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Assisted Living Facilities in Urban Contexts. Arguments for and against Peripheral and Central Locations

Many assisted living facilities (ALFs särskilda boenden) are located on the outskirts of urban areas. This might be due to lack of available land in central urban areas and the higher land costs associated with central areas of an urban structure. Construction on less expensive land may contribute to lower rents, to the benefit of residents with small economic means. A peripheral location might also be the result of a presumption that people in old age need peaceful and quiet surroundings, close to green areas, rather than a bustling city centre.

This paper discusses the advantages and disadvantages of a central or peripheral location for an ALF in an urban context and how that contributes to the quality of everyday life for the older individuals, to a continuation of their everyday roles and their possibilities to continue being a member of a community. There is a lack of research in this area, but one study reported resident preferences for a peri-urban compared with an urban location for residential care facilities (Cheng, Rosenberg, Wang, Yang, & Li, 2011). Another study showed location to be a non-significant factor in resident satisfaction (Chou, Boldy, & Lee, 2001). However, those studies were carried out in a non-Scandinavian context and may not be entirely transferable to a Nordic context. In this paper we present findings from a study where a measuring instrument was used to explore the surrounding of ALFs.

Assessing the quality of ALFs

Some measuring instruments that include the importance of the external surroundings for ALF quality are available. One example is the Sheffield Care Environment Assessment Matrix, SCEAM (Parker et al., 2004), which has been translated and adapted to a Swedish caring context (S-SCEAM) and contains 210 items (Nordin, Elf, Mckee, & Wijk, 2015). Each item can be scored as present or absent and then aggregated in terms of domains representing the needs of older persons and in terms of areas within the ALF facility. Residents' need domains are: Cognitive support, Physical support, Safety, Normalness, Openness and integration, Integrity, Comfort and Choice. Areas are: Entrance and external areas, Garden, Lounge, Dining room, Private apartments, Communal bathroom and Overall building layout. S-SCEAM can be used for assessing the quality of existing ALFs, when planning new facilities or prior to renovation projects. In addition, it can be used to compare the quality of different ALFs and for research purposes studying e.g. links between the physical environment and the wellbeing of residents.

In a recent study, the S-SCEAM instrument was used to describe the quality of the physical environment in 20 ALFs (Nordin, Mckee, Wijk, & Elf, In manuscript). The ALFs were sampled from different geographical locations in Sweden and had varying building design, age, size and type of organisation. In this paper, we present some of the findings in relation to ALFs in an urban context.

One important aspect for older persons living in ALFs is participation in community life and the possibilities to be aware of everyday life in the surroundings. In addition, the ALF should be welcoming to relatives or people from outside and provide access to community services. These features are captured in the domain *Openness and integration*, some components of which are:

External area

- Is the ALF integrated in a residential area?
- Are there community services and shops nearby?
- Is the ALF located near public transport?
- Is the ALF located in an area where people move daily?

Garden area

- Can the older people see activities (busy streets, shops, schools) in the surrounding area so that they can take part in the daily life of the community?

Results

The immediate surroundings

Regarding openness and integration, the results revealed differences between different areas within and between ALFs. Areas such as lounges, dining rooms and private apartments received higher scores for most ALFs, while external areas, gardens and overall building layout had lower scores. This indicates that the exterior areas were to a higher degree disconnected from the ALF than certain internal spaces. This might imply that less design effort is devoted to exterior areas. An ALF is often a self-contained unit with routinised movements and activities for the residents, somewhat separated from the surrounding society (Nord, 2011).

The designers might not have used, for instance, the advantages of a peripherally located ALF in order to integrate the ALF with the exterior. This type of site might permit a more outspread design, allowing buildings to be designed with only one or two floors, where all or most of the flats can be provided with separate outdoor areas. In an urban location, the provision of balconies may afford similar qualities of openness and contact with the surroundings. Where private outdoor areas are not possible for a centrally located ALF, balconies might provide interesting views, such as of different people passing by and ordinary urban activities. A view of urban life from a balcony might give the impression to the older resident of continuing to be part of a society with access to ordinary everyday life. A peripheral ALF may offer beautiful, green views but not views of societal life to that extent.

An open relationship and integration with the surroundings of the ALF have different advantages for both staff and residents. Easy access to greenery in a peri-urban area may stimulate the residents and the staff to healthy walks. Research has shown that going out has

positive effects on older residents' self-rated health and wellbeing (Rappe, Kivelä, & Rita, 2006). The design of the facility's closest outdoor surroundings is important for staff monitoring activities and their view of the wellbeing of the older residents (Bengtsson & Carlsson, 2006). Green outdoor areas for walks can be more generously catered for in a peripheral location. However, a nearby park in a central urban location may provide compensation for lack of green surroundings. For less mobile residents, who are dependent on assistance for their outdoor walks, such walks are often reliant on staffing schedules, tasks and attitudes. Staff worries about residents' safety and fear of environmental hazards outside could lead them to prevent residents from making outdoor visits (Moore & Haralambous, 2007).

