

How to make a family-based care home

Written by Peter Bates and Richard Banks



Introduction

*“Consider yourself at home, consider yourself one of the family.
We’ve taken to you so strong it’s clear we’re going to get along.
Consider yourself well in, consider yourself part of the furniture.”¹*

Congregate residential care facilities for older people and people with disabilities often employ images of family in their marketing materials. This paper explores how the idea of family is used and what it might mean for people who live in these settings and the staff who run them. A companion paper considers the idea of the care facility as home by looking at architecture, fixtures and belongings².

Contents

Introduction	1
Human rights.....	2
Survey of websites	3
Dividing up the care home	4
Family triggers a variety of responses	5
Family as a benchmark for quality	6
Origins of family as a model for social care	7
Losing your family	8
Supporting resident’s kin	9
Build a family-like culture amongst residents within the care home	10
Encourage the staff team to function as a family.....	11
Family-like staff/resident relationships	11
A family where everyone contributes.....	12
Conclusion.....	13
Status of this document.....	13

Human rights

We begin this discussion by stating the obvious – that people living in long-term care settings are people first, irrespective of disability, support need and stage in life. As such, every resident has fundamental rights and freedoms described in the Universal Declaration of Human Rights 1948 and endorsed by the Human Rights Act 1998. All humankind is one family and shares common citizenship, honour and equality. The various articles in the Declaration capture core features of this shared humanity and describe rights and freedoms that must find expression for every person in every situation. These include the right to self-determination, to family life, to privacy, to freedom of movement and association and more, all of which will contribute to our discussion about family-based care homes. Russell³ summarises this in everyday language by asserting people's rights to enjoy:

Challenge #1

Show how the arrangements at your Care Home support each Article of the Universal Declaration of Human Rights.

- A meaningful life, goal and purpose
- Positive emotions
- Meaningful relations with other people – associational life
- Enjoying small things
- Doing something for somebody else
- Healthy living – movement, food and 'lifestyle' decisions about alcohol, smoking and so on.

It is vital to start with a recognition that people are citizens first and so resist the temptation to shrink people to residents or service users, limited by the boundaries of provision rather than free to enjoy their universal rights.

Even where an individual may be unable to claim a specific right, the principle must be endorsed. For example, the Declaration explains that adults may marry and found a family. Whilst some people are biologically unable to procreate, everyone has a right to enjoy family life, and so we need to think through what each of these rights may mean for a care home. For those that aspire to offer 'family-based' care, so it is important to understand what family means to people and how it relates to the sense of home and other factors that might drive the design, culture and practice of a care home.

Before moving on, the complex interplay between the concepts of home and family deserve recognition. Sixsmith⁴ carried out an analysis of the ideas of home held by 22 postgraduate students which yielded a threefold yet indivisible framework comprising:

- The personal home, permitting self-expression of identity
- The social home, enabling connection with housemates and guests
- The physical home, affording security and access to resources

This paper might fit into the second bullet point above as it considers how family-style relationships provide access to a homely environment, while the companion paper⁵ addresses the third category by focusing on access to furnishings and equipment. In both papers, we draw out consequences and implications for the first category, that of the personal home in which identity is expressed.

There are numerous components of the idea of family, and the first of these might be relationships, although communication within many care establishments is hardly family-like. As SCIE reported, ‘an Alzheimer’s Society survey of 12 care homes using the observational tool Dementia Care Mapping found that the typical person living in a care homes in the research spent only two minutes interacting with staff or other residents over a six-hour period of observation, excluding time spent on care tasks, such as being helped to get dressed or eat.’⁶

Challenge #2

How much time do staff spend interacting with residents beyond the task-based interactions involved in delivering care?

A second component of the sense of family might be durability. Canham et al⁷ asked care home staff about their views of home, and this work picks up on the idea that the sense of home grows slowly over time, highlighting the etymological link between the notions of family and the way that people and objects become familiar. Some staff respondents told Canham’s team that it felt like a family when they knew the residents and their work colleagues so well that they could anticipate their reactions and they had shared common experiences and memories. Such relationship continuity demands low staff and resident turnover and the avoidance of rotation in staff rosters. Unfortunately, the average length of stay in a single residential care home in England that ended in the resident’s death is around 26 months⁸ so this does not provide much time to build a family feeling.

The passage of time can also weaken bonds with former homes, neighbours and friends as the person themselves forgets, and some friends and relatives fade out of the person’s life. For people with dementia this may generate a situation where the person responds to a staff member, replacing the relative who is an occasional visitor and receives no such recognition.

A third component of the notion of family might be privacy. Whether it is an en-suite bedroom which permits residents to wash and use the toilet away from the gaze of other people, or opportunities to speak to others without being overheard, privacy is part of what helps to create a sense of home in long-term settings⁹. Despite privacy being listed as a fundamental human right, surveillance is a daily reality in many care homes where, with or without video monitoring, residents are continuously watched and then subjected to a barrage of uninvited advice about diet, exercise, personal hygiene, medication and a host of other matters.

Several more components will be identified through the course of this paper, showing that the concept of family is complex and untidy, with commentators selecting some and neglecting others in their model. For example, the multigenerational aspect of family receives scant attention in this paper, while many readers would place children and intergenerational relationships at the very centre of their notion of family life. Such a definition would render any attempt to create a ‘family-like’ environment in a care home without engaging children as futile and insist that any real prospect of creating family life for older and disabled people must be sited in supported living in the community. Those who believe that a care home can be built around a family ethos will, from this perspective, need to actively engage children and young people as well as make other components of their definition of family do much more work if they are to create a convincing sense of family.

