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W03 – The Residential Context of Health

WELL-BEING, THE DECISION MAKING PROCESS IN RESIDENTIAL CARE FACILITIES AND ACCOMMODATION IN DENMARK.

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Well-being, the Decision making process in residential care facilities and accommodation in Denmark.

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Keywords: Living environments; well-being; Architecture; assisted living; residential care facilities; elements of well-being

Abstract

This paper discusses the results from one of the sub-research projects, called "The Decision making process – Process, Architecture, Well-being" a project within the main project "Well-being and Housing" and is based on a case study which consist of four cases, realized and planned projects for assisted living residential care facilities and accommodation for senior citizens selected from different parts of Denmark. The case study will provide important knowledge on municipal activities in the area of residential care facilities, as well as discuss the different actors' roles in the decision making process. The research is commissioned and financed by the Danish National Board of Social Services conducted by CAST University of Southern Denmark in collaboration with the Institute for Architecture & Design at Aalborg University in Denmark. Granted with 1.07 million €.

Results:

1. More research-based knowledge is needed: There is a need for research-based knowledge manuals among the actors involved in the planning and project design process which describe systematically the importance of working with the different aspects on well-being in residential care facilities and accommodation in Denmark.

2. More time should be devoted to discuss the aspects connected to well-being
During the planning and project design process more time should be given to more qualified discussions about what Well-being means to the residents and the employees and these discussions should be embedded in the decision making process.

3. Alternatives to "the living environments". In general a discussion about "the living environments" as the only and right solution for organising the residential care facilities and accommodation in Denmark is recommended. Maybe there should be a possibility given to create more private residential space and less space for public life in the residential care facilities and accommodation.

Introduction

People's well-being is, among other things, dependent on the residence in which they live. This is especially the case for elderly people living in a residential care facility. It is a political goal in Denmark that future residential care facilities must create the best possible settings for the weakest elderly people's well-being. Despite the political priorities, there exists only very limited research-based knowledge about how the different conditions in residential care facilities are connected to the well-being of the elderly, which for example is described in 'Knowledge about the good residential care facility?', Ministry of Social Affairs and The Business- & Residence Agency (Socialministeriet og Erhvervs- og Boligstyrelsen) 2002, 'Well-being in the residential care facilities', Institute for Pension- & Elderly Policies, Ministry of Social Affairs (Institut for Pensions- og Ældrepolitik, Socialministeriet) 2002. The definition of the problem is accentuated by the fact that in Denmark a considerable number of residential care facilities are going to be built in the future – between 1-2,000 yearly – as the number of residential care facilities is expected to grow from 48,700 in 2001 to 56,000 residences in 2010, 76,000 residences in 2020 and 96,000 residences in 2030, in line with the development of the population according to 'The future need for residential care facilities', The Residential Care Facility Board (Ældreboligrådet), The Ministry of City & Residence (By- og Boligministeriet) 2001.

The Agency for Social Services (Styrelsen for Social Service), under the Danish Ministry of Social Affairs (det Danske Socialministerie) has, in light of the above mentioned conditions, financed a research project granted with 1.07 million € for a three year period of time. The main research project has been made in cooperation with CAST, Centre for Applied Health Service Research and Technology Assessment (Center for Anvendt Sundhedstjenesteforskning og Teknologivurdering) at the University of Southern Denmark and the Institute for Architecture & Design at Aalborg University, regarding 'Well-being and housing for the elderly', to illustrate the connection between the elderly, well-being and residential care facilities in Denmark.

Background and aims

This article presents some of the results dealing with the above mentioned conditions, with the focus on the decision making process from the idea of a residential care facility project being taken, to the building being ready for moving in (Knudstrup & Hovgesen 2007). An important element in the present research project is, through the decision making process analysis, to uncover how the different decisions regarding the significance of the conditions in the residence for the elderly people's well-being in the residential care facility are located in the total process. To this end, four case studies have been made regarding recently realised residential care facility buildings, which specifically cover who the decision makers are, when in the decision making process these decisions are taken, and which conditions the decision makers believe are significant for the well-being of the future residents. The aim of this research project 'the decision making process analysis', is to analyse but also to identify and describe the important phases / 'milestones' in the planning of the establishment of a residential care facility building. The intention is also to illustrate whether it is possible, through the case study, to identify the phases and moments where significant conditions for

the well-being are decided in the decision making process, and on which actors request and / or interaction these conditions are decided upon.

