



# PhD Studentship

Development and evaluation of a 'best housing' assessment tool for people living with dementia in extra care housing

Closing date: 31<sup>st</sup> Oct 2022

Interview date: 17<sup>th</sup> Nov 2022

## Supervisory team

### Director of Studies:

[Dr Julie Barrett, Association for Dementia Studies, School of Allied Health and Community, University of Worcester.](#)

### Supervisors:

[Professor Dawn Brooker MBE, Professor Emeritus in Dementia Studies and former Director of the Association for Dementia Studies, University of Worcester.](#)

[Dr Rebecca Oatley, Association for Dementia Studies, School of Allied Health and Community, University of Worcester.](#)

[Research Group: Association for Dementia Studies](#)

[Collaborating organisations: ExtraCare Charitable Trust \(co-funder\)](#)

## The Project

Applications are invited for a fully-funded, full-time PhD studentship for the project: Development and evaluation of a 'best housing' assessment tool for people living with dementia in extra care housing.

This PhD Studentship will seek to understand the reasons and circumstances that lead to people living with dementia moving out of extra care housing and to develop and evaluate an assessment tool to assist in making decisions about what would be in those residents' best interests in terms of accommodation and care.

## Context

There is an increasing need for housing that suits older people, including those living with dementia, and supports them to continue living independently in the community for as long as possible (Twyford and Porteus, 2021). Two settings of this sort that have been growing in popularity in the UK since the early 1990s are Extra Care Housing (ECH) schemes and retirement villages (sometimes known as retirement communities).

In contrast to residential care, which is for people who require constant specialist care 24/7, ECH is better suited for people who require support to maximise independence so that they can lead fulfilled lives in their own homes. In ECH schemes and other forms of housing with care (also known as assisted living or supported living) residents live independently, in a self-contained unit with its own front door, within a community that provides flexible, personalised care and support services, where a care team is onsite and care (planned and emergency) is available 24/7 (Evans, 2009; Riseborough et al, 2015). The majority of such housing schemes and villages aim to support a diverse population by providing flexible, personalised care and support as and when needed.

There is a growing body of research evidence that demonstrates the potential of ECH to promote quality of life and wellbeing for older people (Atkinson et al. 2014). However, despite a widespread aspiration for ECH to provide a 'home for life', there is some evidence to suggest that such housing struggles to support residents with dementia. Thus, the reality is that many residents living with dementia in ECH can eventually be relocated to alternative accommodation that provides more intensive care, such as residential care homes or care homes with nursing, when they often experience significant problems (Brooker et al, 2009; Twyford, 2016). The only UK longitudinal study looking at how people with dementia managed in ECH over a three-year period showed that, while residents with dementia and their relatives were very positive about ECH as an experience, over half were admitted to other care settings during the first two years (Vallelly et al., 2006).

Vallelly et al. (2006) found that reasons for residents living with dementia moving out of ECH included 'challenging' behaviour, conflicts with staff and other residents and increased distress. The Housing and Dementia Research Consortium (HDRC) undertook a series of case studies to assess the provision of care for residents with dementia (Barrett, 2012) and found that the main reasons given for tenancies coming to an end for people living with dementia at ECH schemes were: the individual becomes a risk to themselves or others; disruptive behaviour towards other residents; loss of dignity; refusing care; self-neglect; care needs can no longer be met. No schemes had formalised exit criteria that refer specifically to people with dementia. In Twyford's (2016) survey of UK ECH schemes the main barriers attributed to residents living with dementia remaining until end-of-life included difficulty providing the necessary level and flexibility of support, inappropriate behaviours and health and safety concerns. In 2017 Housing 21 conducted an in-house survey of its ECH and retirement housing schemes (Housing 21, 2017) and found that the reasons why people living with dementia left were around increasing care needs, behaviours that challenge and lack of safety, particularly, for ECH, the risks associated with walking with purpose. The impact of an individual's behaviours on other residents was also given as a reason.

Deciding the 'optimal' time for a person living with dementia to relocate from ECH to a care home can be difficult for people with dementia, family carers, and the professionals who support them and there is currently no universal accepted national guidance, protocol or assessment tool to help make this decision. Decisions about the best place for a person with dementia to live are often made by someone else on their behalf. With such important decisions, a lot of care should be taken to check whether the person can make the decision themselves, perhaps with support, before a decision is made in their best interests. Often social workers or care managers will be the decision-makers if the person lacks the capacity to decide (SCIE, 2020).