Survey of websites

In June 2020, the content of 100 websites run by care home providers in England were briefly reviewed. Forty-nine of them evoked images of family to describe or market their service. Further details were as follows:

- 37 websites used the language of family *and* home, often pairing the ideas into a single sentence. *'A family run business that was setup to meet the need for a homely environment.'*¹⁰
- 27 websites described the organisation as a family-run business. Fifteen of these also refer to the long-term nature of their business, commonly in excess of 30 years, suggesting that one part of the significance of the concept of family is its durability as mentioned above.
- One website hints at a link between the proprietor's own home and the residential care facility, as if these care homes were Shared Lives environments where the people receiving care moved into the family home of the staff who supported them. *'[We] combine raising a family with being able to continue to serve the nursing needs of a community...'*
- Elsewhere, the website underlines that the building used to be an ordinary dwelling house, albeit a large one. *'Originally the family home of Neville Hanbury Mander.'*
- Several website authors describe the relationships within the care facility as like a family. This may be a way to describe relationships within the staff team, resident/resident relationships or resident/staff relationships. *'Longstanding friendships forming between staff and clients alike, bringing a real sense of 'extended family'.* One relative summarised their feeling that the staff and residents had become 'another family' for the resident to enjoy in addition to his kin.
- Two websites in our sample made mention of a 'family ethos' or 'family values' in their description of the operating philosophy of the care facility. For two homes, the family ethos meant that staff specifically declared that they treated residents with love and others asserted that staff treated residents as if they were members of their own family¹¹. For some commentators, the professionalised language of paid caring, with its jargon regarding assessments, interventions, professional distance and safeguarding, has been found wanting, and some of it is gradually being replaced by everyday words like conversation, community, home, family and love¹². In addition to this change in language, these homes aim to push administrative procedures into the background and focus on residents as emotional beings who need family-style love from the staff who support them in addition to policy compliance.
- At least one home has been subdivided into 'family groups', of which more below.
- Several homes use the idea of family as a description of quality, so, for example, staffing levels are sufficient to enable them to join residents at mealtimes and this helps to create a family atmosphere.

Dividing up the care home

Since around 85% of care homes house twenty or more residents¹³, some are divided up into 'family groups' in an attempt to reduce the number of strangers and unfamiliar spaces and the consequent bewilderment of residents¹⁴. These family groups may be located on separate wings or floors of the building, while other care environments create family groups for mealtimes only¹⁵. A similar subdivision of the entire resident group, made for different reasons, has been driven by the recent

Government guidance on cohorting residents and staff in response to Covid-19¹⁶. There are a great many variations of this approach, driven by the local answer to the following questions:

- **Designated space.** Does the family group have its own identified physical space, or is it just a social group?
- **Number of buildings.** In order to move from one family group area to another, do you have to go outside?
- **Neighbours.** Are the buildings placed together on a distinct campus or interspersed with ordinary housing?
- **Daily routine.** Can residents remain in the family group space or do they need to leave it each day to eat, sleep, wash or undertake other routine daily activities?
- **Joint events.** Does the family group regularly organise activities and offer hospitality to stimulate the formation of friendships between residents who live in different family groups?
- **Regular staff team.** Are some staff assigned to do all their regular work with just one family group? How often do they get reassigned to temporarily work in another group?
- **Visiting staff.** To what extent do visiting staff, such as activity organisers, managers, doctors, advocates, bank workers and cleaners also work with other family groups?
- **Shared resources and equipment.** Is each family group treated as self-contained and self-sufficient or are policies, budgets, purchasing, food preparation and equipment such as hoists, furniture and games pooled across several family groups?

The combination of answers to these questions will affect the potency of the family ethos in each care home. One might imagine that forming an exclusive family group which limited access to alternative spaces and people would be claustrophobic.

Family triggers a variety of responses

Variations in race, class, religion and culture¹⁷ provide the overall context for understanding which ideas are evoked by the idea of family, with individual experience adding to those differences. As a result, the term 'family' requires further discussion both in this paper and with people who are contemplating the significance of family as an influential concept for a care home.

How we think of 'family' is intensely personal and so one's own experience is taken as normative until one draws close to other families that provide alternative perspectives. At its extreme, psychological processes such as betrayal blindness¹⁸ prevent abused children from fully recognising that their experience is wrong, partly because they don't have access to alternative examples with which to compare. In a similar way people who have had a happy childhood, perhaps achieved through personal sacrifices made by their parents often don't fully recognise it until later life. This can lead people to think about family as a series of comparisons. Descriptions of relationship then act as a starting point for what sort of family they want to form – 'my mum was like this... so I strive to....'

Challenge #3

Talk about the idea of 'family'. What emotions and associations does this bring out? Does it always make people feel safe, loved and at home?

For many people, family is not a positive memory or at all comforting. Families can be abusive¹⁹ and dangerous – women are more likely to be murdered by a partner or ex than by anybody else²⁰.

Families can stifle and create debilitating guilt. Even where there is nothing to find in terms of criminal, actively abusive or coercive behaviour, they may be perceived as culture carriers for inequality and oppression, as manifested in assumptions about gender roles in chores and childcare²¹, the perpetuation of racist attitudes²² and other injustices. So a Dutch study²³ investigating a family-style care home for adults reported that the resident occupying the largest bedroom asserted a parental role over the others and treated their peers like children.

In contrast, for some people, becoming a resident in a care home is an escape from an abusive family²⁴, while others, who have found acceptance in family life, feel obliged to hide parts of themselves from coresidents in the care home. This has occurred when LGBTQ people who have lived without shame throughout their adult life feel obliged to 'go back into the closet' on admission²⁵, reminding us to adopt a broad definition of family.

All this means that any team of staff that aims to provide a 'family-like' care home needs to hold a conversation about what that might mean for the resident, their family, support network and the staff team and the wider community.

Family as a benchmark for quality

In 2013, Andrea Sutcliffe incorporated a new test into CQC inspections²⁶ - 'would this be good enough for my Mum?', thus asking a similar question to that used in the Friends and Family test in the NHS. These evocations of family as a way to judge the adequacy of social and healthcare services must take their place alongside the same regulator's guidance which indicates that family-run care homes are at increased risk of poor practice²⁷.

