

Making life richer: creating a compassionate community

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How can we enable residents of care homes to be part of a compassionate community, and how can struggling care homes be encouraged to achieve this basic requirement?

In recent years, there has been increasing attention paid to the quality of life of people living within care homes. Ask someone in the street to describe the care home experience of the elderly, and they might mention a scene of older people sitting for endless hours ranged along the walls of a dingy communal sitting area. Older people living in care home environments spend much of their time within the home itself, often with little scope to explore their surroundings (Parker *et al*, 2004).

Care homes have been highlighted within the news, most notably because of spiralling costs and claims related to the lowering of quality of care provision (Good Care Guide, 2012; O'Connor, 2011; Pitt, 2011). It may seem then, that, at a point where the focus is on the provision and quality of basic services like food and nursing care, this is hardly the right time to attempt to redress the sense of community 'belonging' for individuals living within the care home environment. Nonetheless, a shortage of funding might well prove just the right spur to encourage care homes to consider how best to attend to the needs of residents in more imaginative ways.

This article outlines an evaluation within a geographical locality in the North East of England which aims to explore some of the aspects of care home residents' actual and potential experiences with respect to their wider community.

Guidance

It has been proposed that residents need to have a range of experiences, including recreational, social and community activities (Help the Aged, 2006). However, it has also been suggested that residents experience a sense of loss when moving from their natural, life-long, community to that of a care home. This is related, not only to increasing age and infirmity, but also as a result of the move out of their own home and the loss of nearby friends and neighbours (Froggatt and Payne, 2006). *Dying in Older Age* (Help the Aged, 2005) claims:

'It is a tragedy, and a sad reflection on our society, that for many a 'social death' occurs long before physical death, with a sense of isolation, disenfranchisement and loss of control too often a common feature of the ageing process and the approach to death'

The *Health and Social Care Act* (Department of Health (DH), 2010a) states that suitable arrangements must be made to ensure: *'appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement'* (Regulation 17). Further, the Regulations stress that providers must: *'Encourage and enable people who use services to be an active part of their community in appropriate settings'*. The Care Quality Commission (CQC, 2010) asserts that the resulting outcome should reflect service users: *'needs, preferences and diversity'*. Indeed, engagement in social activities can be seen to improve quality of life, confidence and a sense of belonging (Department for Education and Skills, 2001; Keily and Flacker, 2003; Zimmerman *et al*, 2005).

Yet, do we know the extent to which these Regulations are being achieved? Do people living in care homes actually get opportunities to engage with others, not only within the care environment, but also outside of it? What is available within the wider locality to support care home residents within this respect?

Compassionate community

A regional advisory group in the North East of England produced a charter for a good death, 'Compassion at end of life', in partnership with organisations across the health and social care sector in the North East of England, and with the involvement of patients, carers and their representatives. The work of the group was heavily influenced by ideas originally proposed by Kellehear (2007), who built on World Health Organisation Healthy Cities ideals (2004) that societies should adopt a 'compassionate cities' view. This means that cultural attitudes, as well as services, should be better geared to making sure that people nearing the end of life do so in good health and good spirits, rather than buried away and hidden from society's eyes in care homes and hospices as if death were a shameful event that should be ignored.

In keeping with the ideals of the compassionate city ethos a 'compassionate communities' project was initiated in 2009 in the Tees Valley area following a successful NHS innovation fund bid. One strand (element) of the work within this project has been to concentrate on the potential gap that exists between care home environments and their wider community networks.

The government's *Health and Social Care Bill* (DH, 2011) suggests that health and social care staff within the community setting should endeavour to establish and develop links with voluntary and independent support networks. Care homes should be seen as an integral part of their community and therefore it is hoped that the care home environment can be supported as part of a larger network of services, both from the private sector, from voluntary agencies, and from within communities themselves.

The rhetoric has included explicit public health opportunities for individuals, families and communities to consider a range of health-promoting opportunities, including lunch clubs, gardening projects, IT skills and social networking developments which they believe will help to increase wellbeing and to reduce demand on public sector services (DH, 2010b).

The government's public health white paper *Healthy Lives, Healthy People* (2010c) encourages the building of capable communities, with the use of interventions, such as volunteer peer support, befriending and social networks. Social networks can show people healthy norms of behaviour, offer support, helpful information, and other life-enhancing benefits (Dominguez and Arford, 2010).

