



## Review

## Care homes: The developing ideology of a homelike place to live

Anne Fleming<sup>a,\*</sup>, Angela Kydd<sup>b</sup>, Sally Stewart<sup>c</sup><sup>a</sup> Bishopbriggs, Glasgow, United Kingdom<sup>b</sup> School of Health and Social Care, Edinburgh Napier University, Sighthill Campus, Edinburgh EH11 4BN, United Kingdom<sup>c</sup> Mackintosh School of Architecture, Glasgow School of Art, 167 Renfrew St, Glasgow G3 6RQ, United Kingdom

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## ABSTRACT

This paper reports on part of a doctoral study which explored stakeholder perceptions of the importance of a homelike environment in a care home and which factors contributed to this. The changes in institutional care for older people have evolved from being a 'warehouse' type of environment for those too poor, too mad, too sick and too unloved, to a place where older people in need of care can spend their days in safety, in a 'homely' environment. Such an environment is one of the quality indicators of care home provision. Yet defining what 'homeliness' means is fraught with difficulties. This article presents a narrative literature review on the concept of 'home' and the common measures taken to address homeliness in a care home setting. The results show that although the word 'homely' is used with the presumption of a shared understanding, the concept is elusive and highly subjective. Given that long-term care now provides homes for an increasingly wide range of age groups and individuals with increasingly diverse backgrounds and personal histories, is a shared viewpoint on homeliness possible? Indeed, is it ever possible to make an institution homely?

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\* Corresponding author at: 11 Kirkintilloch Road, Bishopbriggs, Glasgow, United Kingdom.

E-mail addresses: [afm.fleming@btinternet.com](mailto:afm.fleming@btinternet.com) (A. Fleming), [A.Kydd@napier.ac.uk](mailto:A.Kydd@napier.ac.uk) (A. Kydd), [s.stewart@gsa.ac.uk](mailto:s.stewart@gsa.ac.uk) (S. Stewart).

## 1. Introduction

Care of the ‘elderly’ and/or ‘infirm’ has been a challenge for society over the ages. Over the years long term institutional care and the standards of care that have been created have served to change the institutional warehouse style of care into a ‘homelike’ environment for physically and/or mentally frail older people. Peace, Kellaher and Willocks [1] provide a comprehensive account of the establishment and evolution of the care home from the Victorian era until the late 20th century. Their work charted the changes in service provision for the old, which transformed the notion of institutional care into one of residential or nursing care. Such transformations included both the provision of services and the environment these services are housed in with the view to creating a homely environment. Seminal work by Rybczynski [2] *Home: A short history of an idea* described how the ideal of the domestic interior changed radically over the five centuries detailed, and how this transformed the expectations of the general population as to what ‘home’ should look and feel like. Clearly, these expectations inform the development of what constitutes a homely care home. However, in a review of homelike residential care models [3] it would appear that these models are complex and poorly evaluated, meaning that the concept of homelike remains poorly defined. This finding is supported by [4–9] and suggests the need for more robust styles of care homes that would engender a homelike environment suitable for its client group. This applies to all care home providers, including those in developing countries or where there has been rapid growth of the care home sector.

However, whilst this paper is seeking to address homeliness of the built environment, work on healing environments (see work by the Kings Fund) shows that a tranquil, purpose built and aesthetically pleasing environment has a major positive impact on those who live, work and visit such environments. Similarly, the attitudes, knowledge and skills of those employed in the environment have a major impact on the residents living there. Creating a homelike environment is multifactorial, but for the purposes of this paper the built environment is the focus, as this is the tangible evidence of a homelike environment for the regulatory bodies.

## 2. Methods

This review involved a search of the electronic databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycInfo, SocIndex, and Medline, and [www.architecture.com](http://www.architecture.com) and [www.artandarchitecture.complete](http://www.artandarchitecture.complete) via EBSCOhost. Key words used were home\*, residential care, design, and environment\* with domestic\* being substituted for home\* in the latter two databases to better reflect the language used in the architectural literature. The search included literature between January 1997 and October, 2016. Of the 280 papers sourced, 151 were excluded on initial screening and a further 53 excluded on full text reading. A summary of the results is included in Table 1.

## 3. Findings

Throughout the literature there was a great deal of complexity and uncertainty surrounding how to achieve a homelike environment. The default position appeared to be that a place was ‘homely’ if it was not institutional and was small in scale [10–12]. Eight themes were derived from the literature and these are briefly described below.

### 3.1. Home as space

Garcia-Mira et al. [13] described the living environment as critical to human well-being because individuals spend much time in buildings. The spaces within provide for different functions and the spaces between these buildings are important for feelings of belonging, security and well-being. However much depends on individual preferences. For example, Sinha and Nayyar [14] found that people living in high density environments expressed feelings of discomfort and a dislike of noise, which led in some cases to social withdrawal. They further suggested that as older adults spent more time in the home environment the impact of high density was felt more acutely. However, in contrast Van Haitsma et al. [15] described higher social density as having a positive impact on social activity.

Miles [16] differentiated between the use of public space and domestic space in urban planning. Public space, he wrote, was historically a male domain, which implied that private space was a female domain. This concurs with the work of Rybczynski [2] who suggested that the development of a home commenced with the separation of public and private spaces, marking out intimate spaces and in turn, to the concepts of domesticity and comfort – seen as a female domain. These gender differences were reflected by attitudes towards the home in old age [17,18]; where some men felt displaced by spending more time in the home and women felt more empowered by maintaining previous roles in the private spaces. However Miles [16] stated that the privacy of the home may be negative; locked doors might keep out danger, but be threatening to those subject to domestic violence and/or suppression. He also advised the careful use of terminology; the street is a domestic environment for the homeless, though it cannot be said to be either private or safe.

De Witt et al. [19] carried out a qualitative study into the meaning of living alone for older women with dementia. Their study is relevant to the care home environment, as it provides greater understanding of older people’s conflicts between their fears surrounding remaining at home alone and their fears of having to move into care. Within the care home, Danes [20] stated that in order for social functioning to be sustained for people with dementia, the layout of the public and private spaces plus the room adjacencies must be carefully designed. She suggested that public spaces for programmed activities should be varied and have visibility and familiarity but it was the public spaces for non-programmed activity that were considered most important. These were often situated on circulation routes, which should be well-travelled, pleasant and open to other spaces. Joseph and Zimring [21] reiterated Danes [20] findings in their study of active retirement community residents, where circulation routes that were aesthetically pleasing and had more movement along them were viewed more positively than isolated routes.

### 3.2. Home as place

Having a place is akin to belonging. Rowles [22] stated that the spaces in an individual’s life are given meaning as they become the places of that life and at the same time meaning becomes embedded in that place. He asserts that where each person is in ‘the here and now’, is understood in terms of where each person has been and of where each person is going. It is important to note here that Rowles [22] viewed shared residence as becoming:

‘A comfortable social space embracing a negotiated lifestyle and norms of behaviour in relationship with whom our lives are linked.’ p129

If this definition is accepted, however, it provides several indicators as to why the care home, as another in a series of settings, may

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