The reasons include:

- Family dynamics may reduce objectivity in performance appraisal and capability management, increasing the risk that staff will not have the requisite skills.
- Strategic decision-making may be influenced by family interests rather than business issues or resident concerns.
- Relatives of the owner who are employed in the company may be less willing to whistleblow or use complaints and grievance mechanisms, while others may find that the whole senior team close ranks rather than address the issue that has been brought to them. Even uglier abuses of family solidarity can occur if a number of related employees bring malicious allegations forward in an attempt to oust an unpopular colleague.
- Tenure is commonly very long, with founder owners commonly remaining in post for 20 years or more, reducing the potential for fresh ideas to be brought into the boardroom²⁸ and reducing opportunities to practice the art of managing succession.
- Succession planning is often an informal 'coronation' rather than based on objective selection criteria, decisions are made by outgoing personnel and the post is often filled from the small pool of relatives rather than the open market²⁹

Challenge #4

What can a family run care home do to avoid the weaknesses inherent in this business model?

Not all these factors affect all family-run care homes, especially where the head office is remote from an individual home and no members of the owner's family work on site. Nor is the picture uniformly negative, as shown by Cabrera-Suarez et al³⁰ who found that family firms are better than others at transferring tacit knowledge.

Despite these compensations, three quarters of small and medium enterprises fail after the founder hands over to a successor³¹. Some care homes close when the founder realises that the building is worth more than the business. For others, the successor lacks the external reputation³² or is unable or unwilling to match the degree of immersion in the business achieved by the founder.

Where the successor is a family member, Bruce³³ notes “the founder can get in the way of a successful succession, including: not letting go; falling out with their successor; failing to transfer the appropriate knowledge; becoming a back-seat driver, and; making bad choices in regard to timing.” Possibly the main issue for this paper is that a small family run care home runs the risk of following the values, priorities and practices of that family rather than those that serve the people living there.

In contrast with these reasons for concern, there is an extensive literature that shows how family-style mealtimes are better than institutional or canteen style meals in respect of socialisation, nutritional intake and enjoyment³⁴. Perhaps other practices in the home (personal hygiene, food preparation, chores, activity planning, etc) could also be identified and evaluated to see if family-style approaches excel over institutional ways.

Origins of family as a model for social care

In the UK there appear to be a relatively limited set of metaphors in use that describe living in a group. Some hint at regulated, institutional life, such as where group living is considered to be like a hotel, holiday camp, the military services (including national service), being in a prison, refugee camp or student hall of residence, aboard ship or on a cruise, perhaps as a crew member or like being in hospital either for time-limited treatment or with a long term condition. Other metaphors of congregate living are descriptive of the sort of relationships that might be on offer or experienced: like a shared student house, family, living with in laws, living in a commune, a religious retreat, convent or sect.

These places vary in the extent to which people get to choose whether to enter them and then the amount of control they enjoy after being admitted. Only a few of these metaphors concern high-status and attractive settings that people would choose.

The term family often appears to be linked in English society with a suite of particular ideas – the hint of child-focused as in family entertainment and family-friendly pubs; domestic in scale rather than commercial, as in the family butcher; private, as in family affair; and informal rather than institutional, as in places that have uniforms and uniform ways of doing things. Family suggests relationship and collaboration through which we organise how to live the whole of our lives, rather than the commercial model in which the customer gets only what has been paid for and nothing else.

Some of the family idea for care homes may have its historical origins in children’s homes that employed married couples or single women, named them house parents or cottage parents and placed the house on a campus or ‘children’s village’. Each house or cottage would accommodate a number of children in an attempt to model a positive family life and through that provide a sound basis for the children’s development. An early example of this was Dr Barnardo³⁵ who established the Barkingside ‘garden village’ by 1900 which had 65 cottages, each accommodating 20-25 girls as well as a school, a hospital, and a church. The ‘family’ motif was obviously compromised by the large numbers and the absence of boys in the early days, although later developments included them.

The general model was adopted by several local authorities who established children's villages on the outskirts of cities. Some of these became closed and abusive institutions with the full horror of the experiences of children not being revealed until the many recent enquiries³⁶ and prosecutions³⁷ revealed historic child abuse.

Other countries also use the term family very loosely to signal smaller than institutional scale units, but not really family size³⁸: Croatia uses the term 'family homes' to refer to institutions that house 20 adults with disabilities under one roof, Netherlands has Family Replacing Homes for 11-30 people under one roof, sometimes with several of these units placed together on a single campus and Poland offers 'family-based care' in groups of up to 8 children who live together in a care home³⁹.

Losing your family

Care homes which aim to provide a family-like setting need to think carefully about the message they convey. Attempts to offer an additional family to the resident or to augment the resident's family may be perceived as seeking to replace or usurp the role of family members.

Admission to a care home is often difficult⁴⁰ and the person may need skilled help. They may experience grief at lost capabilities and resent their dependency on others for private tasks. This is often compounded with grief for lost partners, friends and family, as one person poignantly remarked, '*The worst part of getting old is seeing all your friends die.*' Family members may find that watching the closing stages of a loved one's life is '*A miserable privilege*'. It is a sensitive time for all, and care is needed to acknowledge the real feelings that people experience whilst offering support and positive approaches in place of unfounded fears. Such care demands rapport, and the staff complement may need to be expanded and trained before there will be the necessary time, motivation and skill to sit, establish a real connection and unpack these delicate matters.

Grief can also be compounded by feelings of guilt, as loved ones feel awkward about their inability to support the person who is becoming confused, aggressive or disabled⁴¹. Caring for a relative with dementia is a skilled task that few people do well. Those who attempt it may resent the opportunity costs that they bear such as the premature ending of their own career or loss of opportunities to build their own family or social network. Improving public understanding of the skills, knowledge and challenges of good care may reduce these guilty responses and make professional social care more like other specialist services. By way of contrast, when a relative visits the dentist few people believe that they should be carrying out the treatment or feel guilty that they are not addressing this need within the family! Despite these explanations, it can feel as if the first family has failed to look after the person so on admission their role is usurped by a superior family of staff, leaving relatives feeling guilty and staff arrogant.