Goldman and Schmalz (2005) stress the need to focus on the positive aspects of a community, foster more positive relationships within the community, to get people to look for solutions and resources, and to foster a sense of independence. Kellehear and O'Connor (2008) contend that the enhancement of a community's own ideas, skills and wisdom around support fosters capacity-building and resilience in communities. In this way, people can be seen to be part of a 'compassionate community' approach.

There appears to be a dearth of empirical data related either to organised activities within care homes, or to the opportunities for social engagement with surrounding community networks. There is, however, evidence that activities coordinators are being encouraged and trained in developing and testing of activities, and in communication, reporting and evaluation skills (NIACE, 2010). They are also encouraged to develop links with their local community including churches, schools and local charities (BUPA, 2009).

Scoping in the locality

Part 1

Care home managers (or their deputy) were approached by community development workers (CDWs) working within Teesside University's compassionate communities with a view to determine what community links they maintained. Over a three month period, the 62 care home managers in town were contacted, both from the private and public setting (some of these premises also had other responsibilities, such as ESMI). The informal interviews focused on what activities residents identified as preferable, what activities took place with residents within the care home, and where residents visited outside of their care home environment.

The CDWs also tried to discover whether there were common issues that might have inhibited activities taking place. Seventeen of the care homes employed an activities co-ordinator, whose responsibilities included day-to-day opportunities for residents to be active and involved. It was often this person who eventually spoke with the CDWs about the care home and wider community opportunities. Findings are, therefore, based on the discussions with the person providing details regarding their particular care home.

Part 2

Alongside this, CDWs also investigated what community networking and activities opportunities existed locally through a series of interviews with local businesses, education establishments, community organisations and service providers; these contacts had been established as a result of CDW developments within the locality, for example via community centres, web searches, and with local authority and third sector enterprises. This was a two-pronged approach; the aim was to discover what resources and activities might be available locally for care home residents to access outside of the care home environment, and also to determine what and who might be available to come into care homes to provide a service within this remit.

Results from the scoping exercise in care homes

Organised activities

Of the 62 care homes contacted within the locality, 36 of them agreed to discuss their planned activities with a CDW. Of these, 30 eventually took part in discussion with a CDW, usually lasting between 10 minutes and 1 hour. Just over half of the care homes (n=17, 57%) employed an activity coordinator, with 12 (40%) of them being employed within this role on a full-time basis. All of the staff talked about the importance of residents being able to have stimulating social opportunities and a varied activities schedule, although this was not usually linked to the individual requirements of residents, but, rather, was part of a more general provision. Indeed, the specific preferences of residents were not given as a reason for instigating particular activities.

A variety of activities are currently offered within the care homes that took part in the research. These varied from bingo and games, through to chair-based exercises and film nights. Generally, residents experienced these additional activities within the care home environment, although four of the homes also noted that they tried to take residents out whenever practicable, most often to local shops or the seaside.

Half of the care homes commented that they'd like to take residents on more outings, but that lack of both transport and volunteers (to help in pushing wheelchairs, for example) usually meant that activities were limited and repetitive, despite staff acknowledging that their residents should be able to have a choice in their ability to spend time away from the care home environment.

Budgetary limitations were often cited as contributing to the lack of opportunities for outings. However, one activities coordinator also commented: *'Our plans for the future include organising*

'Fish and Chip Fridays.' We want the local community to meet our residents. Many of our neighbours outside are elderly and we want them to feel comfortable about coming here.'

The importance of adequate resources, not just in terms of money, but also in terms of support (staff and volunteers) was mentioned frequently. However, some homes had clearly established activity programmes that required imagination and motivation on the part of the organiser, but involved few other resources. Two homes had established contact with schools locally, for example, while another three had links with community police, the borough council and church organisations. Three homes held open mornings and fundraising events that welcomed in their wider community. Other homes by contrast (15), though, had no direct contact with their community.

One activities coordinator talked about the wide range of events taking place within a care home, including both in-house entertainment and entertainment from other sources. Furthermore, this care home had developed close ties with a local church, school and pub, and was working with the latter in fundraising to provide further opportunities in the care home. These activities typically included social meetings and charitable events, such as themed shows.

Networking opportunities

We found that many local centres, including community centres and libraries, were keen for residents of care homes to become involved and offered to amend their sessions to better suit people with specific requirements, such as those with limited mobility.

There are a wide variety of opportunities that exist within a small community network, where activities could be enhanced within the care home environment or that would be available for those residents able to attend events outside of the care home (Box).