The only tool in existence for assessing appropriate levels of support was developed in the 1970's: Clifton Assessment Procedures for the Elderly (CAPE) (Pattie and Gilleard, 1975) that consists of a cognitive assessment scale and a behaviour rating scale, which can be used separately or in combination by a clinician. This was later shortened to produce a survey version (Pattie, 1981) designed to produce a dependency grade for older people by rating various abilities and behaviours such as bathing, dressing, walking, incontinence, confusion, appearance, need for supervision while outside, helping out, occupation, socialising, communication, understanding of communication, impact of behaviour on others during the day and night, hoarding and sleep patterns. The dependency grade was used in determining the required level of support for an older individual from health and social services. However, a study of the concurrent validity of CAPE found that overall agreement between grades and clinically determined placement was only 63 per cent (McPherson et al., 1985a). McPherson and Tregaskis (1985) evaluated the short-term stability of the CAPE survey by assessing hundred elderly women on two occasions, one week apart and found that it may be too unstable for clinical purposes.

When ECH staff have concerns about a resident with dementia in terms of the suitability of their scheme/village to continue supporting that resident, a best housing assessment tool could assist in ascertaining what course of action would be in that individual's best interests. It could be used to re-establish a resident's ability to live well in the scheme/village, plan interventions that aim to alleviate concerns or determine whether relocation to accommodation that provides more intensive care is in their best interests. As well as continued independence, key factors in a resident's ability to live well in an ECH scheme/village are safety and quality of life for both themselves and other residents – an assessment tool could explore these factors rather than adopting an outdated clinical perspective focusing on the cognitive function and behaviour of the individual.

### **Aims and Objectives**

The overall aim of the project is to develop and evaluate a best housing assessment tool intended for use by ECH settings to assist in making decisions about what would be in the resident's best interests in terms of accommodation and care.

The objectives are to:

1. Understand the factors that result in ECH residents living with dementia being relocated to care homes.
2. Determine how ECH providers decide the 'optimal' time for a person living with dementia to relocate to a care home, whether they use an assessment tool to determine the best living arrangements for that individual and what tools are in use.
3. Develop a best housing assessment tool to help ECH staff, family and other stakeholders make decisions about what would be in the resident's best interests in terms of accommodation and care (i.e. what interventions are needed to enable them to remain in place or whether they need to relocate to accommodation that can better meet their needs).
4. Pilot test the assessment tool with different ECH providers, follow up on the outcomes of relocating to a care home as a result of the assessment and amend the tool according to the findings.

### **Indicative Methodology**

The successful PhD candidate will be responsible for formulating the detail of this project. However, it is anticipated that the study will adopt a mixed methods approach. For example objectives 1 and 2 could be achieved via a literature review, survey and interviews, the findings of which can input to the development of the assessment tool in objective 3. Case studies could be used to achieve objective 4.

### **Potential academic significance and impact of research**

The Association for Dementia Studies is one of the leading centres for research into extra care housing in the UK. Lack of information about housing options has been highlighted in our work as a significant barrier to quality of life for people living with dementia. This research will

therefore build on our substantial portfolio of work in this setting and will contribute towards our ongoing expertise and academic reputation.

Currently, no tool exists to assist in determining the optimal time for a person living with dementia to relocate from ECH to a care home and making such a decision is difficult for people with dementia, family carers, and the professionals who support them. The ECCT would welcome the evidence-based development of a 'best housing' assessment tool that could be used in ECCT and other housing providers' ECH settings to help decide what course of action is in a resident's best interests – interventions to enable them to remain in the ECH setting or relocation to a care home.

## References

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## Details of the studentship

The studentship is offered for a 4-year period on a full-time basis. The studentship is campus based. During the period of your studentship you will receive the following:

- a tax-free bursary of £15,609 for 3 years
- a fee-waiver for 4 years (expectation that full time students complete in 3 years. If student enters year 4, bursary stops but fees waived)
- a budget to support your direct project costs including dissemination costs
- a laptop and other IT equipment and software as appropriate to the project
- use of the Research School facilities
- collaborating organisation will provide support and guidance for the PHD student within the Extra Care Housing setting, including access to training and understanding of ECH and access to participants across multiple locations.

You will be expected to play an active role in the life of both the Research School and of your academic School. You will be given opportunities to gain experience in learning and teaching within the School under the guidance of your Director of Studies.

## Application Process

To begin the application process for this studentship please go to <http://www.worcester.ac.uk/researchstudentships> and click 'apply now' next to the project you wish to apply for.