The construction of residential care facilities in Denmark is regulated by laws such as the Planning Law (Planlovgivningen), the Building Law (Byggelovgivningen), the Building Regulations (Bygningsreglement), the Handicap Regulation (Handicapbestemmelser) and the Working Environment Law (Arbejdsmiljølovgivningen) (Rendebo 2002). Building is also restricted by the EU's directives of tender and the Tender Law (Tilbudsloven), which forms the basis of the rules for which tender forms can be used when choosing whom to collaborate with in the building process, and which procedures must be respected. (Fogelstrøm 2002) The residential care facilities are furthermore regulated by the Law on common buildings etc. (Lov om almene boliger mv.), and the Law on renting common residences (Lov om leje af almene boliger) (Retsinfo 2007). Nearly all residential care facilities in Denmark are therefore rental residences which are rented by the elderly on rental contract terms, and the resident pays rent as in every other rental building. Another important characteristic of the residential care facility building is that there is attached care 24 hours a day, i.e. that there are care staff in the building employed to handle the daily care of the residents.

These types of residential care facility buildings in Denmark have in common that, with their living units and common area, they are the physical structure that frames the elderly people's daily lives. Here the elderly person has his or her own private residence, his or her own home, and access to a number of common facilities. In the residence, the resident has his or her personal belongings, sleeps, eats, relaxes, and receives company, care and nursing. The living unit and apartment is, in this way, the material setting for the private life, and contains a number of completely private rooms where the different functions can be carried out. The residence may consist of 1½ - 2 rooms, with a bathroom, hall and a small kitchen, which is a completely private area. In addition there are, to a greater or lesser extent, a number of semi-private rooms, where a resident can be together with other residents in the building. These are rooms such as the living room, the dining room, and the kitchen, together with a number of conference, therapy and living rooms.

Fig. 1 Illustrates residential care facilities from similar projects but from a project not used in the research project so as to keep the cases anonymous

There is often in relation to the residence a terrace, balcony or courtyard which the residents can walk in. The residents in the residential care facility are weak elderly people with infirmities or with diseases, such as rheumatism or diabetes, but they can also be physical or mentally weak etc.

Physical architectural elements, and the elements of well-being

The connection between typologies, the physical architectural elements, and the elements of well-being which are believed to be significant for the elderly people's well-being.

Within the decision making process analysis, the physical architectural elements in the building which the decision makers believe are significant for elderly people's well-being are analysed, and the figure below illustrates a theoretical model for how the connection can be described between the types of residential care facilities, with the primary determining factors and the secondary factors in relation to well-being and the derived elements of well-being, which are believed to be significant for the elderly people's well-being in the residential care facility.

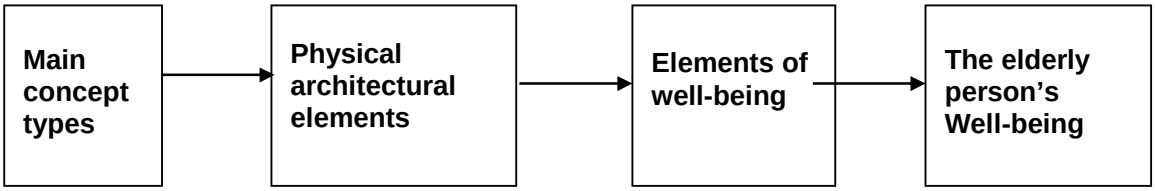

Fig. 2 Illustrates the connection between the types, the physical architectural elements, the elements of well-being and the elderly person's well-being. (Knudstrup, Møller & Christensen 2004)

In the decision making process in the residential care facility building's establishment there must be several decisions taken by those involved between a number of physical/architectural factors, which influence the design and arrangement of the residential care facilities, and therefore influence several elements of well-being. The physical and architectural elements of well-being are related to position, the rental building's main concept, the type of building, the type of residence, accessibility, common areas, lay-out, and technology, colours, light, design and materials, and outdoor areas.

Physical architectural elements:

Location: In which urban context
Main concept: principal allocation of functions in the residential care facility
Type: an accumulation of private, rented accommodation containing common areas and private homes of 1, 1½, 2 rooms.
Accessibility: safe to get around, also out-of-doors.
Common areas: with social meeting places such as niches for gathering, living rooms, kitchen with seating area as well as therapy room.
Design: of the home and common areas.

