

Built environment of Norwegian care homes in an international perspective: some promising and not-so-promising trends

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Background for talk

- Fieldwork in Norwegian care homes 1988-2019
- York University (Toronto)-led investigations in six countries 2010-present day

Nursing/care homes in Norway

- Still high coverage of NHs (compared to rest of Scandinavia), mostly singular occupancies with own bathroom, smaller wards (8-12 residents common until recently), averagely relatively good building standard.
- Relatively well staff and relatively high formal staff competence, in an international comparative perspective
- High level of absenteeism/sick leave, and related use of part time and temporary workforce
- Substantial variation in how individual nursing homes perform as to staffing, building standards and more

Norwegian care homes in a Scandinavian perspective

- Health institutions, subject to health legislation
 - Sykehjem, literally: «homes for sick people»
 - A complex development with two opposite trends latest three decades:
 - Towards smaller and more homelike institutions
 - Latest years: also development towards larger institutions, stressing a protective and more clinical environment + dementia villages (inspiration from the Netherlands)
- In Denmark and Sweden
 - Care homes subjected to social and housing legislation
 - Steep decrease in institution beds

Early care home: re-use of sanatoriums, psychiatric hospitals etc.



Care home from the 70ies



Nature, peace and quiet (the 80ies)



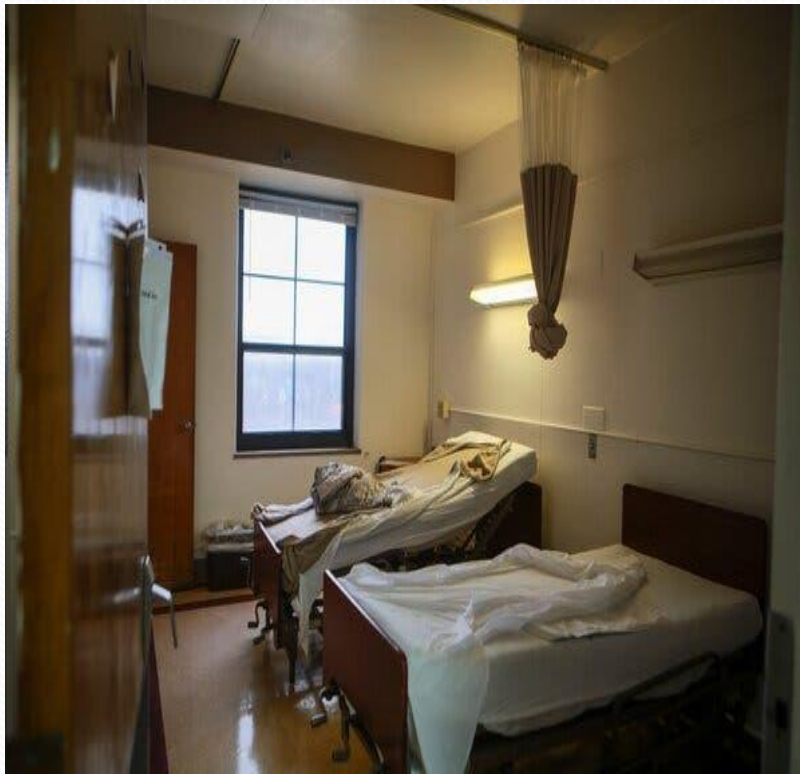
Smaller, more homelike (recent)



Care home corridors, 70ies and recent



Resident rooms before and now



Some dilemmas in architecture and planning

- Age-friendliness:
 - Focus on the healthiest or the most frail and vulnerable?
- Protected or open environment, for people with dementia and other frailty?
- Stressing private or public areas?
- Focusing inner environment or surroundings/ neighbourhood?
- What balance between universal design and unique identity and design?
- Environments attending to everyone or to particular groups?

Focus on the healthiest or frailest?

- Space for what kinds of activities?
 - Passive activities” (Jaber Gubrium, 1997)
 - The importance of sightlines and lookout points
 - Looking out at the surroundings (Norway and Canada cases)
 - Inner environment of care homes: planned sightlines
 - Where are the residents? A Norwegian observational study
 - The importance of homelike daily activities
 - More or less actively taking part in everyday activities: the laundry machine and tumble dryer (the Swedish cases)
 - Watching visitors coming and going
 - Watching activities of staff (e.g. a view towards the nurses’ station)

The most popular view



Protected or open environment, for people with dementia and other frailty?

- Dementia village vs. co-location (Aksdal small town centre)



Co-location in a small town



Cases of co-location

- Nursing home as part of neighborhood: E.g. Kindergarten, school, nursing home, supportive housing and ordinary housing in same neighborhood
- Co-location in same building: Nursing home, supportive housing, grocery store and other shops, cafeteria, wine shop, gym, GP offices, public swimming pool and library
- Nursing home and supportive housing adjacent to shopping mall, church, open museum and art exhibition, dental and GP offices, town hall (the Aksdal case)

Some benefits of co-location

- A diverse and meaningful environment within easy reach, also for frail older people
- Relatives visits for several errands/purposes
- Intergenerational meeting place
- Benefits explored and realized to a greater extent in Denmark than Norway (where the medical dimension, and stress on security and safety, have been stronger)

Focus on private or public areas?



Catering to everyone, or attending to specific populations? (Canada vs. Norway)



A less promising trend

- Bigger and more “efficient” institutions
- Larger wards/units
- Increasing frailty and multimorbidity in nursing homes as justification for
 - More hospital-like environment
 - More stress on security and safety
 - With care homes more isolated from the neighbourhood and surrounding community
- The architectural planning for the inside of the care homes pay more attention to efficient clinical work, and less to social needs of residents and family visiting

The opposing trends

- In Sweden and Denmark care homes are primarily homes from a legal and cultural point of view
 - Co-location is quite common in Denmark
 - And home-like environments and activities inside the institutions seem more common in Sweden
- In Norway there is more of a double vision:
 - Health institutions, from a legal perspective, and to a varying degree throughout time from a cultural perspective
 - A balance between realizing the last home and a health institution has always to be struck
 - How the balance is reached varies through time, and from site to site

- The present «double-bind» situation leads to parallel development of two opposing trends
 - Where promising and not-so-promising projects are developing at the same time, sometimes in same municipality
- Learning from the pandemic has resulted in two different points of view at central and local government levels
 - Smaller and more home-like environments means a better protection against spread of infections
 - Larger more clinical environments means better protection, because of better opportunity for isolating, cleaning and clinical procedures

From here to where?

- The clinical «mini-hospital» trend:
 - Architecture geared towards clinical efficiency and cost-savings
 - Larger institutions increases staffing flexibility
 - Less developed common areas, less neighborhood integration, less co-location
 - Universal design prioritized, unique identity of the care home and surroundings suppressed
- The trend towards more home-likeness and inclusion in the wider society and local community
 - More investment in common areas, and in facilitating social life
 - Co-location and community integration more common
 - Less isolation, more intergenerational contact

Towards more promising care homes

- Norway is still in a good economic situation, and more willing/able to invest in care homes than rest of Scandinavia
 - Still, to what extent we do better, can be questioned
- While a political stress on smart future care:
 - There is a strong need to look backwards in time for insights on which environments have benefited care home residents most.
- The most promising care homes tend to be
 - Well staffed
 - Small, or medium sized
 - Integrated into local neighborhoods/communities
 - With “permeable walls”
 - Designed for a broader range of social activities, also passive
 - Attending to local history and characteristics

Thank You
For Your Attention