It is expected that applicants will have the following qualifications:

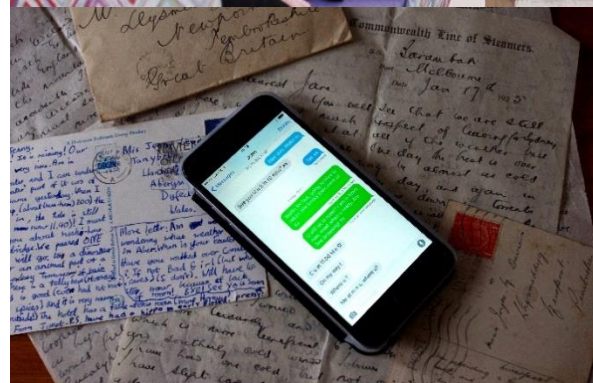
- Education to Masters Degree level in a relevant area.
- A First or Upper Second Honours Degree

It is also expected that applicants will be able to demonstrate the following:

- A sound understanding of, and interest in Person-Centred Dementia Care Research
- Experience of relevant social research methods and skills
- Ability to contribute to the research design of the project
- Proficiency in oral and written English
- Proficiency in IT relevant to the project, e.g. Microsoft Word, Excel, etc.
- Self-motivation, ability to organise and meet deadlines
- Good interpersonal skills
- Ability to work independently
- Ability to work as part of a team
- Commitment and an enthusiastic approach to completing a higher research degree.

## The Interview

The interview will provisionally be held on 17<sup>th</sup> Nov 2022 via Microsoft Teams. Shortlisted candidates will be given at least 7 day's-notice of interview. As part of the interview and selection process, shortlisted candidates will be asked to write a short reflective review of a relevant journal article or book chapter.



Alongside the interview, shortlisted candidates will also be asked to give a 10 minute presentation on a related topic.



## Research at the University of Worcester

Research at the University of Worcester has grown significantly over the last 10 years. The outcomes of the Research Excellence Framework 2014 (REF 2014) showed that Worcester was the most improved University in the UK based on Research Fortnight's "Research Power" measure. The University's continued progress was shown in the outcomes of REF 2021 which demonstrated that both the scale and quality of our research has further increased, with over 40% of our research recognised as world-leading or internationally excellent.

The University has been successful in winning funding from a wide range of major funders: Research Councils such as AHRC, BBSRC, ESRC and NERC; major charities such as the Leverhulme Trust, the Alzheimer's Society and the British Academy; health-research funders such as the NIHR, the Department of Health and local NHS Trusts; European funding through Horizon 2020 and Erasmus+; and funding from local, national and global businesses.

The University is focused on research which addresses real world challenges and provides solutions to these challenges:

- [Human Health and Wellbeing](#)
- [Sustainable Futures](#)
- [Digital Innovation](#)
- [Culture, Identity and Social Exclusion](#)
- [Professional Education](#)

The University continues to provide a robust infrastructure for research. It has a well-established Research School which houses its growing research student body and which provides a comprehensive programme of researcher development for staff and students. It has a well-established Research Office, responsible for research funding, governance and strategy. The University is committed to further developing its research profile, through a strategic approach to its support for and investment in research. Its fully-funded studentships are part of this investment.

## Research School

The Research School is a focal point for all our research students. It provides:

- day-to-day support for our students, both administrative and practical, through our dedicated team
- a Research Student Study Space with both PCs and laptop docking station

- a comprehensive Researcher Development Programme for students and their supervisors
- a programme of student-led conferences and seminars

## School of Allied Health and Community

Allied Health and Community at Worcester encompasses subject areas including Physiotherapy, Occupational Therapy, Paramedic Science, Advancing Clinical Practice, Health and Social Care, Mental Health, Nutritional Therapy, Public Health, Palliative Care, Physician Associate training, Social Work and Youth and Community Studies.

We pride ourselves on our teaching excellence, applied research and practice development. We work closely with our local community and with partners across a wide range of sectors to enhance the student experience and to provide students with an invaluable insight into professional practice.

Furthering understanding of all areas of health and society is a key objective of the School and we conduct research of international importance that helps to shape our lives. The School hosts the internationally renowned research centre, the [Association for Dementia Studies](#).

The School's transformational research projects seek to address some of the major issues both within our professions, local services, our community and beyond it. By pulling together academics working across disciplines to tackle important, social, scientific and environmental challenges, these projects are making an impact on people's lives and helping to expand our base of world-leading research.

### Widening Participation

As part of its mission statement the University is committed to widening participation for its higher degrees. Although most candidates will have an undergraduate and/or a Masters degree, the University is happy to accept applications from candidates with relevant professional qualifications and work related experience.



**For further information** or an informal discussion on this project, please contact Dr Julie Barrett (Director of Studies) via email at [j.barrett@worc.ac.uk](mailto:j.barrett@worc.ac.uk)

**Applications** can be made at:

<http://www.worcester.ac.uk/researchstudentships>