Discussion

This initial scoping exercise demonstrates the value of considering activity opportunities both within care home environments and within the wider community network.

Care home staff seem to understand the social requirements of their residents en masse, but are less inclined to treat them as having individual needs. A more careful assessment of residents' individual preferences might enable more fulsome opportunities, and would help sustain mental health and wellbeing more generally.

However, preferences or options can be inhibited by budget or staffing constraints, which are often out the control of activity organisers. The availability of transport and additional staff needed to accompany outings can be an insurmountable problem for establishments without enough funding.

Working closely with wider community networks provides the potential for third party or voluntary support to supplement care home staff in their endeavours. By addressing the gap that exists between care home environments and the wider community, there could, indeed, be a wealth of potential opportunities to emerge; these opportunities might be available to foster a closer network of support for care home staff and residents, as well as offer the opportunity for local communities to be enriched in getting to know their care home residents.

It could be that increased efforts, for example in developing community networks, might be a good starting point. Further, the development of links between care home providers and staff, too, might solve some of the current issues that exist, for instance in offering sharing of resources (such as in use of transport).

Fund raising often offers informal opportunities for the wider community to get to know their care home neighbours. Additionally, local schools are often keen to make use of stronger ties to care homes; in enriching the lives of residents, children and young people can also gain knowledge of the lifelong experiences of residents, such as when a resident is given the opportunity to provide living stories of their experience 'in the war' or 'before the NHS existed'.

Given time and community staff (such as CDWs), an opportunity to help care homes raise their profile within their own locality, and between care homes, too, would be possible. A directory of local services and people willing to come into the care home environment could be produced (and updated, perhaps as an online resource), as could details of potential places to visit and enjoy outside of the care home environment locally.

Some of the care home staff had little idea of what opportunities might exist to enhance the choices of their residents in engaging with their wider community. However, improvements in ideas, options and availability of these things could result in an expansion in the life experiences of care home residents, with relatively little additional effort needed for this to succeed. Also, a means of relaying information, and of being able to share good ideas, would enhance the experience of those people living and working within care homes, and of those people living within their wider community, too. This is of value, not just within the care home network that currently exists across the UK, but also within the small pockets of communities that could naturally exist in the future.

Conclusion

Future work in this area should try to better determine the specific hopes and individual needs of care home residents, while also encouraging community organisations and networks to endeavour to work more closely with their care homes. In this way, care homes would become part of a more compassionate community approach to those in the final years of life.

Key points

- A social gap often exists between care home environments and their potential wider community
- Staff realise the importance of residents being able to have stimulating social opportunities and a varied activities schedule but do not usually cater for the individual requirements of residents
- Staff would like to take residents on more outings, but complain of lack of transport and lack of volunteers which usually means that activities are limited and repetitive
- Some homes have established more innovative, proactive and cost effective schemes
- Many local organisations appear keen for residents of care homes to become involved and are willing to amend their sessions to better suit people with specific requirements

Box: Opportunities for care home residents

In the care home environment

- Games such as bingo, dominoes, skittles, ball games, rookie golf, and cards
- Sing-a-longs and reminiscence music sessions
- Paid and volunteer entertainers – singers, musicians, dancers
- Fundraising for charities and/or resident’s amenities – raffles/blind cards/fetes
- Coffee mornings and tea dances
- Wii Fit and similar games
- Exercise – chair-based and/or walks
- Gardening projects, such as the development of care home grounds
- Alternative therapy, such as hand massage
- Hairdressing and pamper sessions
- Clothes sales
- ‘Sugar and Spice’ sweet sales or tuck shops
- Monthly newsletter
- Reminiscence activities, memory trees, boxes, books
- Film nights
- Takeaway nights, such as ‘fish and chip’ supper
- Visits from schools or churches
- Knitting, sewing and other handicrafts
- Home baking
- Helping with domestic chores
- Milestone birthday celebrations
- Care of pets
- Healthy lifestyle, including menus
- Residents’ meetings
- Guest speakers, such as staff outreach from the Library
- Some libraries offer a housebound reading service through volunteers, and are also willing to visit the home to help with the initial setting up of groups like book clubs

To be located in the wider community

- Health and fitness –bespoke sessions across the locality, often in community centres
- IT online facilities
- Coach trip outings
- Museum talks and tours
- Libraries
- Ladies’ group, such as flower arranging or craftwork
- Women’s Royal Voluntary Service group

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