

Exploring three contemporary residential responses to older people through an SRV lens

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Introduction

‘The home should be a treasure chest of living.’

Le Corbusier, designer and writer

This thought provoking quote reminds us that ‘home’ gives us much: a sense of self, security, safety, a place for making and exhibiting memories, a place for relationships. Home is about people as much as place. So too for older people. In a reflection on the physical, personal and social dimensions of home, older people prefer a home life that allows them to be engaged in their valued roles, to access the local resources that are important to them, and that provides comfort and safety. Home also holds an emotional connection as a place of history and a place of caring (de Jonge et al, 2011).

Consistent with our desire for our own homes, Hitchcock (2015) voices what others also know, ‘No one wants to go to a nursing home. My patients fear it; families often feel terrible guilt when the time comes: it is thought of as abandonment’ (p53-54).

Not surprisingly, services have sought to improve the circumstances of older people in residential environments. Various responses have reached popularity.

This chapter uses the theory of Social Role Valorization (SRV) to critique three contemporary responses. The three models, the Eden Alternative, the Green House Project and Humanitas Apartments For Life, were chosen because they have been embraced very widely across Western societies, despite little empirical basis for their adoption. The critique is based on descriptions and evaluations of each of the models found in an extensive literature and web search. The analysis appraises what the models purport to do and also notes what appears to be absent in the processes of each model.

Part 1 of the chapter is a brief overview of each of the three approaches. In part 2, six key SRV ideas are then used as the basis for analyzing the three models to establish the extent to which each model:

1. provides responses that are highly relevant to the real and fundamental needs of older people
2. utilises the construct of typical ‘home’ and community life as a foundation for the model
3. enables older people to maintain and strengthen valued social roles that help create a sense of identity and status
4. enables older people to experience freely given relationships and valued and meaningful activities in places alongside other citizens
5. pays attention to the messages conveyed about older people, and
6. helps people maintain their competencies

Part 3 summarises what an application of the Theory of Social Role Valorization offers to the lives of older people with regard to their arrangements for 'home'.

Part 1. A brief overview of three contemporary responses

Eden Alternative

The first model for consideration is the Eden Alternative, a not-for-profit organisation founded in 1991 in the United States by Dr William Thomas (Eden Alternative, 2009). Thomas observed numerous limits to the traditional nursing home model, and established a set of ideas and practices in response to these.

Thomas asserts that older people in nursing homes experience three 'plagues', loneliness, boredom and helplessness, and that the principles of the Eden Alternative would assist transformation in Nursing Homes from a medical model. Barba (2002, p 8) noted that Thomas 'looked to nature' for solutions and created a 'human habitat' through the addition of plants and animals and through the addition of various age groups through the presence of children, volunteers and staff. The shift in emphasis is captured starkly by Weinstein's (1998) characterisation of a nursing home as a state penitentiary compared to the 'Garden of Eden' of the Eden-influenced residential. The model is underpinned by a belief that 'loving companionship' through time with children, other adults and animals is the antidote to loneliness; that older people need to give care as well as receive care as this is the antidote to helplessness; that the antidote to boredom is an environment where there is spontaneity and variety (Eden in Oz & NZ Ltd, 2010).

The Eden Alternative rests on key principles, including the following. One principle identifies having meaningful opportunities and activities as a contributor to human health; that 'medical treatment should be the servant of genuine human caring, never its master' (Eden Alternative[®], 2009), and that decentralised management practices should include decision-making by older people or those close to old people. There are two principles that speak to change processes. One is that growth is an ongoing process and important for human life and that action by those in leadership roles is crucial for any change.

The Green House Model

The second model for consideration is The Green House model. Also referred to as the Green House Project, it is the collective term for purpose built houses for between seven and ten older people, all of whom have been assessed as needing high levels of care. In the U.S., the complexes are registered as nursing homes. The first Green Houses were built in 2003 on the grounds of a nursing home and independent living complex in Mississippi USA and by 2010 it was present in 26 states of the USA.

The model was also developed by Dr Thomas who described his intention to 'outgrow' the nursing home model (LePonte, 2010). It also appears that Thomas responded to evaluations of the Eden Alternative, and in particular the limited differences that were being made in terms of cultural change and benefits to older people.

The model was informed by research on design concepts (Alexander et al 1976, cited by Rabig et al 2006) and studies of learned helplessness in nursing facilities. The model assumes that participation in everyday activities and maintaining competence will decrease the likelihood of loss of control. Thus there is an interaction between expectations that older people can continue to function and the provision of homelike environments.