Residents with memory problems can quickly forget that a visit has taken place and so complain to the returning relative that they haven't visited for a long time, leaving them feeling that there is no point in making further visits. Distance and transport links to care homes can inhibit visiting, as can inconvenient practical arrangements for

Challenge #5

How does the induction process for residents into your care home address the significance of this milestone for the resident, relatives and friends?

Challenge #6

What could you do to make relatives and friends feel more welcome?

accommodating the visit, which leave relatives and friends feeling unwelcome, bewildered about where to sit and how to spend the time, how to get a drink or whether it is acceptable to go out. It is distressing to be faced with a relative begging to be taken home, or simply assuming that the purpose of your visit is to take them home⁴². Visits commonly take place at weekends or during the evening when staffing numbers and skills are depleted and there are fewer senior staff on hand to guide interactions, so relatives may even be told that their visits are unsettling the resident⁴³. Small wonder that some respond by reducing or ending their visits altogether.

Supporting resident's kin

Before considering the ways in which the care home can serve as a family, it is crucial to think about the first family of the resident and see what can be done to support it. In the UK, the Covid-19 pandemic stopped almost all visits to care homes, emphasising the long-term importance of maintaining and developing relationships. In particular, while the concept of family suggests relationships with a number of people, lockdown restrictions have sometimes narrowed family support to a single nominated family member⁴⁴, thus increasing the demand on that person, reducing the range of contacts for the resident and weakening the idea of family. In these challenging situations, relatives are often very grateful to the care home for doing something that they cannot do, due to their lack of skill in responding to complex needs, the debilitating and constant demands that a person with confusion can make and the unbearable emotional drain. As one relative remarked, *'he is different from the man I married but I am grateful they are looking after that man.'*⁴⁵

Some care homes run support groups, information sessions and coffee mornings for the relatives of residents to help them navigate their role transition from full-time carer to supportive relative, to monitor care quality at the home or for other reasons⁴⁶. Activity Coordinators could encourage residents to keep links alive with residents⁴⁷, perhaps using Family Group Conferencing⁴⁸. Similar to any other citizen who moves house, there are a number of tasks that need to be achieved and which relatives and staff can support, including the following:

- Notifying relatives and friends of one's new address
- Finding new ways to express the continuing relationship with old friends one no longer sees routinely.
- Making first contact with new neighbours and arranging a housewarming party or series of events that encourage family and friends to visit for the first time and thus trigger subsequent visits.
- Working out how to host visitors in the new home, For care home residents, this includes access to private or personal space for welcoming guests rather than the shared day room.
- Maintaining links to trusted universal services such as a hairdresser or finding new services – the post office and pub, shops and walks. This includes but is far wider than the narrow suite of healthcare services that are the focus of some teams.
- Finding, joining and settling into social groups and activities in the community that support one's interests.

One part of the network of relationship that forms a family is the relationship between children and their grandparents. This varies between cultures⁴⁹ and over time but for all the relationship is important, perhaps particularly so for grandchildren who have been looked after by grandparents

while their parents were at work, and for the families of divorced couples. Admission to residential care may provide an opportunity for these relationships to be renewed⁵⁰.

In many care homes, renewing or establishing links with the neighbourhood is beyond the reach of frontline staff who are almost entirely occupied in simply keeping residents healthy, well fed and safe. Even where vision is uplifting, staffing budgets are often insufficient and training inadequate. We do blame the care home for this as the cause lies elsewhere – in the low status of care work, underfunding, and the dominance of managerialist and risk-averse culture.

Build a family-like culture amongst residents within the care home

Building a sense of family within the resident group can be inhibited by the large numbers of people involved, by communication challenges, by attitudes – “*they are all old you know*” and by the person’s own thoughts and feelings. Research has shown that the larger the home, the harder it is to create a friendly, caring and collaborative culture within the resident group⁵¹, while reduced self-worth will encourage the resident to accept a restricted life, isolation and the loss of a sense of belonging to a family.

Some homes aim for a feeling of community within the home by offering activities and events that are reminiscent of a family playing games together at Christmas or on holiday. They often employ an activity organiser who may take up a role like that of the old Red Coats at Butlins, endlessly jollying people to join in with the fun, but rarely considering how to link people into ‘outside’ groups.

Challenge #7

How do outings support people to maintain old friendships and build new ones beyond the care system?

A distinctive element of families is that everything they do is negotiable, if people are willing, and there are no rules (beyond general obedience to the law of the land) that must be obeyed. This contrasts with institutions where rules are set by others and rigidly maintained. So family-style care homes will ensure that people have agency and can influence the way the home runs, whether by sitting on staff recruitment and selection panels, engaging in training sessions with staff or establishing learning circles where staff and residents listen to each other’s perception of the caring experience. Activity programmes will be driven by individual interests rather than centrally managed.

Family can be a place where difference is celebrated – while some segments of society discriminate and exclude, there is always a place at the table for family members. The family is a place where people can fully express their identity, heritage and beliefs, where diversity is respected and members continue to offer sanctuary to one another, even when social mores are breached, crimes are committed and cross words are spoken. So a care home that claims to be a family is surely tapping into this ideal of the diverse family, where Black Lives Matter, where respect and celebration mark the home’s response to sexuality, disability⁵² and other forms of difference, where there is always a road home to the warm embrace of the family.

Challenge #8

In what ways do you celebrate diversity?

