



Facilitating independent living: long term care and support

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**Professor Anthea Tinker, Institute of Gerontology, Department
of Global Health and Social Medicine, King's College London**

anthea.tinker@kcl.ac.uk



Outline of presentation

Long term care: based on the research for the Technology Strategy Board.

Also of relevance is research on Age Friendly Cities and Mobility,
Mood and Place

A Technology Strategy Board.

1. Background
2. Findings

B Age Friendly Cities

C. Mobility, Mood and Place

D. Conclusions



A. Long term care: based on the research for the Technology Strategy Board: Background

The Technology Strategy Board had a research programme 'Assisted Living' and as part of this developed an ambitious programme called 'Revolutionising Long Term Care'. Our research was part of the scoping for this initiative . The vision was alternatives to institutional care



1. Background

Our report was based on an analysis of the literature and policy documents. They are based on evaluated initiatives although some promising developments were included.



1. Background

The Netherlands was identified as having a similar demographic profile to the UK and appeared to have examples of care provision that the UK could learn from

We were asked to consider the time scales of 2012, 2020, 2050.



2. Findings

The importance and key role of housing and the built environment.



2. Findings

Most older people live in a home of their own and not special housing. Housing should be built to Lifetime Housing standards.

Appropriate housing can have a preventive role. Of key importance are home modifications and research shows that these are cost effective.



2. Findings – housing with care

Generally thought the UK leads the way

Early evaluations e.g. Tinker, 1989 showed that it was popular with management, older people and staff but that it was generally more expensive than staying at home with an innovatory service although generally cheaper than hospital or residential care.

Extra care housing is especially valuable for frail older people but some schemes are outdated.



2. Findings - housing with care

Recent evaluations (e.g. Netten et al, 2012) very positive but important to note that less than 10% of older people live in this form of housing.

Key findings were that ‘People had generally made a positive choice to move into extra care housing , with high expectations often focussed on an improved social life. After they had moved in, most people reported a good quality of life, enjoyed a good social life and valued the social activities and events on offer’.



2. Findings - housing with care

This study also found that the most important attractions of extra care housing were having their own front door, flexible on site care and support, security, accessible living arrangements and bathrooms and the size of the accommodation.



2. Findings - housing with care

Recent research (Best and Porteus, 2012) suggests that it may not be economic for all schemes to have a range of communal facilities and these and on site staff may not be affordable in all schemes. They also put the case for the provision of 2 bedroom flats which might encourage older people to downsize



2. Findings - housing with care

Findings from across the world are tending to focus on small clusters of housing with varying degrees of support. This has a long history in Scandinavian countries. Some have a proportion of the flats for people with high needs.

In Spain Barcelona has developed large blocks of purpose built flats with telecare and round the clock staff assistance



2. Findings - housing with care

In the Netherlands an initiative called 'Apartments for life' started in 1995 by the Humanitas Foundation and these offer a wide choice of care. They can be bought or rented.



2. Findings - housing with care

Also in the Netherlands there is an emphasis on making residential care homes more home like and in one there is interaction with the neighbourhood including older schoolchildren coming in after school to work with staff.

In Weidervogelhof there are a variety of buildings and support allowing for transitions of care so that a greater amount of support can be offered. For example a 'care hotel' has 6 rooms for rehab and transitions



2. Findings - housing with care

Also in the Netherlands is Hogeweyk village which is designed for people with dementia. There are 7 different 'homes within homes' to reflect different lifestyles such as for practising Christians, former city dwellers, those with a skilled trade etc.



2. Findings - housing with care

There is growing interest across the world in the use of extra care housing for older people both at the end of life and with dementia. The importance of training for staff is emphasised and for commissioners of services to be aware of the pros and cons of such schemes.



2. Other housing findings

We document examples from housing of the success of home sharing which is often when an older person provides a home at low or no cost to another person in return for an assigned amount of help (not personal care). Co - housing which can be for e.g. people over the age of 50 or intergenerational is more widely provided in Denmark, Sweden and the Netherlands has been well evaluated.



2. Findings - technology

The value of technology. Great potential (especially for health) but we warn about the hype. For example the findings of DH funded Randomised Control Study (the Whole Systems Demonstrator) have caused controversy. Also ethical issues to do with surveillance



B. Age Friendly Cities: our research on London: Objectives of the research

The overall objective was the same as in the original study i.e. 'To increase awareness of local needs, gaps and good ideas for improvement in order to stimulate development of more age friendly urban settings'.