As a result the Green House homes are described as much more homelike in appearance and size. Individuals have their own bedrooms and bathroom, and there is a communal kitchen and two sitting areas. Less typical of home, there are also staff offices, beauty shops and utility rooms under the same roof (Rabig et al, 2006). Meals are prepared within the home, although the ordering of food and some of the food preparation is done from a central area within a nursing home complex. There are no fixed schedules such as for getting up or for meals. Medicine carts, nurses' stations and public address systems are not used (Kane, Lum, Cutler, Degenholtz, & Yu, 2007). Most staff are not nursing staff and assist in the areas of personal care, and home maintenance tasks such as cooking.

Apartments For Life

Humanitas (2014), a prominent social service in the Netherlands with a history of running nursing homes for older people, changed direction in the mid-1990s by opening their first complex of apartments for older people. This initiative was led by Hans Becker, a physician who became Chair of the Humanitas Foundation.

By 2008, Humanitas had built 15 complexes in Rotterdam which consisted of 1700 apartments for 2500 people. An apartment ranges from 70 squares to 300 square metres, consisting of, at a minimum, bedroom, bathroom, living area and kitchen. Each high-rise complex consists of about 200 apartments, which are said to be 'age proof', meaning suitable for older people as they become less able. On the ground floor of each complex is a 'village square' with aged care services and other generic facilities such as a restaurant, hairdresser, fitness center, multifaith prayer center. These are for use by residents and others in the neighborhood.

People with a range of characteristics with regard to health, social and, cultural background and type of tenure live in each complex. The intent is to have one third of the people having good health without significant disabilities, one third with low care requirements and one third with high care requirements. Whether the apartment is rented or purchased, it is intended that support is provided to people in their apartment rather than them having to leave to go to a nursing home. The exception to this is people who have dementia and difficult behaviors who are expected to move to a dementia specific complex within the apartment complex.

Support to each older person can be from agencies other than Humanitas, which implies that the provision of housing and support can be by separate entities.

Events and activities are organized such as computer classes, knitting group, music therapy. Residents are encouraged to be volunteers within the complex. Pets are allowed.

There are two key intentions of Apartments For Life: enabling older people to remain in their own home as they age and become more dependent and the pursuit of 'human happiness' (The Benevolent Society, 2009). van Marrewijk & Becker (2004) describe three key ideas within the model. Two ideas are the provision of 'age proof' [sic] residential complexes, supporting self-determination, self-reliance and fun. Thirdly, the model refers to an extended family concept that interprets 'family' as older people, biological family, staff [sic], volunteers and neighbors.

Four values underpin the Apartments For Life model. Autonomy, 'being the boss of your own life', is a value said to lead to people having their own space and a say over their own lifestyles rather than a room in a facility. The value of 'use it or lose it' leads to a recognition that the creation of dependency should be avoided, that risk taking is normative and that older people and families should not expect being 'done

for'. Instead, it is expected that people will use the skills they have and maintain them. There is value placed on 'an extended family approach'. The fourth value is described as a 'yes culture' which speaks to attitudes that are open to possibilities rather than those attitudes that leads to a narrowing of what might be possible or allowed in the lives of older people.

Having described each of the models, Part 2 now engages in an analysis using six key SRV ideas. Each SRV concept is explained and then applied to illuminate strengths and challenges in each of the models.

Part 2. An analysis of each of the models, using Social Role Valorisation (SRV)

(i) The SRV concept of the culturally valued analogue (CVA) and 'Home'

The SRV concept of 'culturally valued analogue' (CVA) is defined as a societal practice which is typical, familiar, viewed as positive and is the valued parallel for what is provided to devalued people (Wolfensberger & Thomas, 2007). In other words, the CVA references what is culturally typical and valued as a guide for meeting the needs of vulnerable people.

'Home' is the culturally valued analogue for a residential environment because it is the fixed address of the occupants and is where people would expect the functions of home to be performed including personal care, having meals and sleeping. Home of course is much more than a shelter where one is warm, dry, fed, clean and safe. It is a place where people have the greatest level of authority over a space. It is a place for relationships including intimate ones. It is a place that is more than a structure: the space is made to be homely. It is a place where people's personal preferences, personality and cultural identity are expressed through the decorations and the rituals that occur. People establish their own routines and rhythms of the day, week and year in their own home. These routines are related to such things as personal preferences, personal needs and family traditions. Home as a safe and secure place is something that is typically taken for granted. Home is a place where history meets the present and the feeling is one of belonging to the place and to the people there. Home is a base from which to plan for each day and into the future.

An exploration of the three service responses in light of the CVA of 'home'

Ways in which the models are consistent with the CVA of home

Of the three models, the Apartments For Life model clearly has the most features of home. Older people can buy or rent, they have high levels of control over their apartment and what happens within it, there is a separation of housing and support, there is security of tenure (except if a person has dementia) and there is space for family members to sleep over.