Encourage the staff team to function as a family

The staff team may feel like a family because key roles are taken by members of a single extended family, as in the case of some family-run care homes. Or there may be a number of families represented on the staff team, as shown in the following example:

“While HC-Co is not a typical family firm, we often refer to it as a family. There are many family relationships within the Company and at any one time, between twenty-five and thirty percent of employees are related to at least one other employee - by blood or marriage), and a number of employees had worked with my wife and me for up to three decades.”⁵³

In addition to these concrete reasons for thinking of the staff group as a family, there are more metaphorical reasons. A positive sense of working as a team and enjoying relationships amongst the staff group will have a positive impact on resident care and some members describe their team as like a family⁵⁴. Staffing levels, workload, scheduling, the volume of administration and staff meetings will all affect the amount time that staff have to talk to one another, while turnover, team culture and off-duty activities influence the nature of the interaction. One team reported that working together used to feel like a family until they moved to a new place with smaller groups of residents arranged in ‘family groups’, hoists (so staff spent more time working alone rather than in pairs) and a busier schedule of tasks to accomplish, so staff didn’t have time to chat to one another⁵⁵ and experienced this as a significant loss⁵⁶. Managers also worry that smaller, independent groups are less subject to line-of-sight and informal supervision by others, so the risk of poor practices creeping in is increased in smaller staff teams⁵⁷.

Staff believe that they can create a sense of home for residents by the quality of relationships that they establish with residents⁵⁸. But is there a possibility that the ambition of staff to create a family feeling amongst the staff team will clash with the desire to create a family feeling amongst residents?

Family-like staff/resident relationships

Frontline staff provide functional care to all residents, playing the part that would previously have been taken by family and this has the potential to evoke a family feeling between giver and receiver. Beyond this, individual staff may establish particular ties with selected residents who they treat more like family by providing emotional care as well as completing their care tasks⁵⁹.

In a care setting, when residents share some responsibility for housekeeping tasks with staff, they are more likely to develop a sense of home⁶⁰, in just the same way that family members share household tasks and so feel at home. Oswald et al⁶¹ suggest that organizing and having control over everyday tasks nurtures feelings of familiarity and safety, leading to cognitive and emotional bonding which in turn helps to create a sense of home.

It has been mentioned above that, whilst establishing relationships between residents is easier in smaller care homes are easier as there are fewer residents to get to know, there may also be limited staffing⁶² which means that little time will be available for staff to get to know individual residents or support their social interactions with others⁶³.

Building family-like connections beyond the care home

Challenge #9

In addition to creating a sense of family within the care home, some services overcome segregation by creating links and continuing relationships with non-family people who live in the community beyond the home⁶⁴. There are a few examples of care homes gaining licenses so they can run a bar for local people⁶⁵ – especially welcome where the local pub has closed. The registered manager can offer advice to neighbours and residents in the community around the home concerning ageing and support⁶⁶. As many of the facilities that used to form the infrastructure of villages and towns have been closed in recent years, such as libraries, post offices and adult education, care homes could take on these functions and so establish a different and far more inclusive relationship with their neighbours. Some care homes have created a Reading Room⁶⁷ where schoolchildren and residents meet together to read to each other, and residents thereby contribute to the curriculum.⁶⁸

Is your care home porous /is there an easy flow of people and ideas?

As well as these organisational responses, supporting individuals to retain or establish connections with citizens beyond the care system is intensely personal. This may be because of emotional reactions to the decision to move into residential care. Some older people perceive the move as a punishment for their failure to look after themselves, while relatives feel that they are being criticised for failing to do enough, and so both groups can feel ostracised from their communities. With understanding and sensitivity, relatives may be able to play a crucial role in forming a bridge between the care home and the community⁶⁹. In one project⁷⁰, facilitators are helping to identify the supportive connections that residents had with family, neighbourhood and friends prior to moving into the care home and then looking for ways to refresh these links. A potent way to re-establish these reciprocal relationships with people beyond the care system is to look for ways in which the resident can continue to contribute, thus compensating for the loss of responsibility and role that often accompanies admission. So we return to the idea of family where everyone has a part to play and a contribution to make.

Challenge #10

Do others rely on the people living in the home for something?

A family where everyone contributes

Core values underpinning an idealised family include a focus on strengths, a positive approach to risk and support for individual ambitions. Each of these principles challenge traditional care home settings where deficiencies trigger entry to the home, safety concerns eclipse opportunities and the programme is designed for the group rather than each individual. The result of these traditional practices is that the least interesting thing about the person – the condition which led to admission – dominates assessment and care, rather than the person's experience and interests. Admission to the home spells the end of aspirations, community, contribution and sometimes even life.

In contrast to this traditional approach, asset-based care⁷¹ aims to build a picture of each person's individual strengths, preferences, aspirations and needs. The care plan is then designed to support the person to achieve these goals in collaboration with their family and friends⁷². It is inevitable that positive risk-taking will be needed, and relatives and friends may benefit from support to mitigate their concerns. In this way, asset-based services seek out opportunities rather than merely risks; friendships not falls, walking not wheelchairs; community connections not threats; and contribution not just presence.

While this sort of person-centred and asset-based approach is a common aspiration held by many care providers, those that espouse a family-based ethos may be especially eager to see residents

contribute to the wider community, build friendships and achieve personal goals. They will look for ways in which the care home itself can be an asset to the wider community, such as through participating in and hosting community events, as well as realising a host of other benefits, including:

- Knowledge and advice for the local community on how to support older people
- Employment and access to training for local people
- Economic value of social care⁷³
- Using the building in a variety of different ways for the benefit of the community, from
- A launch point for a range of other care and support activities for local people.

In addition, community organisations are often prevented by their funding from maintaining contact as they have been commissioned specifically to prevent or slow need for residential care, so admission marks the end of their involvement and responsibility transfers to the care home staff.

Conclusion

The idea of family offers a rich seam of concepts that can inform and shape the culture and practice of care homes. As a model with the potential for harm, it can draw attention to the risks of incompetence and abuse, oppressive practices and stereotypical roles. As a positive motif, it can shrink institutional services to human scale, replace jargon with ordinary words, uphold privacy, engage members in doing life together and promote aspirations and contribution to the wider community. Staff can honour the historic family of their residents whilst working with relatives to enhance family-like relationships in the staff team and the resident group, in staff interactions with residents and in resident interactions with the local community. There are so many possible meanings here that any care home that claims to promote itself as a family-style setting should unpack what they mean so that others understand what is intended.