Colours and light: in the common areas and home.
Interior design: proportions, placing of doors, windows and walkway areas, functionality, furnishing suitability, materials, spatial qualities.
Outside areas: direct access from own home: terrace, balcony, common gardens, social meeting points, areas for enjoying the sun and sensing garden.
Technology: comfort in the common areas and homes, including indoor climate, air quality, sound and light quality. Auxiliary equipment, application of technology such as fixed installations, exercise machines, lifting apparatus and Smart Home technology etc. (Knudstrup, Møller & Kristensen. 2004)

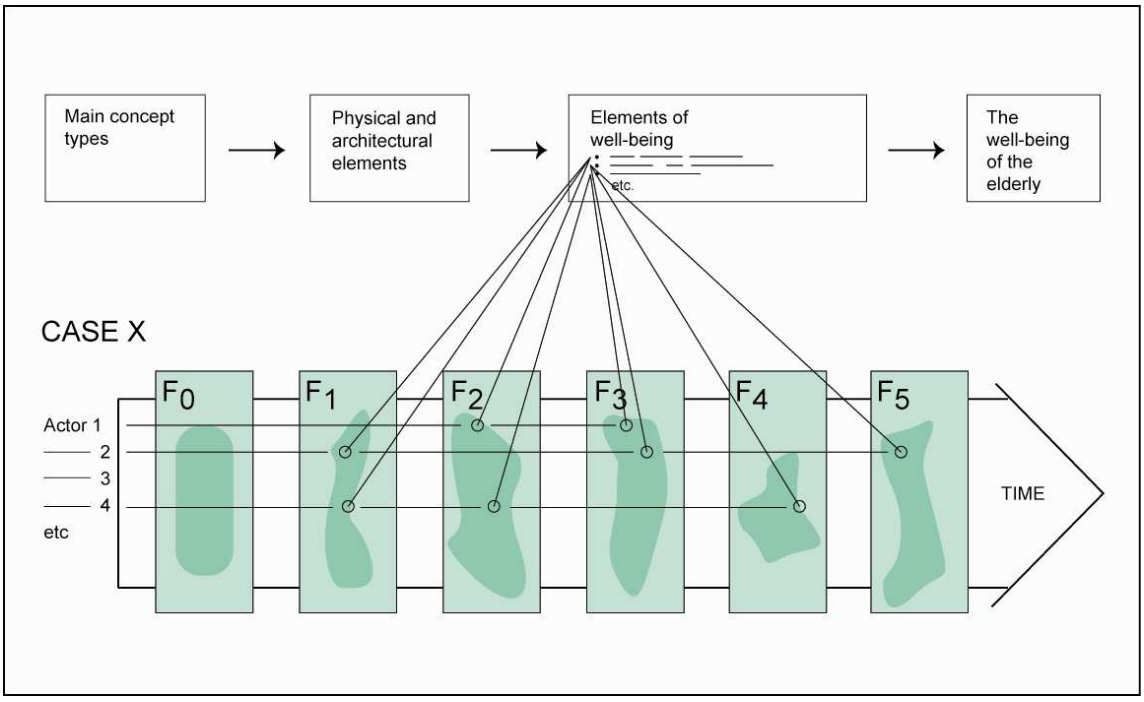

Fig. 3. Illustrates the connection between the main types of concept, the physical architectural elements and the elements of well-being, which are believed to be significant for the elderly people's well-being in the residential care facility. The elements of well-being link a number of actors, who participate in the decisions regarding these elements of well-being in the decision making process, and through the phases ($F_0 - F_5$) which the process runs through.

Therefore, not all residential care facilities will receive equal or have equal qualities, because the different elements, among other things, are not weighted equally in a number of decisions in the decision making process.

Part of the goal of the present research project is to set out when these decisions are made in the decision making process, which actors make these decisions, and when in the decision making process they are made. As the figure indicates, it is a complicated process, with many actors and many elements which must be decided on, and many phases: 0. The informal phase, 1. The Idea and Planning Phase, 2. The Project Design Phase, 3. Tender and Contract Phase, 4. Execution Phase, 5. The Deal of Delivering and Guarantee Period; and simultaneously it is a process which takes place over a very long period of time.

Design and delimitation of investigation

The results of this article build on the foundation of data, which has been provided in 'The decision process analysis. Process – Architecture – Well-being'. This research project contains a study of four recently realised buildings and buildings approaching completion, which are researched as case studies, and finally a comparative study has been carried out which documents similarities and differences between the cases, and brings forth a number of conclusions, in light of the collected empirical evidence in the case studies.