The Eden Alternative principles do attempt to create a more homelike environment rather than hospital-like environment, with attention paid to language and the introduction of homely features like pets, plants and visiting children.

One of the advances that Thomas made in developing the Green House homes was the influence of architectural design related to home (Rabig et al, 2006) and a residential neighborhood. He refers to these as pattern symbols that one would typically find at home such as a family dining room, living room, and outdoor spaces. There is intent in reducing the symbols of the medical model by minimizing or eliminating the presence of call systems, nurses stations and medication carts. Families perceive that the Green House home is more like a home than a nursing home (Lum, 2008).

Ways in which the models are inconsistent with the CVA of home

The Eden Alternative and the Green House Projects use features that divert from the CVA of 'home'. There are more people living in the environment than would typically be found in a typical home, for example ten people in a Green House residential and even more in an Eden Alternative nursing home. The larger group numbers result in things like too many people sitting at a dining table (Zimmerman and Cohen, 2010), corridors reminiscent of nursing homes, dining rooms that are larger than usual and centralised cooking arrangements. Co-residents are strangers with whom each individual has not chosen to live. Staff operate full-time in people's private spaces. It is likely that the medical model remains present within the residential environments also through the use of those staff who have nurse identities and nurse functions, for example dispensing medications and keeping case notes.

The departure from the typical experience of home is compounded when the residential complex is built on the grounds of a nursing home or registered as nursing homes, for example, as are all Green House Projects.

(ii) The SRV concept of relevancy to needs

The concept of 'relevance' is located within the SRV theme of model coherency. A service is said to be relevant when there is a fit between the important and fundamental needs of the service recipients and what is offered by the service.

In order to understand needs in their fullest sense, it is important for a service model to appreciate the human identity of the service recipients, the nature of their impairments, key life-shaping events that have resulted in vulnerabilities and also have a general appreciation of societal dynamics towards older people. This section explores these matters in brief.

By the time that people have reached older age, their pasts generally include a variety of past valued roles and relationships; many have lived in a range of places. World events and their cultural identity would also have shaped who they are today. Impairments of the body or mind are likely to result in physical and functional impairments.

Older people who require 'nursing home' levels of care are typically people who have been experiencing increasing levels of dependency and a loss of roles. Gawande (2014) reflects that Western societies 'have a veneration of the independent self' (p22) and so older people with dependencies are vulnerable to lower social status as they embody something that society devalues. Dependencies also lead to a shrinking of lifestyle at home and a reduction in being able to go out of the home to use generic resources. Circumstances probably have led to the loss of relationships. Older people are likely to be also experiencing health issues and been cast into the roles of 'sick' and 'burden'. They may also be experiencing the psychological and emotional impacts of social isolation, dependency, loss and being subject to societies negative perceptions and low expectations of them as older people.

Thus an exercise in understanding the human identity could also be thought of as an exercise in getting to know each person well. This involves appreciating what is important to them and for them, their likes and dislikes, their wants, their strengths, and their past. From these explorations and with an attitude of trying to see the world through the eyes of the older people, it is possible to identify those needs that should be met in order for the older people to live rich and meaningful lives and have positive futures. Meeting bodily needs such as being pain-free and having nutrition

and shelter leads to someone living from day to day. Meeting the deeper and fundamental needs lead the older person to thrive.

It is suggested that fundamental needs are likely to include maintaining one's identity, having a sense of purpose and contribution, relationships with family and established friends, and having one's life path unfold as authentically and meaningfully as possible. Gwande (2014) and Hitchcock (2015) point out that families value safety when looking for an appropriate nursing home. However de Jonge et al (2011) argue that older people value autonomy, social connectedness, personal and the emotional connection to home over safety. Research into experiences of loneliness and social isolation indicates that, depending on the type of loneliness, there could be the need for companionship and human contact, needs for connections to the community at large, and the experience of belonging (Stanley, 2010).

Thus it is probable that older people have needs beyond bodily well-being and a sense of security and safety. Other fundamental needs could include maintaining their competence, autonomy and control, contentment, being positively regarded and respected, belonging, connections to a range of people, possessions, spiritual wellbeing, cognitive wellbeing, affection and intimacy.

What SRV asks is the extent to which the range of needs are recognized and the extent to which what is offered is relevant to those needs.

An exploration of the three service responses in light of their relevance to the needs of older people

Which needs are recognized?

The models appear to be conscious of *some* of the important needs. For example, the Eden Alternative specifically recognizes that older people need companionship, to give nurturing and to have spontaneity and variety each day in response to the experiences of loneliness, helplessness and boredom. It also recognizes that older people should have decision-making authority.

