HARP: Healthy Ageing in Residential Places

A European Research Area in Ageing 2 (ERA-AGE 2) international project

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JCRA Active & Healthy Ageing
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A partner project to:

RE-IMAGINING
LONG-TERM RESIDENTIAL CARE
an international study of promising practices

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**HARP countries and PIs**

**Canada:**
Dr. Pat Armstrong
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Funded by CIHR

**United Kingdom:**
Dr. Liz Lloyd.
University of Bristol
Funded by ESRC

**Sweden:**
Dr. Marta Szebehely
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Funded by Forte

**Norway:**
Dr. Mia Vabø
Norwegian Social Research, Oslo
Project ‘Contested spaces: Exploring how policy and practice shape Norwegian nursing homes’ funded by Norwegian Social Research
HARP research questions

• What constitutes active, healthy ageing for women and men in residential care facilities?

• What conditions support active, healthy ageing for residents and staff, taking gender, context and individual capacities into account in providing long-term residential care?
Relationship to ‘Re-imagining Long-term Residential Care: An International Study on Promising Practices’ (Re-Imagine) (PI Pat Armstrong)

- A seven year project in six countries: the four Harp countries (Canada, the UK, Sweden, Norway) plus Germany and the United States
- Aim of Re-Imagine: to identify promising practices for thinking about, planning and organising long-term residential care
- **HARP** builds on and complements Re-Imagine, focusing on comparative ethnographic case studies
Re-Imagine: research questions

• What *approaches to care* support long-term care as a viable, desirable and equitable option for individuals, families and caregivers?
• What kinds of *work organization* are most promising in meeting the needs and balance the rights of residents, providers, families and communities?
• What are the promising practices in approaches to *accountability* that nurture care and inspire quality workplace relations in long-term residential facilities?
• What innovative *financing and ownership* models are promising in terms of ensuring equitable access to quality long-term residential care while reducing the offloading of both material and other costs onto workers, employers, families or individuals?
Information about policies and practices at national levels gathered in *Re-Imagine* → crucial background for analysing ethnographic data in *HARP*
Point of departure for both Re-Imagine and HARP

• Seek practices that treat both workers and residents with dignity and respect
• Promote active, healthy ageing for both residents and workers
• Conditions of work are conditions of care
• Understand care as a relationship
• Take differences and equity into account
• Seek positive strategies: search for ideas worth trying
• Entire range of players matters: what works for whom, when, under what conditions
• Context matters
HARP: methodological approach

• Team-based, rapid, site switching ethnographies in (at least) two sites per country – dementia and mixed units
• Mixed teams do one week field visits at each site
• Fresh eyes: researchers from different countries, different disciplines
  – Sociology, social work, gerontology, anthropology, history, gender studies, nursing, medicine, health policy, economics
HARP: methodological approach (continued)

- **Before fieldwork**: ethics approval, site selection, preparing for site visits (presenting the study to residents, staff, family; pre-interviews; ‘package’ for researchers about the setting)
- **On site**: observations, interviews, collecting documents
- **6-12 researchers from all participating countries at each site observing in pairs (one local, one international) from 7 am to midnight**
- Individual fieldnotes to be shared by the team
- Interviewing in pairs or alone (sometimes after field visit)
- Team analysis during and immediately after field visit
- **After fieldwork**: report back to sites on preliminary findings
The HARP data

• Altogether 13 full site visits
  – Sweden 2, Norway 3, UK 2, Canada 6 (plus 2 in US and Germany + 8 Norwegian homes in Vabø’s ‘Contested places’)

• Plus 10 ‘flash visits’ (one day visits)

• More than 500 interviews with residents, family members, care workers, nurses, managers, activity coordinators, kitchen staff, cleaners, volunteers etc.

• Fieldnotes from more than 400 ‘person days’ of observation made by more than 35 observers; more than 1500 pages.

• Large number of local documents

• From Re-Imagine: national data on legislation, resources, oversight, workforce etc (the context that matters)
What can fresh eyes bring?

• We noticed different things and found different things promising:
  • A Canadian sociologist found silent alarms and wheels on the front legs of dining room chairs promising in a Swedish nursing home, while the quiet and small scale units were perceived as boring
  • A Swedish social work researcher did not notice the technologies in the Swedish home but found the small size with peace and quiet promising...
  • ... until she visited British homes and found the larger and more lively units focusing more on social activities surprisingly promising
But also agreement on what’s promising for residents’ and staff’s healthy ageing

• Staffing (time to care), training, continuity, division of labour, decision making, knowledge sharing

• Promising practices on food, laundry, music, space, death

• Taking risks versus strict regulation
Where are we and where are we going?

• Data collection finished; analysis ongoing
• Publications (examples)
  – The meaning of dining. The social organization of food in long-term care, *Food Studies* 2015 (Lowndes, Armstrong, Daly)
• Work in progress (examples)
  – Methods book (the entire team)
  – Wash, Wear and Care: Laundry and clothing in the life and labour of nursing homes (Armstrong & Day)
  – Gender regimes in Ontario Nursing Homes: organization, daily work and bodies (Storm, Braedley, Chivers)
  – Interpretations of person-centered dementia care: similar rhetoric, different practices? (Stranz & Sörensdotter)
  – Different contexts, different roles for family in nursing homes (Lloyd & Szebehely)
Future plans

• Continue to analyse, present and publish
• Continue to give feedback to ’the field’
• New projects building on the HARP collaboration and using HARP data:
  • Six year research programme funded by Forte 2014-19: ’Individualised care and universal welfare – dilemmas in an era of marketisation’ (PI Szebehely, involving Armstrong, Lloyd, Vabø + more)
  • Two year COFAS post-doc funded by Forte 2016-17: ’The logic of care and the logic of audit in residential care for older persons – learning from international comparative research and feminist care theory’ (Albert Banerjee from York University to Stockholm University)
  • SSHRC Insight grant : ‘Challenging the ‘Nursing Home Specter’ in the Age of Austerity’ (Sally Chivers, Trent University)
Concluding thoughts about ERA-AGE

• Great opportunity to build and strengthen international collaboration

• Strength of the team-based, rapid, site switching ethnographies:
  – Fresh eyes
  – Learning from each other (junior/senior; between disciplines and jurisdictions)

• The connection to the bigger project Re-Imagine crucial
  – For understanding the context
  – For the infra-structure (newsletter, webinars, website, yearly meetings – thanks to Wendy Winters!)

• Website for Re-Imagine and HARP: http://reltc.apps01.yorku.ca/