Recently realised buildings and buildings approaching completion have been chosen due to a desire to ensure that the interviewed actors' statements are of a high quality, as the decision making process, and with that the building's establishment, from when the first decisions are taken regarding the actual building, to when the building is finished, takes place over a long period of time, between 2 ¼ – almost 3½ years. This means that there must not be a long time period after the building's realisation before the interview is conducted, to ensure high validity. The four chosen residential care facilities are located in different parts of Denmark, in various sizes of towns, and in different municipalities.

As part of the four case studies, reading of a total of 1,700 pages of case documents has been conducted. More than 300 pages of interviews have been printed, from which quotes are used in the case studies. In addition to this there are interviews and conversations which have not been printed. Residential care facility buildings have been visited in connection with this. In total 7 single interviews have been conducted, and 10 focus group interviews, with up to 6 actors in each, have also been conducted. 33 different persons/actors have participated in the interviews, and some have participated in more than one interview in the individual case (but in this calculation this also counts as one). In choosing the actors, there were several considerations about who the common central actors within the technical professional groupings were, and considerations about who took care of the interactions and tasks in the decision making process.

There are the following actor profiles: officials; possibly politicians; staff members; users (the elderly) and advisors; and the building owner, either in the building owner himself if it is a common building, or a representative of the building owner if it is a public building.

A characteristic of the decision making process for establishing residential care facility buildings in Denmark is that the future users are part of the established groups which follow the building through the decision making process. In this case it is a representative for the elderly from the elderly board, which exists in all municipalities in Denmark, and representatives for them, who work with the care of the elderly in the residential care facility, for example the leader of the residential care facility, occupational therapists and more. The focus in the treatment of the data and the following data analysis is on the case material in the actual case, which consists of the single interviews, focus group interviews, case files, case and building case summaries, case sequence / time schemes and the drawings etc.

By choosing a multiple case design, the possibility for collecting data through interviews has been created, which is one of the ways to illustrate the relevant problems in the research project. Connected with this is the definition of a case, formulated in the book by (Yin 2003), which is relevant here:

"The essence of a case study, the central tendency among all types of case study is that it tries to illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result." (Schramm 1971, emphasis added)

The point of departure in the interviews was a semi-structured interview guide (Kvale 1997 p. 104-105), which addressed the often chosen aspects of well-being in relation to the residential elements in the residential care facility buildings. Focus group interviews (Bryman 2004 p. 346-361) were used, as the focus group can shed light on a number of processes which more actors have taken part in through their participation in project groups and committees in the work of realising the residential care facility building. In these focus group interviews, the focus has been on the progress of the decision making process in relation to the aforementioned aspects of well-being, regarding the residential elements in the residential care facility buildings.

Supplementary to these focus group interviews, single interviews were also conducted, where the focus was on the officials or technical advisors task going through the decision making process more generally. These single interviews were conducted to compensate for the less structured and less precise course of events in the focus group interviews. The interviews conducted are transcribed and quotations are used thereafter.

Results from the Decision making process in residential care facilities and accommodation

It can be concluded that all the decision making processes are very well-organised, but the transition from 1. The Idea and Planning Phase to 2. The Project Design Phase and on to 3. The Tender and Contract Phase and finally to 4. The Execution Phase, is a rather long process that can lead to a loss of knowledge, and this is knowledge connected to the analysed elements of creating well-being.

In all of the four cases, the municipalities in question have written formal procedures which set out the board or steering groups, user groups, project groups etc. which must be established, and when these should be established (Knudstrup & Hovgesen 2007). In these formal procedures it is often described very precisely which combination of actors the single boards/groups must have in the different phases in the establishment of a residential care facility building. The boards/groups of actors are established to facilitate and support the decision making processes with knowledge, and thereby secure the best basis for the decisions that are made, as the aim is that the actors contribute their own professional knowledge in the concrete decision making process.

These persons/decision makers, the so-called actors, often represent complementary knowledge within different professional areas, knowledge it is important to provide in relation to the establishment of the residential care facility projects.