Green House Projects recognize the need for home, to be in an environment that looks like home and that has the routines of home. It also recognizes that medical needs should not trump other needs such as the needs for security, physical comfort, enjoyment, meaningful activity, relationships, functional competence, dignity, privacy, individuality, autonomy and spiritual wellbeing (Rabig et al 2006).

The Apartments For Life model recognizes the need to have one's own home and authority over their own home environment. There is recognition for needs such as maintaining one's usual rhythm of life, including contact with typical resources such as cafes and libraries. Humanitas identifies the importance of older people remaining independent, managing their own lives and participating in society, and recognizes that older people do not want to move house, to change key providers and to have changing support staff (The Benevolent Society, 2009).

There seems to be some conscious recognition in all three models of the need to be perceived positively by the community at large and to maintain ordinary connections with ordinary community, for example the role of volunteer in the Apartments for Life model and being seen in local community life in the Green House model.

What is the fit between the needs of older people and what is provided?

Overall, there is an absence of evidence from the available evaluations to indicate significant lifestyle and status outcomes for older people. Further, the literature

shows that none of the three models demonstrates the intention to meet needs related to valued roles within community life, connection to past and present social networks, a sense of purpose and contribution, or spirituality.

Having said this though, there are some important changes for people. For example with regard to the Eden Alternative, Brownie (2011) notes numerous health benefits with regard to medication, urinary tract infections and improved sociability. Bergman-Evans (2004) finds improvements in boredom and helplessness.

Kane et al (2007) conducted a two-year evaluation of the original four Green House homes and compared the outcomes for the older people with those older people in two traditional nursing homes. Better health outcomes were achieved, except in the area of incontinence. Compared to one of the nursing homes, the Green Houses scored better in the areas of privacy, dignity, meaningful activity, relationship, autonomy, food enjoyment and individuality. Compared to the nursing home located on the same grounds, the Green Houses scored better in the areas of privacy, dignity, autonomy and food enjoyment.

However evaluations also note what is missing. Evans (2004) finds no improvements in loneliness. Ransom (2000), who evaluated four Eden Alternative nursing homes over a two-year period, also finds that the needs for companionship, nurturing living things and having variety and spontaneity each day were not met by the Eden Alternative. Medication actually increased in two of the homes, including an increase in psychotropic medication and infection rates increased in two homes and reduced in two homes.

In the Green House homes, there were no differences in the areas of comfort, functional competence, spiritual wellbeing and security. Further, older people were less likely to be engaged in organized activity within the houses but more likely to go out than those people in nursing homes (Kane et al, 2007). On the latter point, Zimmerman and Cohen (2010) finds that engagement in domestic and social activity was one of the most pressing issues facing Green House Projects.

More recently, Mueller's 2008 analysis of nine studies of the Eden Alternative, concludes, 'The evidence supporting the impact that the EA model of care has on staff, resident, family and organizational outcomes is weak.' (p.9). Mueller does acknowledge that there were methodological issues in conducting the research, however Grabowski et al (2014) also finds that when the Eden Alternative and Greenhouse models were used to change the culture in existing nursing homes, there were no significant benefits in bodily or psychological wellbeing.

No evaluation of Humanitas Apartments for Life was found, apart from an economic evaluation (ACIL Tasman, 2009) . Even when advocating strongly for this model, such as by The Benevolent Society in Australia (2009, 2011) and the ACT Affordable Housing Steering Group (2009), no evaluation data was quoted.

(iii) The SRV concept of social role.

'Social role' is one of the key concepts within social role valorization. A social role is defined as a 'combination of behaviors, functions, relationships, privileges, duties and responsibilities that is socially defined, is widely understood and recognized within a society, and is ... expected of a person who occupies a particular position within a social system.' (Wolfensberger, 2013, p45).

SRV has identified that older people are particularly vulnerable to being perceived as and cast into certain negatively valued roles. These include the role of sick, burden, in their second childhood, dependent, useless, worthless, menace, dying and better

off dead. In contrast, positively valued home and community roles include homemaker, host, neighbor, spouse, grandparent, gardener, home handyman, hobbyist, shopper, library member and gym member. A role such as 'king of the castle' speaks to the high levels of autonomy expected at home while roles like 'anniversary celebrator' and 'gift giver' are reminders of the important rituals that occur in the home environment.

