



Paper of

Prof. Anthea Tinker

King's College London

delivered to

The Citizens' Assembly

on

10 June 2017

FACILITATING INDEPENDENT LIVING – LONG TERM CARE AND SUPPORT

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

Citizens' Assembly, 10th June 2017

The presentation will draw on three pieces of research and these are summarised below.

- 1. Assisted Living Platform – The Long Term Care Revolution including a case study of the Netherlands**
- 2. How Age Friendly is London?**
- 3. Mobility, Mood and Place**

- 1. Assisted Living Platform – The Long Term Care Revolution including a case study of the Netherlands**

Anthea Tinker, L Kellaheer, Jay Ginn and Eloi Ribe, King's College London

Our research focused on housing and was inspired by the conviction that housing must match the needs and preferences of older people (50+) and be flexible enough to adapt as care needs change. Well-designed housing plays a key preventive role since falls and many health conditions are related to poor housing and older people often struggle to undertake repairs, renovations and modifications that are necessary to continue living independently at home.

Our vision includes meeting social as well as physical needs, preventing/delaying illness or depression and creating environments which facilitate mutual aid, with adequate state support available when required. Any future model of social care must, we believe, promote independence and encourage the older person to be in charge of their own care, choosing a solution that suits them, while ensuring they have appropriate technical and human support available.

The innovations in housing that we examined (some 'older' than others) included:

- Senior Co-housing – drawing on examples from the Nordic countries, Netherlands, US and Canada
- Homesharing – based on UK practice, especially in East Sussex, and in Australia
- Adult Placement – based on information from the NAAPS UK website 'Shared Lives'

- Broadband city video links to enable interaction from home – Netherlands examples
- Smart Homes, including telehealth and telecare – mainly Netherlands examples
- Lifetime Homes
- Age-friendly towns
- Hotels and Cruise ships
- Cooperative Care village (self-started) – in the Netherlands
- Several specially-designed complexes for residential care – Netherlands examples

We reviewed the well-established UK options of Extra Care Housing, as well as Retirement Villages, in terms of their suitability for combining accommodation with care at different levels of intensity. We explored the research findings on Personal Budgets in England and found they were not universally popular among older people nor cost effective. PBs were abandoned for new clients in the Netherlands as too expensive and subject to fraudulent use. (nb since this publication research about personal budgets are more positive. Also Personal Health Budgets have been introduced for people with long term health care problems).

2. How Age Friendly is London?

Anthea Tinker and Jay Ginn

If a town is Age Friendly people of all ages are more likely to be able to live independent lives.

This 2015 report updated the research undertaken for the WHO in 2007. It used published research, alongside older Londoners' views, to assess progress made and some gaps in delivery. We explored reasons for the affordability crisis in housing; how to address this and ensure attractive, adaptable, safe, warm and secure housing options, including specialist housing.

Findings about London

It found that some progress has been made towards helping older people to participate fully in London's social and cultural life but we recommend that more attention is paid to the urban crisis which affects older people such as rising rents, dispersal of vital support networks due to regeneration and gentrification and the drastic decline in local social care services. We also recommended:

Neighbourhoods designed to facilitate walking outdoors and interacting; stable and cohesive communities; cleaner air, quieter roads, less traffic at slower speeds; open libraries and community centres; sufficient clean public toilets; a more accessible Underground system; more comfortable bus shelters with seats; less inter-borough inequality in housing quality, health and income; sufficient health services that are

better integrated with social care that is adequate; more opportunities for employment and voluntary work; better information generally and help with internet access; more involvement of older Londoners in local planning.

The report highlights older Londoners' contribution to the life of the city through employment, voluntary work and informal caring, calling for an end to age discrimination and greater recognition of older people as an asset to society.

Lessons from other countries

Lessons for London from around the world are outlined. In 2011 the WHO established the Global Network of Age-Friendly Cities and Communities to foster the exchange of experience and mutual learning between cities and communities worldwide. In May 2014 they identified 210 cities and communities in 26 countries signed up to the Network with more in the process through the network's affiliated programmes and networks. On 1.10.14 the WHO launched a new website 'Age-friendly World'. The site provides guidance and tools for starting, implementing and evaluating Age Friendly initiatives as well as information about projects that are already up and running around the world.

