

Our vision is a world where all care homes are great places to live, die, visit and work.

Facilitating transitions

This updated research briefing paper was written by Assumpta Ryan and based on a review of the literature on quality of life in care homes, undertaken by the National Care Research and Development Forum in 2006¹, which was later updated by a review of reviews (2006-2016), undertaken by the My Home Life team. *My Home Life* is an international programme of work aimed at promoting the quality of life for those who are living, dying, visiting, or working in care homes for older people.

Overall, research on facilitating transitions seems to reflect many of the findings of the original review (NCHRD, 2007). Post 2007, new evidence suggests:

- The level of involvement and choice a resident has in the decision-making process plays a significant role in whether they will successfully adapt to life in a care home (Chao et al., 2008; Johnson et al., 2010; Fraher and Coffey 2011; Lee et al., 2012; Brownie et al., 2014; James et al., 2014)
- Individuals who do not have a choice in care home admission experience higher levels of sadness, depression and anger compared to those individuals who do have choice about the move (Brownie et al., 2014). Additionally, if a care home admission is unplanned and the placement is not discussed with the resident, this can lead to feelings of loneliness and isolation (Thein et al., 2011; Brownie et al., 2014; Bowers, et al., 2015)
- Families find it difficult to adjust to being a visitor as opposed to being the primary carer and feel unaware of expectations (Ryan and McKenna, 2013). Moreover, they feel unprepared and unsupported for the role transition (Eika et al., 2014).
- Many research studies report that care home environments can be restrictive with lack of privacy, reduced social interaction, and regimented routines. Residents experience a loss of autonomy, independence and identity making adjustment to life in a care more challenging (Tsai H-H and Tsai Y-F 2008; Cooney 2011; Bradshaw 2012; Ericson-Lidman et al., 2015; Krizaj et al., 2016)
- The importance of a positive supportive relationship between staff and families is reiterated within the literature (Koplow et al., 2015). Moreover, familiarity with the care home and care staff can establish a relationship of trust and is seen as a reassuring factor for the individual, and their family (Ryan and McKenna, 2013).



¹NCHR&D Forum (2007) *My Home Life: Quality of life in care homes – Literature review*, London: *Help the Aged*.

Introduction

Moving to a care home is a major life change, often the last move people will ever make (Cheek et al., 2007; Ellis 2010). It can mean the loss of relationships as well as of an environment in which many emotions and memories are invested.

For many, the move may be necessary because of a decline in physical and mental health, a reduction in or the end of independence, or the death of a partner. However, while such a move often has negative connotations, if properly planned and managed it may bring benefits and a better quality of life (Koppitz et al., 2017).

There are various ways to make the change a positive one, including avoiding pressure being brought on the older person; ensuring that the decision about where to live is jointly made by the older person and their family; providing relatives and the prospective resident with adequate information; and allowing the older person to retain control over decision making (Chao et al., 2008; Johnson et al., 2010; Fraher and Coffey 2011; Lee et al., 2012). The 'try it and see' approach, where potential residents are able to stay in care homes for a few hours or even a few days, is a useful way in which residents can start to make an informed choice.

Older people and their carers need to feel supported in managing any feelings of guilt, sorrow, loss, grief or anger associated with the change.

Overall, the process of entering a care home should be considered as much an opportunity to realise new opportunities and challenges as it is a result of some form of loss of independence or health status.

Main points

Older people can be proactive in choosing to move into a care home and choosing which one they prefer. Where an admission is planned and where residents are involved in the decision-making process, the adjustment to care is easier.

The decision to move into a home can be particularly difficult when it is triggered by need rather than desire. Additionally, there is evidence that inappropriate admissions occur. This has obvious financial implications but it also raises the question of whether people are sometimes being placed in care homes unnecessarily. There is evidence to suggest that the physical care home environment can facilitate or hinder transition processes (Tsai H-H and Tsai Y-F, 2008; Bradshaw et al., 2012; Cooney, 2012; Ericson-Lidman et al., 2015; Krizaj et al., 2016).