SRV posits that there are four reasons for the centrality of social roles (Wolfensberger 2013). Firstly, the identity of a person is shaped by the number and the degree of value of the social roles held by a person. Secondly, roles affect and shape most aspects of life, such that one's lifestyle is strongly shaped by and impacted on by one's roles. Further, some roles serve as a defense against devaluation, for example for an older person with health issues, the roles of father, committee member and ex-teacher could be a defense against being perceived as wholly in the sick role. The fourth reason is that those who are in valued social roles are more likely to get access to the good things in life such as purpose, meaning, relationships and respect. Those who are in negatively valued roles such as welfare recipient, grumpy old man, burden to the family and sexual deviant are more likely to be ostracized, ignored, and to lose relationships, status and possessions. Thus an SRV lens highlights the extent to which a service enables service recipients to maintain existing valued roles, acquire new value roles, have any existing negative roles reduced in their negativity and to avoid being cast into new negatively valued roles.

de Jonge et al (2011) noted that the home environment supports a range of values roles and meaningful activities. For example the role of shopper is enhanced by having a physical layout that allows the ease of bringing the groceries into the kitchen; the role of hobbyist is enabled through having space for hobbies; the role of grandparent is supported through having space for grandchildren to stay.

Being in valued roles and avoiding negative roles are particularly important to maintain a positive sense of self, relationships, appropriate degree of busyness and to be positively regarded by others. Valued roles are a counter to increasing dependency and to shrinking lifestyles. Further, the needs identified previously are more likely to be met if people are in valued roles.

Even those who are no longer able to physically perform the skills of a valued role could still occupy a valued role. For example, a retired bank teller who is a mother and who has dementia is still in the roles of ex-teller and mother.

An exploration of the three service responses in light of social roles

The issue here is to establish the extent to which each of the models help older people maintain their home roles, their interest roles and their relationship roles, foster new roles, minimize negative roles and prevent people being cast into negative roles.

All of the models take people away from their communities of origin, and so there will inevitably be losses of task roles and/or fracturing of relationship roles with existing friends, neighbors and generic service providers like GPs. None of the models use the language of social roles in their vision statements or practice principles.

The Apartments for Life model is best positioned to enable people to maintain their home roles because the older people move into an apartment with the full expectation that they will be in their own homes. There could, however, be loss of some roles because they have moved away from the family home, such as gardener

and neighbor.

If people move away from their traditional home, and especially if they move into a group arrangement, then it can be more difficult for them to claim the space that enables them to be in a valued role. For example moving into a residential where there are a group of between seven in the Green House Project or 18 residents as in the Eden Alternative could also mean that there are already other people who are responsible for the washing up or for the setting of the table. Therefore it could be difficult to take responsibility for those tasks so that the person could be even partially in the role of homemaker.

It is very easy for an older person in a residential environment, as in the Eden Alternative or Green House homes, to be cast into the role of frail dependent patient rather than tenant, neighbor and club-member. This can be caused by not being in a home environment, but also by not having valued roles. One of the risks of not using a roles framework is that people become engaged in activities which keep them busy but are insufficient to reinforce an identity that reflects their roles, relationships and contributions, past and present.

People living in an Eden Alternative nursing home are encouraged to contribute to the operation of a residence. If the interpretation of their contributions is primarily as a task or activity, then the benefits of being in a valued role are not brought to fruition. For example, someone whose contribution is to feed the birds is perceived differently from someone who is supported to be in the role of bird owner and bird lover. The latter would require support to the person to fulfill the other responsibilities related to owning a bird, and might even open the door to spending time with other bird owners, reading magazines about birds and so on.

(iv) The SRV concept of Personal Social Integration and Valued Social Participation

The SRV definition of integration is 'the valued participation by people in the culturally normative and valued activities and settings of their society in culturally normative amounts, and with ordinary and valued people' (Wolfensberger & Thomas, 2007, p33). Flynn and Aubry (1999) describe the SRV definition of integration as the most articulate and accurate compared to other definitions, primarily because the SRV definition says that three things need to be present for integration to be said to occur: that the person does valued and typical things in typical and valued places with people with a valued status. For older people, this means for example, that older people spend time with family and/or friends doing things for enjoyment or achievement, with people who share that interest. While older people can make new friends in their later lives, friends that they have had from school, work or where they have lived should not be ignored in terms of their importance. Nor should the maintenance of interests that they have had over time be overlooked. Further, even when an older person is highly dependent and no longer able to recognize family members, those relationships continue to be important.

'Community' typically refers to that which is outside of the home: it begins with the neighborhood and neighbors and extends to generic resources. Community is not simply geographical: within what is culturally valued, a community could also refer to a group of people with shared interests or beliefs and thus connect people through function rather than geography (Ife, 2013).

For a model to do well with regards to enabling people to be present in community life, the service will benefit from being located within ordinary community and easily accessible by transport, and by being attractive such that family are drawn into

spending time with their elderly relatives. For people to participate in the social, economic and civic activities of their community, it will be helpful for them to be valued roles. Intentional efforts are required.