The main findings:

1. The concept of Age Friendly Cities has widened to Age Friendly Cities and Communities
2. There is now more attention paid to Dementia Friendly Cities/Communities. In England over 60 towns and cities have committed to become dementia friendly. In July 2014 London committed to this.
3. Attention is now turning to Age Friendly Rural Areas where it is realised that some of the problems of the city such as a sense of isolation and loneliness may be even more acute
4. There is also interest in what is described as a 'Village Model' where non-governmental organisations develop a membership-based grassroots initiative to facilitate social engagement as well as access to services.
5. In 2014 there were about 210 cities in 26 countries involved in the Global Network Initiative. Countries with the highest number of cities/communities are the USA (38), Spain (36) and France (25). The UK has 7. The purpose of the network is to link cities to one another, facilitate the exchange of information and best practice, foster interventions that are appropriate, sustainable and cost effective for improving the lives of older people and to provide technical support and training. Cities seem to come and go wax and wane in interest in the concept.
6. Some countries have been particularly enthusiastic including Canada (which led and co-funded the original 2005 research and the 2007 report), the USA and France
7. Very few initiatives have been evaluated. However there is now a clear evaluation framework (including mixed methods of quantitative, qualitative and other methods) which London and other cities can use to see how age friendly they are.
8. Most articles/press releases etc. are descriptive.

Dublin has a 5 year strategy from 2014 – 19. It was launched in 2014 and covers 5 areas. It is said that the implementation of the strategy will be informed by the direct involvement of older citizens from the City's Older Person's Councils

3. Mobility, Mood and Place

Being able to get outdoors is essential for maintaining health and wellbeing into later life, but many older people find it becomes less easy, enjoyable and meaningful as they age. To help ensure that living longer is a positive experience for everyone, we need evidence-based solutions to known challenges.

The Mobility, Mood and Place (MMP) research project has been exploring how places can be designed collaboratively to support outdoor activity, health, wellbeing and community engagement as people age. Drawing on the participation of over 900 people, most of whom were aged 60+, our research shows how innovative neuroscience methods and co-design techniques offer new opportunities to understand older people's response to place and how healthy ageing begins much earlier in life than we currently plan for.

Funded by the UK Research Councils through the Lifelong Health and Wellbeing programme, the research phase of MMP ran from September 2013 to January 2017. These are the project's key findings and recommendations:

- Four qualities of places really make a difference to quality of life: access for all, access to nature, access to others and access to light.
- The mundane matters and the commonplace counts! Everyday things, such as pavement quality, benches, street lighting and toilets, can make all the difference as we get older.
- Green spaces seem to be restorative, offering a respite from the tiring demands that busy urban places make on our directed attention. Older people walking between different types of urban environments show changes in their emotional response to place based on brain activity patterns.
- Even a short walk can lift the mood if the environment is sufficiently varied. Things like colour and wildlife, opportunities for social contact, and familiar places, especially those linked to key memories, are highly valued.
- The design and layout of the home can help older people to be more active day-to-day.
- Well-designed environments can support older adults who have experienced a stroke to engage in, and return to, the activities they value.
- Healthy ageing is influenced by local environments throughout our lives, beginning in childhood. Features of the environment - such as nearby access to public parks - can have lifelong positive associations with healthy ageing, and in particular with better cognitive health in later life.

The knowledge exchange phase of Mobility, Mood and Place continues until March 2018 with an Impact Acceleration Award from the Economic and Social Research

Council (ESRC). The project's practical guide to participatory working with research participants, *The A-Z of Co-Design*, was published in July 2016 and is currently being developed into a training course with the Centre for Accessible Environments (CAE).

4. Conclusions

All these studies and other evidence point to the need for policies which encourage independent living. These include the most important element of involving the people for whom the polices are designed.

References

Tinker, A, Kellaher, L, Ginn, J and Ribe, E (2014) 'Assisted Living Innovation Platform: Scoping report for the Long Term Care Revolution SBRI Challenge. The status of housing provision for older adults in the UK and other EU countries'. The Technology Strategy Board

Tinker, A, Ginn, J and Ribe, E (2014) 'Assisted Living Innovation Platform: Scoping report for the Long Term Care Revolution SBRI Challenge. A study of innovatory models to support older people with disabilities in the Netherlands, The Technology Strategy Board.

Tinker, A and Ginn, J, (2015) *An Age Friendly City – how far has London come?*
KCL

The Institute of Gerontology, King's College London

The Institute of Gerontology at King's is one of the world's leading research centres for the study of ageing. It is dedicated to advancing understanding of the characteristics, key influences and effects of ageing throughout the life course. In the 2014 Research Assessment Framework, Gerontology was submitted as part of the Department of Social Science, Health and Medicine (now the Department of Global Health and Social Medicine) for assessment as part of the Sociology category. Where 4* represents world leading research in terms of originality, significance and rigour it achieved the highest proportion of 4* research outputs of any Sociology submission. In addition, 100 per cent of its research impact was awarded a 4* or 3* rating, a striking testament to the Institute's strength.

King's College London was confirmed as one of the world's leading research Universities in the 2014 REF. It rose to 6th position nationally in power ranking (based on research quantity and quality).

Dublin ltc paper 30.6.17