Status of this document

This is one of a suite of more than 30 *How To* guides that explore practical ways to coproduce delivery of health and social care, teaching, research and evaluation. They can all be downloaded from [here](#). Each has been co-authored⁷⁴ in public, is available online from the very first draft and each version is amended as soon as anyone suggests an improvement to the text⁷⁵. They are therefore never finished and always open to capturing tacit knowledge and proven expertise from new sources.

¹ Fagin sang these words in the 1960 musical *Oliver!* Music and lyrics by Lionel Bart.

² Bates P (2020) [How to make a homely care home](#).

³ Russell C (2020) *Rekindling democracy: A professional's guide to working in citizen space*. Eugene, Oregon: Cascade Books.

⁴ Sixsmith J (1986) The meaning of home: An exploratory study of environmental experience. *Journal of environmental psychology*. Dec 1;6(4):281-98.

⁵ Bates P (2020) [How to make a homely care home](#).

⁶ ‘Communication training for care home workers: outcomes for older people, staff, families and friends’.
<https://www.scie.org.uk/publications/briefings/files/briefing34.pdf>

⁷ Canham SL, Battersby L, Fang ML, Sixsmith J, Woolrych R & Sixsmith A (2017) From familiar faces to family: Staff and resident relationships in long-term care. *Journal of Aging & Health* 29(5), 842–857. doi: 10.1177/0898264316645550.

⁸ This does not include any time spent in a previous care home or hospital setting. See <http://www.pssru.ac.uk/archive/pdf/3211.pdf>. The average stay in nursing homes is around one year – see Bebbington A, Darton R, Bartholomew R, Netten A (2000) Survey of admissions to residential and nursing home care: final report of the 42 month follow-up. PSSRU, Kent <http://www.pssru.ac.uk/archive/pdf/3211.pdf>.

⁹ Wada M, Canham SL, Battersby L, Sixsmith J, Woolrych R, Fang ML & Sixsmith A (2020) Perceptions of Home in Long-Term Care Settings: Before and After Institutional Relocation. *Ageing and Society*, 40(6), 1267-1290. <https://doi.org/10.1017/S0144686X18001721>.

¹⁰ This is about remote head offices in contrast to family run places where the head office is close to the shop floor. Two residential care units where abuse took place, Whorlton Hall and Winterbourne View, are used as examples in the CQC report *Closed Cultures*. They were both owned by a company called Castlebeck which closed after the abuse was discovered. The Danshall Group then took over Whorlton Hall and was itself taken over by Cygnet Health Care (<https://www.cygnethealth.co.uk/>) which is a subsidiary of the American based Universal Health Services. (<https://www.uhsinc.com/>).

¹¹ Meanwhile, others express concern that staff will get ‘too close’ to residents in a family-style culture. The values and assumptions that underpin these different perspectives may turn out to be a vital element of the notion of family-style care.

¹² For an example of a dementia care home that has built its ethos around notions of family, togetherness and the gift of love rather than interventions by a separate cadre of emotionally distant professionals, see the description of the Butterfly Model at <https://www.youtube.com/watch?v=4gcaElkEffe>.

¹³ Bates P (2020) *How to make a homely care home* page 32.

¹⁴ See Verbeek H, Zwakhalen S, Van Rossum E, Ambergen T, Kempen G, & Hamers J (2014) Effects of small-scale, home-like facilities in dementia care on residents’ behavior, and use of physical restraints and psychotropic drugs: A quasi-experimental study. *International Psychogeriatrics*, 26(4), 657-668. doi:10.1017/S1041610213002512. In the UK, the ‘Butterfly’ approach includes groups of 10 or 11 residents. An email request seeking research literature on this topic was sent out on 25 August 2020 to Laura Adlbrecht, Chain, Kevin Charras, James Faraday, Joanne Greenwood, Heather Keller, Hannah McAleese, Samantha Shune and Ross Watkins. A response were received from Vicki Weller. The study of special care units within generic homes may be a way into this topic.

¹⁵ Kofod J & Birkemose A (2004) Meals in nursing homes *Scand J Caring Sci*; 18; 128–134.

¹⁶ DHSC (2020) Admission and Care of Residents in a Care Home during COVID-19. Downloaded from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909610/admission-and-care-of-residents-in-a-care-home-during-covid-19.pdf. For a response from care homes, see Fewster E (2020) *Care Homes Strategy for Infection Prevention & Control of Covid-19 Based on Clear Delineation of Risk Zones* Bushproof. Downloaded on 5/09/20 from https://www.bushproof.com/?smd_process_download=1&download_id=1475.

¹⁷ Variations in culture have wider influences too. For example, different cultures vary in the extent to which they promote entrepreneurial activities, which form the basis for many small care home ventures. The children of entrepreneurs are more likely to aim to become entrepreneurs themselves in some cultures such as in India (Lingappa AK, Shah A & Mathew AO (2020) Academic, Family, and Peer Influence on Entrepreneurial Intention of Engineering Students. *SAGE Open*. <https://doi.org/10.1177/2158244020933877> and Pakistan (Farrukh M, Khan AA, Shahid Khan M, Ravan Ramzani S & Soladoye BSA (2017) Entrepreneurial intentions: The role of family factors, personality traits and self-efficacy. *World Journal of Entrepreneurship, Management and Sustainable Development*, 13(4), 303–317) but less likely in other cultures, such as Portugal (Marques CS, Ferreira JJ, Gomes DN, & Gouveia Rodrigues R (2012) Entrepreneurship education: How psychological,

demographic and behavioural factors predict the entrepreneurial intention. *Education & Training*, 54(8/9), 657–672.)

¹⁸ Freyd JJ (1998) *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard University Press.