It can be seen that SRV makes the distinction between being present in the community and participating in community life. If a service is (only) located within a community or people are (only) taken to visit generic community resources, then this could not be said to constitute integration in its fullest sense.

An exploration of the three service responses in light of Personal Social Integration and Valued Social Participation (PSI and VSP)

Each of the human service responses creates an environment away from ordinary generic community. People have been taken out of their community of origin (or leave somewhat willingly as in Apartments For Life) in order to be in a physical environment that is suitable for changed mobility or health needs and to receive support. Thus there is likely to have been fracturing of relationships and valued roles and possibly interests.

How the models reduce older people doing valued activities in valued places

Responses that have been built on the grounds of nursing homes are least likely to do well with regard to integration. At best, people can be taken to community venues, where they might have a community presence. Further, the creation of on-site facilities such as a café, men's shed, library, gym and hairdresser reduces the incentive to maintain authentic generic community presence, as seen for example at an Australian Eden Alternative Nursing Home (Aged Care Guide website).

The Eden Alternative faces many challenges in this regard. The model does talk about creating community however this appears to be a single 'community' within the grounds of the nursing home. This is very different to the multiple communities that typical citizens belong to. To an extent the village square in Apartments For Life also creates a community parallel to ordinary community life even though there is openness for family members and neighborhood citizens to use the facilities. Shopping in a valued place like a typical grocery store is eliminated in the models that use central supplies and central kitchens.

The evaluation by Lum et al (2008) of Green House homes notes surprise that no efforts were made to support people to pursue religion outside of the facility, especially given that the geographical location was highly religious. The review also notes that more efforts were needed for in-home activities and resources made available for outside activities.

How the models are likely to reduce opportunities to maintain existing relationships and develop new relationships with people with a valued status

While Apartments for Life creates a multi-age and multi-social status environment, the other responses create same-age environments, although introducing children from schools into the Eden Alternative environment is an opportunity for developing intergenerational relationships. It should be noted that these are likely to be new relationships, and risk ignoring the relationships people had in their original home contexts.

Lum et al (2008) found that family members were more engaged in aspects of their family members' care in a Green House home compared to those in nursing homes. However Lum also found that there was poor satisfaction from families regarding the extent to which their older family member had things to do, had access to transport,

had access to religious pursuits and had access to people who shared their interests.

The restaurant within the village of an Apartment For Life complex provides reduced meals for visiting family members. It was not reported as to the extent which family members actually use this facility (The Benevolent Society, 2009).

The Benevolent Society (2009) also reports that an Apartments For Life design supported physical integration with the surrounding residential environment as an intentional strategy. Social integration with residents from the neighborhood was hoped for by supplying community resources in the 'village' at the base of the apartment building. No research was found that indicates that this has been successful. This review raises the question about why local residents would use the village resources and not generic resources. The facilities within the village include various medical resources such as doctors, dentists and therapists (referred to by Marrewijk & Becker, 2004, as 'cure and care activities') with the intention that local residents would use these facilities as well. However no report was found of the extent to which local residents actually use these facilities.

One pattern that confuses the integration issue is that each of the models uses the language of 'family' and 'community' in ways that are not traditionally understood. For example the Eden Alternative refers to community as including staff and residents. Apartments For Life (van Marrewijk & Becker, 2004 and The Benevolent Society, 2009) use 'the extended family concept' to refer to a collective of all other stakeholders (clients, employees, and volunteers family staff)

(v) The SRV concept of imagery

Image messages about older people shape perception (Wolfensberger, 2013). The people around older people, the activities that older people are encouraged to do and what the physical environment looks like all send messages about the status and worth of older people. These messages include whether they are still valued citizens and signals their personalities, their abilities and their potential. SRV posits that the mental pictures that are associated with older people are also likely to impact on how they are treated. If positive messages are attached to older people, then they are more likely to be perceived positively and accorded positive roles. If older people are associated with negative imagery, then they are more vulnerable to further devaluation. Not only are messages sent about older people to their families and to community members as a whole, these messages about their worth are also sent to each older person themselves. SRV leads us to understand the importance of associating older people with valued places, objects, past-times and people so that they and others receive positive messages about them.

An exploration of the three service responses in light of imagery

Older people are vulnerable to being perceived as sick, burdensome, menaces, in their second childhoods and already dying. Therefore an analysis of the three service responses will discern to what extent these pre-existing stereotypes are reinforced, and to what extent are positive messages about their identity promoted.

Ways in which positive messages were conveyed

All of the responses have, to some degree, tried to associate older people with positive imagery. Attempts to make residences more homelike are a significant line of defense against further devaluation.