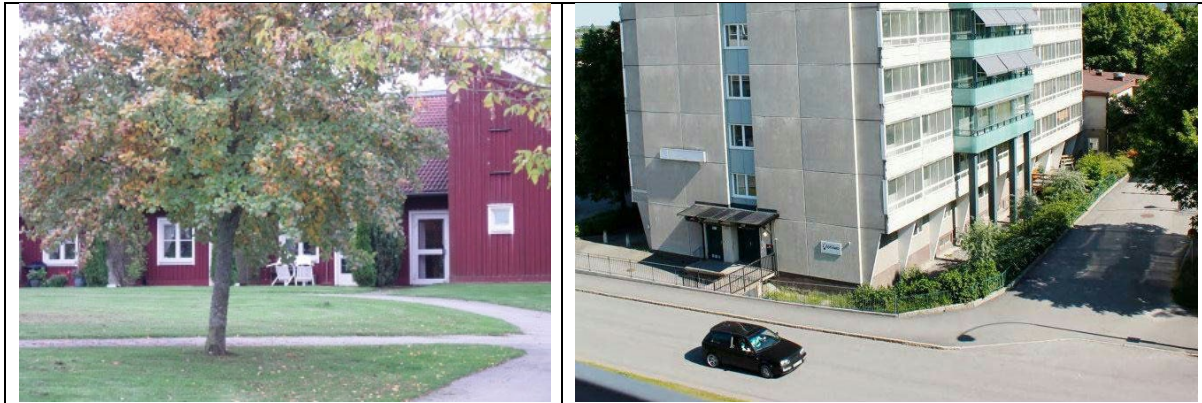


Figure 1: Where is the best location of an assisted living facility? On the outskirts of the city, in the city center or somewhere in-between?

The greater circles and accessibility

The study results showed that the two ALFs scoring highest on integration in our sample were located in urban municipalities, outside the town centre but still part of the local community in terms of closeness to normal housing and community facilities. The two ALFs scoring lowest were located in metropolitan regions far from community facilities and neighbourhoods, although there was access to public transport nearby. Hence, urban qualities are an important aspect of ALF integration. There are a number of conceivable advantages and disadvantages to residents and staff connected to accessibility arising from these results.

The higher accessibility to services of various kinds, for instance shops and restaurants, may be important to the attractiveness of a central location. Limited access to shops and other urban amenities might restrict people's walks outside by being less attractive for walking. An efficient environment with easy accessible and recognisable services may facilitate residents leaving the ALF for errands or visits to e.g. coffee shops, alone or with family or friends. However, to many of the residents living in ALF who are not particularly mobile, it might not be of any great importance (Chou et al., 2001). For those who are dependent on staff support, a more stimulating urban area might be more appealing to the staff and thus increase the number of accompanied walks outside. The extent to which walks outside can be more attractive to the staff in a central urban area has not yet been researched. A stimulating urban environment could be of great significance for the more mobile group of people who live in an ALF. The results indicating weaker integration of remote ALFs could also be connected to difficulties in accessing services, decreasing the feeling of independence and leading to an impoverished and boring life in the ALF. It might cut off familiar roles and activities, such as being able to go to a polling station during elections, keep up memberships in associations

and clubs or visit services, concerts and cinemas. Access to different services may also increase the feeling of being a member of a community and a society. Difficulty of access might increase the dependence on expensive public transport or care use.

Accessibility is of great importance to people with dementia, whose lives take place in increasingly narrow circles as the disease progress. This involves negotiation with the home environment in order to go out (Nygård & Borell, 1995). The design of the outdoor environment is of great importance to the safety of the residents and for the staff perception of a controllable environment (Davis, Byers, Nay, & Koch, 2009). An urban environment is ambiguous in these respects. It might confront a person with dementia with the difficult negotiation of too many stimulating impressions, or it might offer a graspable number of components in a small area that can facilitate a safe walk and finding the way back home. Urban landmarks on various scales may contribute to an easily graspable and manageable environment for older people with or without cognitive decline (Tu & Pai, 2006).