¹⁹ <https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/domestic-violence/domestic-violence-the-facts/>

²⁰ <https://vawnet.org/sc/scope-problem-intimate-partner-homicide-statistics>

²¹ McMunn A, Bird L, Webb E, Sacker A (2020) Gender divisions of paid and unpaid work in contemporary UK couples. *Work, Employment and Society*. 2020 Apr;34(2):155-73.

²² See Bowyer G, Henderson M, White D & Wooley S (2020) *Race Inequality in the Workforce Exploring connections between work, ethnicity and mental health*. London: Carnegie UK Trust, UCL Centre for Longitudinal Studies and Operation Black Vote. Available at <https://www.obv.org.uk/sites/default/files/images/Race-Inequality-in-the-Workforce-Final.pdf>. Also Williams W (2020) *Windrush. lessons learned*. HC 93, March. Available at <https://www.gov.uk/government/publications/windrush-lessons-learned-review>. Also The National Audit Office (2018) *The Adult Social Care Workforce in England*. Available at <https://www.nao.org.uk/report/the-adult-social-care-workforce-in-england/>. Also The National Audit Office (2020) *Readying the NHS and Adult Social Care in England for COVID -19*. HC367. Available at https://www.nao.org.uk/report/readying-the-nhs-and-adult-social-care-in-england-for-covid-19/?utm_source=Twitter&utm_medium=social&utm_campaign=SocialSignIn&utm_content=COVID-19+Health+and+Social+care.

²³ Keizer GJ (1991) The restrictive character of single-family housing as socio-housing for chronic psychiatric patients *Netherlands journal of housing and the built environment* 6:3, 205-227.

²⁴ <https://wearehourglass.org/>

²⁵ Löf J, Olaison A (2020) 'I don't want to go back into the closet just because I need care': recognition of older LGBTQ adults in relation to future care needs. *European Journal of Social Work*. March. 3;23(2):253-64. Also Lottmann R & King A (2020) Who can I turn to? Social networks and the housing, care and support preferences of older lesbian and gay people in the UK. *Sexualities*. August. doi:[10.1177/1363460720944588](https://doi.org/10.1177/1363460720944588)

²⁶ See <https://www.cqc.org.uk/news/stories/making-mum-test-real-our-new-model-inspecting-adult-social-care-has-launched-today>

²⁷ "Adult social care services that mainly employ family members in management roles... may be prone to weak management as there can be less oversight or internal challenge." See Closed Culture statement from the Care Quality Commission at https://www.cqc.org.uk/sites/default/files/20191104_closedcultures_supportinginformation_full.pdf, page 5.

²⁸ Schleppehorst S & Moog P (2014) Left in the dark: Family successors' requirement profiles in the family business succession process *Journal of Family Business Strategy*, vol. 5, no. 4, pp. 358–371 [Online]. DOI: 10.1016/j.jfbs.2014.08.004.

²⁹ Motwani J, Levenburg NM, Schwarz TV & Blankson C (2006) Succession planning in SME's: An empirical analysis *International Small Business Journal* vol. 24, no. 5, pp. 471–495 [Online]. DOI: 10.1177/0266242606067270.

³⁰ Cabrera-Suarez, K., Saa-Perez, P. and Garcia-Almeida, D. (2001) 'The succession process from a resource-and knowledge-based view of the family firm', *Family Business Review*, vol. 14, no. 1, pp. 37–48 [Online]. DOI: 10.1111/j.1741-6248.2001.00037.x.

³¹ Lomax et al found that only 28% of SMEs survived the founder succession, falling to 16%, 6% and 3% in the following successions. See Lomax S, Wiseman J & Parry E (2015) *Small business survey 2014: SME employers* London, no. 214 [Online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414963/bis15-151-small-business-survey-2014-sme-employers_v1.pdf.

³² The successor may have lower status than the founder and so have reduced access to borrowing, fewer referrals or ease in renewing contracts with commissioners, as well as more rigorous inspection by regulators.

³³ Bruce N (2019) *Founder Leadership Succession in Family-Owned SME's: A Case of HC-Co* DBA Thesis, University of Liverpool. Available at <https://livrepository.liverpool.ac.uk/3059866/>.

³⁴ Bates P (2020) *Eating Together: staff and care home residents sharing food and drink*.

³⁵ <https://www.barnardos.org.uk/who-we-are/our-history>

³⁶ <https://www.iicsa.org.uk/>

³⁷ <https://www.bbc.co.uk/news/uk-england-london-53221981>

³⁸ In 2019, just over 2.1% of households in the UK contained six or more persons – see <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/familiesandhouseholdsandhouseholds>. Back in 2004, the rate was at its lowest in the last 25 years at 1.8%, and has been broadly rising since then, probably through the increase in blended families.

³⁹ See <https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf>

⁴⁰ See O'Neill, M, Ryan, A, Tracey, A, Laird, L. "You're at their mercy": Older peoples' experiences of moving from home to a care home: A grounded theory study. *Int J Older People Nurs.* 2020; 15:e12305. <https://doi.org/10.1111/opn.12305>.

⁴¹ See Teng C, Loy CT, Sellars M, Pond D, Latt MD, Waite LM, Sinka V, Logeman C & Tong A (2020) Making decisions about long-term institutional care placement among people with dementia and their caregivers: Systematic review of qualitative studies, *The Gerontologist*, Volume 60, Issue 4, June 2020, Pages e329–e346, <https://doi.org/10.1093/geront/gnz046>

⁴² For an account of relatives finding it distressing to visit as Dad wants to be taken home, see <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.900.8420&rep=rep1&type=pdf>.

⁴³ Does this really happen?

⁴⁴ See, for example, <https://www.irishtimes.com/news/health/covid-19-new-visitor-restrictions-for-dublin-nursing-homes-1.4352524>.

⁴⁵ Partner of a man in a care home speaking on BBC 'Broadcasting House' 26 July 2020

⁴⁶ <http://www.relres.org/wp-content/uploads/SettingUpRelsGroup.pdf>.