Living in their own home, with high levels of authority in that environment such as purported by Apartments for Life will reinforce the value of older people, that they are

still living their lives. Having support when needed and that that provision of support is not restricted to the housing owner, such as in the Apartments for Life response, also contribute to a perception of the worth of older people even if they have increasing dependence.

The Green House approach has intentionally created smaller more homelike environments with an absence of nursing stations, medication carts and public address systems. There are no specialized staff identities who do the laundry and cooking.

The Green House model has also intentionally changed language in an attempt to move away from medical language, for example the nursing assistant is called a Shabbat; the administrator is referred to as a guide; and the older people are referred to as elders. Language in the Eden Alternative is consciously chosen, such as residents instead of patients; areas of the buildings are referred to as neighborhoods and households. Words such as toileting, feeding and nursing units are intentionally not used.

Ways in which negative messages were conveyed

There continues to be many symbols of the medical model present in the Eden Alternative and Green House homes, which reinforce messages of sickness, dependency and even death. Kane et al (2007) reports for example that four Green Houses were built on the grounds of a 140 bed nursing home, associating the older people with images of frail, dependent, dying, elderly people.

Locating residences on the grounds of nursing homes or rehabilitation facilities, like some Green House complexes, also associates the older people with perceptions of sickness and being burdensome to family and the community. Any association with medical paraphernalia such as through the use of nursing staff (even if their title was changed), the look of the wide hall ways, vinyl floors and the existence of nursing stations will associate the older people with negative messages about their identity and capacity.

The name of the Eden Alternative model evokes biblical images (Weinstein, 1998 and Ransom, 2000). Weinstein (1998) also referred to the Eden Alternative as 'a garden where older people are plants', which is an additional form of dehumanization. The words 'greenhouse project' could be thought of as a climate change strategy. Eden Alternative literature consistently uses the terms 'antidotes' [to the] 'three plagues' which has a medical connotation.

The term 'age proof' (Marrewijk & Becker, 2004 and Becker & de Lange, undated) was used in the Apartments for Life model with a positive intention of security of tenure. However it also gives the message of a 'barrier' such as when associated with children (eg child proof fence) or animals (eg rabbit proof fence), neither of which is enhancing for older people.

Being away from the family home and network, and therefore ordinary community life, can contribute to messages that older people are diseased or dangerous and that caring is a burdensome task best left to professionals.

The SRV Concept of Maintaining and Enhancing Competencies

Maintaining one's independence is highly valued in Western cultures. While some loss of competence is likely due to bodily changes, it is key that those assisting older people do not hasten dependence through doing too much for people. Therefore it is important for a model to enable older people to maintain and even strengthen their

competencies. Competency maintenance and enhancement is more likely for older people if there are high expectations and beliefs that older people can continue to learn and adapt, consistent approaches to each individual to assist them to do things for themselves, material supports such as adaptive equipment and modified environments, mixing with people who are role models and engaging with younger or older people who help keep them connected to modern developments and issues (such as grandchildren teaching grandparents how to use the internet).

Creating environments that have a high emphasis on entertainment and fun is less likely to provide opportunities to engage with the maturity and wisdom of older people, as well as trivializing real world experiences.

An exploration of the three service responses in light of competence maintenance and enhancement

Home is the context for valued roles such as homemaker, neighbor, host etc and is vital for maintaining competencies. Therefore environments that have weaknesses with regard to the 'home' CVA are less likely to do well without extra-ordinary efforts. It is no surprise then that there is very little evidence reported in the literature that models achieve outcomes related to competencies.

Ways in which maintaining or strengthening competence is facilitated

Principles relating to the importance of maintaining skills were espoused, such as the Apartments for Life principle of 'Use it or lose it' (Marrewijk & Becker 2004). It is likely that Apartments For Life has a very positive foundation in this regard because people are responsible for their own homes. Having resources so close to where people live in the Apartments for Life model, such as film screenings, cash machines, a beauty parlor, hairdressers, a museum, a sculpture garden and a restaurant (Ijeh, 2013), facilitates people to maintain social competences. They are however limitations to people maintaining connections with ordinary generic resources.

Yale (2003) describes the cultural shift in the Eden Alternative as being a transformation from a sterile unnatural habitat unsuitable for healthy human development to a 'habitat of companionship, variety, opportunities to be helpful, to thrive and grow' (p42).