The distribution of the different types of actors in the established boards and groups in principle secures a differential but incomplete knowledge base. In practice, there are attempts to compensate for this, via the municipality's formal procedures, by letting a number of the same actors appear in different parts of the decision making. It is primarily the public and

private building owner representatives, architectural advisors, and officials which represent the municipality. In practice it is these actors who are carrying decisions and knowledge through the different phases and meetings of the decision making process, through summaries and project material, like drawings of section views/plans etc. In the majority of the decisions all four decision making processes are documented in writing through summaries of meetings. This is the case especially for all the important economic and legal decisions. It is, however, not always the case when it comes to decisions regarding the physical architectural elements and the conditions regarding the elements of well-being.

It can be concluded that more research-based knowledge is needed: There is a need for research-based knowledge manuals among the actors involved in the planning and project design process, which describes systematically the importance of working with the different aspects of well-being in residential care facilities and accommodation in Denmark.

The time sequence of the process

An important characteristic which is related to the four cases and their decision making processes is that there is rather a lot of time spent in creating the overall political and administrative basis for the realisation of the residential care facility building. When it comes, however, to the detailed design of the actual residential care facility building, under the introductory idea and planning phase and especially under the project design phase, then the decision making process is on one side experienced as hurried, especially by the residents and employee actors in the user groups. Only a little time is taken here to make a number of important decisions in relation to the design of, for example the elements of well-being in the residential care facility building, and these are decisions which will affect the daily life in the residential care facility building for many years in the future. In connection with this, a large part of the initiative is handed over to the professional advisor.

On the other side, the advisors also feel that they are under pressure, as after delivering the first sketches of the residential care facility or winning the architectural competition, they first have to work with adjusting the project sketches to the employee's and the residents' reality. This is a process which in most cases ends completely or partially when the decision making process is transferred to the tender and contract phase. All the actors are at the same time aware that the economic conditions for the residential care facility building must be met, and the architectural choices must be realised. It is also worth noting that in all the cases where the building projects are put up for tender in an architectural competition, the decision making process is much longer in the project design phase. This is due to the fact that after the winning project has been selected, it must first be discussed in detail with the building owner, and then with the other actors in the established boards and groups.

It can be concluded that more time should be devoted to discuss the aspects connected to well-being. During the planning and project design process more time should be given to more qualified discussions about what well-being means to the residents and the employees, and these discussions should be embedded in the decision making process.

Life Living Environments and alternatives

In all four decision making processes the life/living environment principle is utilised as the frame for the good life in the living units for the residents – but at the same time the actors in the decision making process seek to organise the care and working environment in the living units in the most comprehensive way for the employees, through the functions and lay-out of the rooms in the single residential care facility building.

One of the most central decisions related to the design of all the four investigated residential care facility buildings, and thereby in all four decision making processes, is how the life/living environment principle can be utilised in practice in the single residential care facility buildings. The life/living environment principle was chosen beforehand in three of the four cases, where the town council decided to implement the life/living environment principle under the decision making process, and after that the project design of the case was started. In general, most of the actors' statements, in all the conducted interviews in the four cases, can be interpreted as being aimed at creating residential care facility buildings with a high level of well-being and safety for the individual residents, and a good working environment for the employees.