⁴⁷ For an example from locked forensic units in mental health care, see <https://peterbates.org.uk/wp-content/uploads/2017/05/36-write-home.pdf>. For an example of family support in a care home for older people, see https://www.tandfonline.com/doi/abs/10.1300/J083V04N01_05.

⁴⁸ Metzke, Rosalie & Abma, Tineke & Kwekkeboom, M.H.. (2018). Family Group Conferencing for older adults: Social workers' views. *Journal of Social Work.* 19. 146801731876173. 10.1177/1468017318761732.

⁴⁹ Timonen V (ed) (2020) *Grandparenting Practices Around the World* Bristol: Policy Press.

⁵⁰ <https://www.gov.uk/contact-grandchild-parents-divorce-separate>

⁵¹ Cloutier-Fisher D and Harvey J (2009) Home beyond the house: Experiences of place in an evolving retirement community. *Journal of Environmental Psychology*, 29, 246–255

⁵² See Equality and Human Rights Commission (2018) *How well is the UK performing on disability rights? A United Nations report on the UK's work on the United Nations Convention on the Rights of Persons with Disabilities (CRPD)*. Available at <https://www.equalityhumanrights.com/en/publication-download/how-well-uk-performing-disability-rights>.

⁵³ Bruce, op cit.

⁵⁴ Canham SL, Wada M, Battersby L, Fang ML & Sixsmith A (2018) Experiences of a Mass Interinstitutional Relocation for Long-Term Care Staff, *Journal of Housing For the Elderly*, 32:2, 160-175, DOI: [10.1080/02763893.2018.1431582](https://doi.org/10.1080/02763893.2018.1431582).

⁵⁵ Canham et al (2018) op cit.

⁵⁶ Canham et al (2017) op cit.

⁵⁷ Managers have also suggested that the more intense relationships with residents that are built when a small team of staff support a small group of residents can create an unhealthy over-involvement. When this occurs in families, it may be described as being a fussy parent or as favouritism.

⁵⁸ Canham et al (2017) op cit.

⁵⁹ Berdes, C., & Eckert, J. M. (2007). The language of caring: Nurse's aides' use of family metaphors conveys affective care. *The Gerontologist*, 47, 340-349. doi:10.1093/geront/47.3.340

⁶⁰ Verbeek H, van Rossum E, Zwakhalen SMG, Kempen GIJM and Hamers JPH (2009) Small, homelike care environments for older people with dementia: A literature review. *International Psychogeriatrics*, 21, 252–64.

⁶¹ Oswald F, Schilling O, Wahl HW, Fänge A, Sixsmith J and Iwarsson S (2006) Homeward bound: Introducing a four-domain model of perceived housing in very old age. *Journal of Environmental Psychology*, 26, 187–201.

⁶² Verbeek et al (2009) op cit.

⁶³ Wada et al (2020) op cit.

⁶⁴ Carrier J & Clifford C (2020) [Time to Connect: Final evaluation](#) Bath: NDTi

⁶⁵ Some of these bars have been established through club licensing and so are open to members only, although neighbours and relatives can join.

⁶⁶ For an example, see Care Home Fans run by My Home Life and National Activities Provider Association (NAPA) - <http://carehomefans.org/>. Also My Home Life (2020) *Community engagement – as important as ever!* Available at http://carehomefans.org/resources/?dm_i=O4V,6XFCP,PKL9YV,RUTAG,1

⁶⁷ <https://www.theverbal.co/reading-rooms-connects-primary-school-with-care-homes>

⁶⁸ <https://www.stmonicastrust.org.uk/our-expertise/news-and-blog/2017/improving-older-peoples-lives-is-childs-play>

⁶⁹ Davies S & Nolan M (2006) 'Making It Better': Self-Perceived Roles of Family Caregivers of Older People Living in Care Homes: A Qualitative Study *International Journal of Nursing Studies*, vol. 43, no. 3, pp. 281-291.

⁷⁰ The Residential Forum is working with CLARE in North Belfast – see <http://clare-cic.org/>.

⁷¹ <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/evidence-for-strengths-and-asset-based-outcomes>

⁷² For an example of asset-based working with care homes, see the Neighbourhood Residential Living Network jointly supported by the NDTi (see <https://www.ndti.org.uk/our-work/our-projects/ageing-in-place/>) and the Residential Forum (see <https://residentialforum.tumblr.com/>)

⁷³ <https://www.scie.org.uk/publications/reports/report52.pdf>

⁷⁴ The following people have kindly responded to an inquiry with comments and challenges to this discussion: Richard Banks. The conversation started with me uploading the first draft on 15 June 2020.

⁷⁵ Most of the documents we read are finished pieces of work, carefully crafted and edited in private before being shared with anyone else. This is a different kind of paper – it was shared online from the first day, when the initial handful of ideas were incomplete, poorly phrased and tactless. The work has been edited many times, and, on each occasion, a revised version has replaced the earlier material online. This process is still under way, and so this paper may still be lacking crucial concepts, evidence, structure and grammar. As readers continue to provide feedback, further insights will be used to update it, so please contact peter.bates@ndti.org.uk with your contributions. This way of writing is risky, as it opens opportunities to those who may misunderstand, mistake the stopping points on the journey for the destination, and misuse or distort the material. This way of writing requires courage, as an early version can damage the reputation of the author or any of its contributors. Or rather, it can harm those who insist on showing only their 'best side' to the camera, who want others to believe that their insights appear fully formed, complete and beautiful in their

simplicity. It can harm those who are gagged by their employer or the workplace culture, silenced lest they say something in a discussion that is not the agreed party line. It can harm those who want to profit from their writing, either financially or by having their material accepted by academic journals. In contrast, this way of writing can engage people who are not chosen to attend the meeting or asked for their view until the power holders have agreed on the 'right message'. It can draw in unexpected perspectives, harvest tacit knowledge, stimulate debate and crowdsource wisdom. It can provide free, leading edge resources.