Decision making

The extent to which individuals are able to control the choice of moving to a care home is an important factor to their relocating experience (Ryan et al, 2011; Brownie et al. 2014). Ideally, any decision should be made jointly between the older person and relatives/ carers, with involvement and input from health and social care professionals and care home staff. The most positive way is where 'making the decision' is a relatively proactive and planned approach that leads to deciding that a placement is necessary. Less positive is 'reaching the decision', which happens without a planned or rational basis, and the least positive is 'realising the inevitable', which usually occurs following a crisis and is often making the best of the situation.

Many carers continue to try to care for loved ones at home until they reach 'breaking point'. The decision for their loved one to go into a care home can then be taken out of their hands.

Support from a 'broker' in finding a care home can be helpful but, without this, distress can be made worse and can even lead to the choice of an inappropriate home (Brodaty and Donkin, 2009).

From the perspective of relatives, research suggests the transition has three stages: 'making the best of it', 'making the move' and 'making it better' (Davies and Nolan, 2004).



These phases are sequential. They span the time leading up to the move, the period immediately before and after the move, and lastly relatives' efforts to engage care home staff and to contribute to the life of the new resident on an ongoing basis. The move into a care home is thus a continuous adjustment process rather than one event (Lett et al., 2012).

No pressure/under pressure

Most admissions to care homes are made following a time in hospital or during an acute illness and, as a result, the older person and/ or their relatives may have very little input in the decision-making process, which can be very traumatic and the cause of sadness, depression and anger (Johnson et al., 2010; Fraher and Coffey, 2011; Ryan and McKenna, 2013; Brownie et al., 2014) Moreover, individuals reported that having greater involvement could have helped to ease the negative feelings surrounding the move (Nwe et al. 2011; Sury et al. 2013).

Being in the know/working in the dark

Research shows that older people and their relatives are largely unprepared for the reality of care home life. You need information if you are going to make an informed choice. Too often, prospective residents and their carers do not realise that there is a plethora of information available to them. Part of the problem is that information is rarely comprehensive or held in one place. Additionally, there is a lack of qualitative information: for example that would help older people decide which establishment's atmosphere would feel most like home to them.

- Help the Aged produces a regularly updated free advice leaflet called Care Homes that outlines how to find and what to look for in a care home, and discusses care home fees.
- Elderly Accommodation Counsel's Care Options Directory provides a tool to help people seeking care to establish their own priorities, a database of factual information about each UK home and qualitative

descriptions to help people judge the likely suitability of homes available to them ([www. housingcare.org](http://www.housingcare.org))

- Alzheimer Scotland has an extensive checklist to assist with choosing a home for a person with dementia; it focuses primarily on the practical but also covers personal and cultural aspects. Alzheimer Scotland also offers ideas for helping residents adjust to living in a care home and has advice to help relatives during the transition and enable them to maintain a sense of control over their own lives.

The websites of Age NI (<https://www.ageuk.org.uk/northern-ireland/search/?q=care+homes+>), Age UK (<https://www.ageuk.org.uk/information-advice/care/arranging-care/care-homes/moving-into-care-home/>) and Alzheimer's Society (<https://www.alzheimers.org.uk/get-support/help-dementia-care/finding-care-home>) have helpful information about moving to a care home.

The Public Health Agency, Northern Ireland has produced a booklet 'Dementia and Moving to a Care Home' (<https://www.publichealth.hscni.net/publications/dementia-and-moving-care-home>)

These resources can be used by care homes as a basis from which to develop other materials to help with choosing a home. Personal testimonials and information on care philosophies could also be included.