The evidence, however, for these espoused values actually being put into practice in the models was only anecdotal and descriptive. For example, in a Green House home, some older people stopped using their wheelchairs because they were better able to move about the house, in contrast to their use when the older people were living in a nursing home (Rabig et al, 2006). Architectural features in the Apartments for Life apartments such as a lockable front door and their own private space increase competencies for autonomy and agency, and environmental features like lever taps, smoke detectors, adjustable sink units, easy-to-use door and window fastenings, a balcony are likely to assist functional competencies (The Benevolent Society, 2009). The inclusion of Internet access and other technologies is also likely to support the maintenance of competencies. An Australian version of Apartments For Life also intends to include space for mobility aids. That there are resources like a gym, a cafe and a hairdresser on site in any of the models, while not helpful in maintaining access to community resources, is at least helpful for maintaining competencies. There are anecdotes shared by The Benevolent Society (2009) about some older people resuming making their own tea and cooking when they moved to an Apartments for Life apartment, after disengagement from such activities during their time in a nursing home.

Ransom (2000) reports the story of a resident in an Eden Alternative Nursing Home who began to speak after spending time with children. She also cites research to show the attachment between older people and their pets; pets become topics of conversation as well as providing opportunities to engage in skills required to look after pets and plants.

Ways in which competence is likely to be diminished

What was absent in the literature were any description of features in the models whereby there was conscious and consistent use of good role models, individualization of responses, adaptive equipment for personal functioning and ways of maintaining roles, interests and relationships.

There was 'extremely modest improvement' in activities of daily living when services adopted culture change models like Green House or Eden Alternative (Grabowski et al, 2014, pS42) but otherwise no research was found that systematically noted outcomes with regard to maintaining the skills of older people.

For example, with regard to the Green House project, Lum et al (2008) notes that staff were not effective in organizing activities. This would therefore adversely affect the capacity of older people to maintain skills. The extent to which the service habitually performs home roles can also diminish home competencies. For example, many Eden Alternative nursing homes and Green House homes use a central supply area and kitchen, thus reducing possibilities for maintaining shopping and cooking skills. Kane et al (2007) describes that the role of staff within a Green House project includes doing the cooking and laundry, housekeeping and personal care. While older people might have access to the kitchen, the sub-role of cook is very limited, in part because it is the staff who are responsible and people can watch or help if they wish. Early designs of the Green House homes did not have wheelchair accessible showers which impacts on competency with self care.

Part 3. What SRV offers in response to the needs of older people who have high levels of dependence

'The ache for home lives in all of us, the safe place where we can go as we are and not be questioned.'

Maya Angelou (1986), writer and poet

The deep seated need to have 'home' articulated so well by Angelou is supported by significant literature that shows that the majority of older people want to continue to participate in community life, including remaining in their own home (Productivity Commission, 2011). Unfortunately, it is unlikely that we who work in aged care have found responses that truly satisfy 'the ache for home' for highly dependent older people. Further, Judd (2011) observes that the current generation views age-specific enclaves less favorably. Despite these findings, significant resources continue to be invested in congregated and segregated models that remove people from their homes, community environments and social networks.

Stirling (2010, p2) says, 'Western societies already transact their business towards frail older people through institutional containment and socially engineered separation.' Gawande (2014, p9) describes nursing homes as places where 'regimented, anonymous routines cut us off from all the things that matter to us in life.'

The Eden Alternative and Green House Projects are models that have made significant efforts to transform from a clinical residential environment and to create

new cultures. The Apartments for Life model seeks to create new homes for people. These efforts are not underestimated in their intentions or achievements to date.

This critique has, however, highlighted important limitations in the three models when an SRV lens is used. This is especially true for the Eden Alternative Nursing Homes and the Green House homes.

There are two particular concerns regarding the evaluations published to date. Firstly, of the evaluations that exist for Eden Alternative and Green House homes, each model is compared to a traditional nursing home, and not with either the experience of older people living in their own homes or with what is important to older people about 'home'. Secondly, there appears to have been no evaluations of the Apartment for Life model in terms of the model's processes or outcomes. It is therefore deeply concerning that these models have been so widely embraced.

This chapter has demonstrated the usefulness in applying the theory of Social Role Valorization in a critique of the three models. SRV makes a unique offering as a theory for the development of responses as well as in a critique of responses because the theory is deeply rooted in the experiences of older people.

Social Role Valorization theory has much to offer those who seek better responses to the needs of older people with regard to their home. SRV reminds us to understand people's human and specific needs. It reminds us of what 'home' truly is, and to not create environments that are alien to what 'home' is essential for. SRV emphasizes the importance of older people being in valued roles so that they are more likely to be perceived and treated positively, and also have access to the good things in life. SRV highlights responses that pay attention to enabling older people to be in typical places, doing typical things with others who have a valued status, and to be alert to the many issues that either facilitate or inhibit positive image and competence for older people.

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