
- Context of care services affects attitudes ( eg fear of lawsuits)
- Congruence between attitudes of staff and families helps a lot



# 🌟 The environment of care



🌿 The environment of care: we have been challenged!

- Single occupancy or shared rooms
- Quiet or bright colours?
- Does 'spacious' sometimes look empty?
- Is 'homely' sometimes untidy?
- Why does design not work in practice?
- What is a 'sensory' garden?



## 🌟 Food and mealtimes can be a challenge to staff

- Emphasis on nutritional value might not be the 'healthiest' option.
- How to encourage a resident to eat and drink when they don't want to
- Personal choice to eat alone but also encouragement to socialise
- How much 'free access' to food and drink
- Attitudes towards alcohol
- Whose job is it to assist a resident?





## 🌟 Staffing and work organisation

Having enough staff: a crucially important starting point but also important are:

- Values that underpin practice
- Prioritisation of work: office work or contact with residents?
- How work is shared
- How knowledge is shared
- How staff are led and how supported
- How much autonomy and flexibility is given to front-line practitioners



## ✦ Conclusions: we've observed many health promoting practices

Tensions can arise between

- promotion of physical and mental health
- the wellbeing of residents and staff
- bureaucratic accountability and direct care work
- care and protection and risk

The context of care homes often not conducive:  
but there is good practice *despite* this in each of  
the 3 types of care homes



## ✦ Continuing analysis

- Methodology has generated challenges and shifted perspectives
- Promising practices where care is a relationship that benefits both staff and residents – where everybody matters
- Care homes *can* promote good health for residents, staff and relatives

*Should we reimagine the future care home as much more than the 'last resort'?*



<http://reltc.apps01.yorku.ca>

[Liz.Lloyd@Bristol.ac.uk](mailto:Liz.Lloyd@Bristol.ac.uk)