This included lessons from across the world



Age Friendly Cities: Lessons from abroad

- Of the original 33 cities the WHO was only in contact with 9
- A questionnaire had been planned to send to the original cities but there were not enough to make it viable and contacts almost impossible to find.
- Data bases and the web were searched



Age Friendly Cities: Lessons from abroad

- In 2011 the WHO set up the Global Network of Age Friendly Cities (now expanded to Cities and Communities) – 210 belong (7 in the UK). Ireland has evaluated schemes
- Few initiatives have been evaluated
- Details of possible lessons have been drawn including the change of emphasis from infrastructure to enhancing sense of community
- More attention being paid to dementia friendly cities



C. Mobility, Mood and Place

is a multidisciplinary project comprising three research topics and a lively programme of knowledge exchange and stakeholder liaison. Our three topics are:

- **Work package 1: Co-created environments.** Bringing together researchers, designers-in-training and older participants to envision places - from homes to public spaces - which are inclusive, enabling and inspirational.
- **Work package 2: Environment and affect.** Exploring the emotional dimensions of place using mobile neural imaging methods to record measurable responses to different environments.
- **Work package 3: Life course of places, health and mobility.** Investigating how physical, built and social environments evolve over time and how they impact on inequalities in health-related mobility as people move into older age.

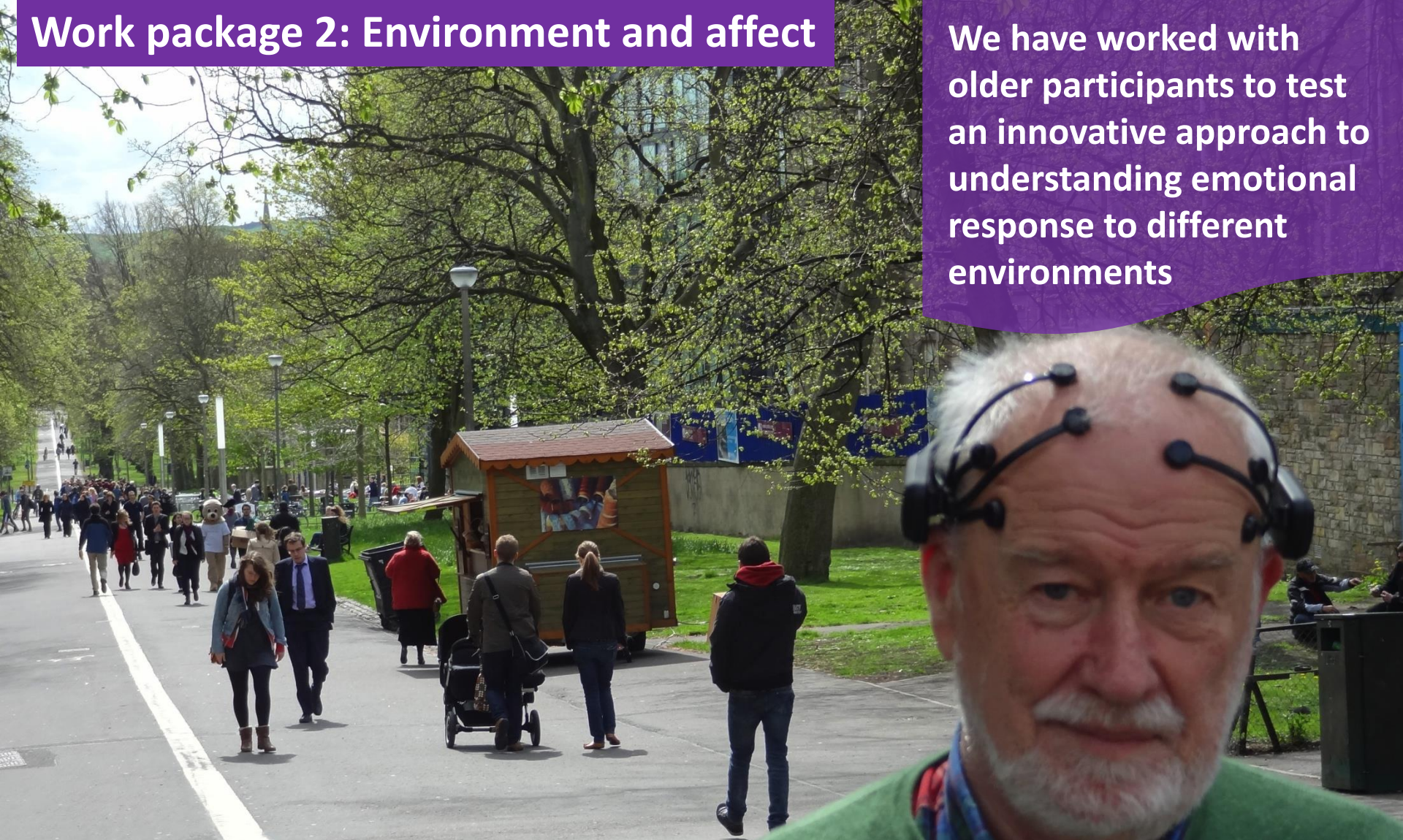


We are bringing together researchers, designers-in-training and older participants, including stroke survivors and people with dementia, in focus groups, interviews and interactive co-design workshops, to identify proposals for better living environments

Mobility, Mood and Place is funded by Lifelong Health and Wellbeing, a cross-council initiative addressing the challenges and opportunities of an ageing population.

Work package 2: Environment and affect

We have worked with older participants to test an innovative approach to understanding emotional response to different environments





D. Conclusions

The dominant theme of all this research is the need to involve older people at all stages. This means involvement at all stages of policy and research not just brought in at the end to help to evaluate policies