A useful way to make an informed choice is the 'try it and see' approach, where potential residents are able to visit care homes and stay for a period of a few hours or even a few days

For many reasons, often practical ones, trial stays are not always an option but, where available, they can be highly effective. However, while a trial placement offers potential residents the opportunity to decide whether they feel the home is right for them, staff could possibly decide that the potential resident is not suitable for the home. Where relatives are asked to find an alternative placement, it can be difficult for them not to see this as a rejection of the older person, and to some extent of themselves.



Control and self-determination

Control and self-determination are different, according to some researchers. Choice is central to self-determination, not a mere perception of control over outcomes. Attitudes to control vary in people who live in care homes – some relish relinquishing control over some aspects of life, particularly when having too much control can lead to anxiety. This varies between individuals but the degree of frailty experienced will affect people's ability and motivation to carry out tasks, thus affecting their experience of choice and thus autonomy.

Feeling supported/feeling unsupported

The move to a care home represents a transition not only for the prospective resident, but also for their carer, who may be experiencing feelings of guilt, sorrow, loss, grief or anger (Westacott and Ragdale, 2015). Whether their feelings and emotions are seen as valid and are supported can make a difference. Supportive relationships between care staff and families are vital for a positive transition process from life at home to a care home (Ellis, 2010; Eika et al., 2014; O'Shea et al., 2014; Paddock, 2014; Koplou et al., 2015).

Care home staff need to be aware of factors influencing a relative's decision to move a relative to a nursing home and be sensitive to the range of feelings and emotions associated with this transition. Quite often relatives are asked to stay away for the first week or so to allow the person to 'settle in', but Alzheimer Scotland suggests this is not good practice as it denies the important role that the resident, the relative and staff members play during this crucial time.

Finally, although the initial transition into care home can be seen as complete once the resident feels settled in the home, in reality further transitions then begin in terms of maintaining a sense of identity, adjusting to a new community, maintaining health, and sharing decisions. Families considered that their relationships with staff affected the quality of care their loved one received. Care home staff who remembered 'the little things' and who were very person-centred in their care were highlighted as a key influence in families' satisfaction with the quality of care provision in the home (Ryan and McKenna, 2015).

Feeling 'at home'/feeling like living in an institution

Care home environments can either hinder or facilitate the transition process. A major challenge associated with the transition into a care home is the loss of the individual's home, therefore threatening identity, belonging and sense of self. Home is not only fundamental to a person's self-identity and social relationships, but homely environments are essential to promote recovery, well-being and quality of life (Molony, 2010; Rioux and Werner, 2011)

Some care home environments are restrictive and structured therefore making adjustment more challenging as feelings of institutionalisation occur, with the absence of a homely atmosphere (Tsai H-H and Tsai Y-F, 2008; Bradshaw et al., 2012; Cooney, 2012; Ericson-Lidman et al., 2015; Krizaj et al., 2016; Lee et al. 2013; Osterlind et al. 2017). The negative consequences of life in a care home may include a lack of privacy,



reduced social interaction, regimented routines and loss of autonomy, independence and identity (Bradshaw, 2012). Most routines and restrictions within the care home environment make it difficult for individuals to express their personalities. Although staff often tried to incorporate individual residents' wishes and preferences into their care plans, they reported feeling restricted by a lack of staffing and resources (Ryan and McKenna, 2015).

In contrast, potential benefits for older people entering care homes can be improved self-worth, morale and physical functioning in addition to feeling less lonely and more secure (Wadensten, 2007; Katz et al., 2011; Lee et al., 2013). Care homes benefit from resources to organise meaningful activities for individuals. However, small changes to routines, such as allowing 'duvet days', also help to support individuals' identities and contribute to a homely atmosphere (Paddock, 2014).

Practice examples

The literature review (2007-2018) suggests following good practice points for transitions:

- A holistic, person-centred approach;
- Maintaining continuity between residents' past and present roles;
- Involvement of all stakeholders during the continuous transition process;
- Providing meaningful activities alongside continuity of care.
- Building positive, trusting relationships between staff and families.



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