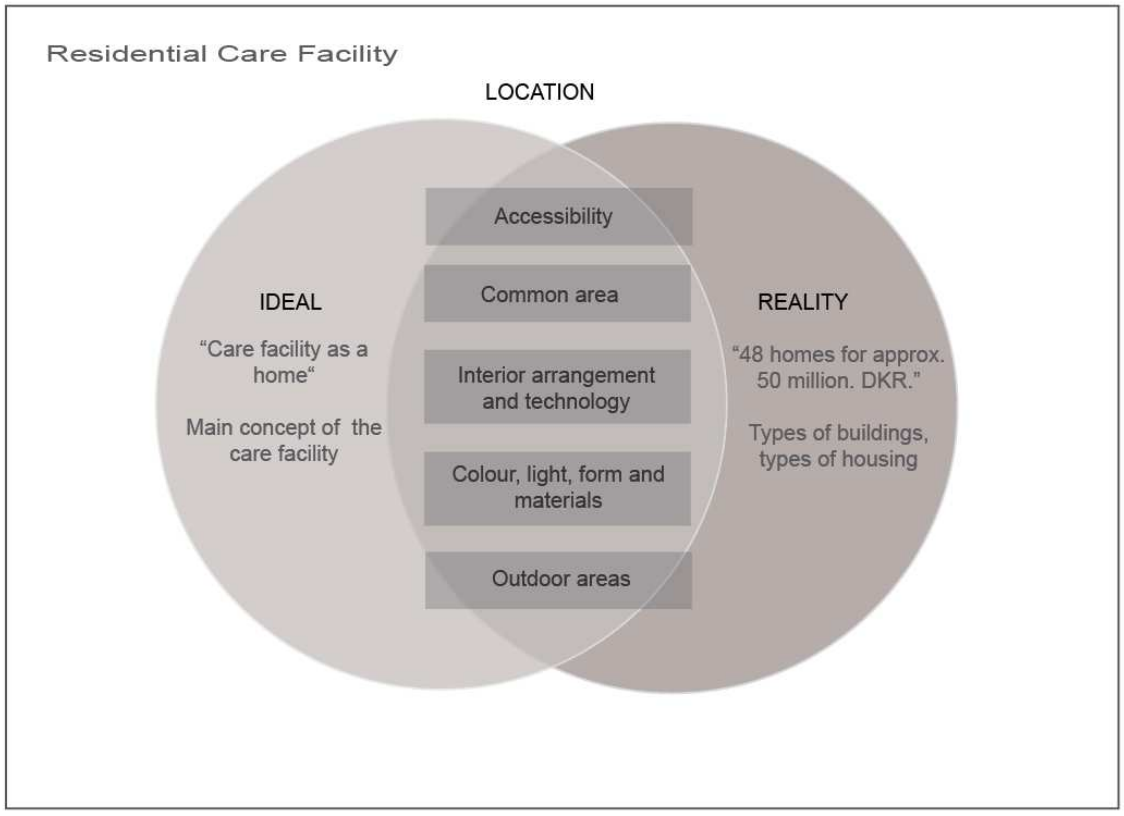

Fig. 4. The residential care facility building and its physical architectural elements, which are stretched between the ideal and the reality

The constructed ideal is slightly simplified here as a residential care facility containing living units and residences, which give the possibility for the residents to continue their daily life, as they lived in their homes, before they moved to the residential care facility building. In connection with this, it is the task of the residential care facility building, through its design, to compensate for the situation which the residents are in because of their age, and which has led to them having to move out of their own home. On the actor side, from the perspective of the private building owner, and from the advisor side, ranging from the employee representatives to the user representatives, it is in principle an agreement that 'the home', understood here as the private home, is the ideal for the new residence with its supportive functions.

It is clear for all the actors that the ideal of 'the home' in practice contains two opposing demands. Namely, to function as a good working place for the employees, and to function as the frame for a good and worthwhile life for the residents.

It is also clear that few of the actors have experience with the life/living environment principle, and even fewer are capable of operationalising these experiences, and therefore describing in a reflective way the large number of challenges the life/living environment principle would create when the residential care facility is realised, and the everyday life begins.

The life/living environment principle is attached to a way of thinking about elderly people functioning best in living units with 8-12 residences, with elderly residents (in one living unit) who can enjoy the social fellowship of 'big families', and who have an active everyday life, which they can participate in, and engage in a number of activities together with other elderly people and the employees. At the same time, the life/living environment principle is attached to the belief that it is possible to have professional and independent employees, who are capable of organising their own and the resident's everyday life in the living unit alone, with limited support from the rest of the institution for long periods.

It can be concluded that in general a discussion about "the living environments" as the only and right solution for organising the residential care facilities and accommodation in Denmark is recommended. Maybe the possibility should be given to create more private residential space and less space for public life in the residential care facilities and accommodation.

Further recommendations

Going through the four cases and the analysis in the following comparative study, justifies a number of recommendations. These recommendations, with a starting point in the research project, could be used to place the factors of well-being more centrally in the decision making process, which is creating the basis for the residential care facility buildings of the future. Perhaps, however, it is more important that the recommendations ensure that focus remains on the resident's well-being from the first phase, the idea and planning phase, and on to the concrete residential care facility building's establishment and use.

- ***Firstly,*** *that evidence-based handbooks should be prepared, which systematically describe the significant aspects of well-being in the residential elements of the residential care facility*

buildings, and that knowledge is passed on through scientific journals, courses and/or study trips, to be used by the actors participating in the decision making process.

- ***Secondly,*** *that research-based knowledge should be collected and procured to be used for a more systematic discussion of the significant aspects of well-being's in relation to the residential elements, for the actors who participate in the decision making process.*

- ***Thirdly,*** *that a discussion should be initiated more generally about the use of the life/living environment principle as the only model for residential care facility buildings, and therefore whether it is possible to create larger own residences and smaller communities for groups of users with other lifestyles or forms of life*

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