An advantage of a centrally located ALF might be that visits by friends and family could be more frequent as a centrally located ALF is generally more easily accessible to visitors. This could be of great significant to a spouse whose husband/wife has moved to an ALF while s/he still lives in their home. Such a spouse may well pay visits more or less on a daily basis and continue to be involved in the care of the spouse (Milligan, 2003). A person regularly visiting a resident is thus dependent on a nearby or easily accessible ALF. A nearby facility may be in a peri-urban location where the resident used to live and still has family and friends, and an identity associated with this environment. This type of facility may be reachable by foot and bicycle. A central location may have dislocated the person from his or her former community, but may be more easily reached by family members or friends coming from more distant places. A centrally located ALF may then be preferable because of easy access by public transport, especially in larger cities. Easy access to public or private transport could also be an argument in staff recruitment.

Many municipalities in Sweden make an effort to offer ALF places in the community where the older person has lived for a long time. Location in urban or peri-urban settings may not be a factor of importance in choice of ALF, since at the time of moving the older person may be preoccupied with a number of other choices that put the surroundings of the facility to the background (Nord, Accepted). However, after the move, location may be a factor that contributes to wellbeing, especially that of more mobile residents.

Conclusions

This analysis shows that there are different arguments for both central and peripheral locations of ALF. The main argument for a peripheral facility is the healthier surroundings it might offer, although it is more separated from community and societal life. However, the study results appear to favour a central location to some extent, since it is in the midst of everyday life, offering more stimulating surroundings. It is also more easily accessible to staff, friends and family.

Overall, the results indicate that. It also seems as though the issue of urban/peri-urban location is a neglected aspect in research and perhaps also in practice. Nearby location is

important to family and friends and a factor in the decision-making process when choosing an ALF. Many municipalities make an effort to offer places in the ALF in the community where the older person has lived for a long time. Location in urban or peri-urban settings may not be a factor of importance to the choice of ALF since at the time of moving the older person is preoccupied with a number of other choices that put the surroundings of location of the facility in the background (Nord, Accepted). However, after the move, it may be a factor that contributes to the wellbeing of the more mobile residents.

References

- Bengtsson, A., & Carlsson, G. (2006). Outdoor environments at three nursing homes. *Journal of Housing For the Elderly*, 19(3-4), 49-69. doi: 10.1300/J081v19n03_04
- Cheng, Y., Rosenberg, M. W., Wang, W., Yang, L., & Li, H. (2011). Aging, health and place in residential care facilities in Beijing, China. *Social, Science and Medicine*, 72(3), 365-372.
- Chou, S.-C., Boldy, D. P., & Lee, A. H. (2001). Measuring resident satisfaction in residential aged care. *The Gerontologist*, 41(5), 623-631. doi: 10.1093/geront/41.5.623
- Davis, S., Byers, S., Nay, R., & Koch, S. (2009). Guiding design of dementia friendly environments in residential care settings: Considering the living experiences. *Dementia*, 8(2), 185-203.
- Milligan, C. (2003). Location or dis-location? Towards a conceptualization of people and place in the care-giving experience. *Social & Cultural Geography*, 4(4), 455-470. doi: 10.1080/1464936032000137902
- Moore, K., & Haralambous, B. (2007). Barriers to reducing the use of restraints in residential elder care facilities. *Journal of Advanced Nursing*, 58(6), 532-540. doi: 10.1111/j.1365-2648.2007.04298.x
- Nord, C. (2011). Architectural space as a moulding factor of care practices and resident privacy in assisted living. *Ageing & Society*, 31(6), 935-952. doi: 10.1017/S0144686X10001248
- Nord, C. (2015). Free choice in residential care for older people – a philosophical reflection *Journal of Aging Studies*.
- Nordin, S., Elf, M., Mckee, K., & Wijk, H. (2015). Assessing the physical environment of older people's residential care facilities: development of the Swedish version of the Sheffield Care Environment Assessment Matrix (S-SCEAM). *BMC Geriatrics*, 15(3).
- Nordin, S., Mckee, K., Wijk, H., & Elf, M. (In manuscript). Exploring variation in the quality of the physical environment in residential care facilities for older people: a person-centred care approach.
- Nygård, L., & Borell, L. (1995). Daily living with dementia: Two cases. *Scandinavian Journal of Occupational Therapy*, 2(1), 24-33.
- Rappe, E., Kivelä, S.-L., & Rita, H. (2006). Visiting outdoor green environments positively impacts self-rated health among older people in long-term care. *Horttechnology*, 16(1), 55-59.
- Tu, M.-C., & Pai, M.-C. (2006). Getting lost for the first time in patients with Alzheimer's disease. *International Psychogeriatrics*, 18(03), 567-570. doi: doi:10.1017/S1041610206224025