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▶▶ The Crichton
Campus in Dumfries,
South West Scotland

TRINITY MIRROR/
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▶▶ Living well, dying well – the importance of housing

▶▶ **David Clark** and **Sandy Whitelaw** outline their vision for a new type of ‘care campus’ that would provide an environment in which older people, ranging from those able to live with complete independence to those with palliative care needs, would become part of the community of The Crichton Campus in Dumfries.

Have you recently read an article on housing issues in relation to palliative care? Have you heard a palliative care conference presentation that referred explicitly to housing? Do you find references to housing in many of the strategies and guidelines for palliative care issued by governments and service providers? The answer to these questions is in general likely to be ‘No’, and yet shelter forms part of the bedrock of Maslow’s famous ‘hierarchy of needs’.¹ Its omission from the palliative care discourse is telling. The place where we live, patterns of housing tenure, and the extent to which a home is ‘fit for purpose’ are all highly relevant to us as we get older or become ill and have to consider our emerging or long-term care needs.

No doubt, the assessment of a person’s housing situation can crop up frequently in clinical team discussions about particular patients and their families, but housing issues

 **David Clark**
FACSS PhD Wellcome
Trust Investigator
and Professor of
Medical Sociology
Sandy Whitelaw
PhD Lecturer
School of
Interdisciplinary Studies,
University of Glasgow,
Dumfries, Scotland

have had less attention from palliative care researchers, policy-makers and educators. It has become a well-established notion that palliative care interventions should be introduced earlier in the trajectory of illness and integrated into wider discussions about advance care planning. This means reaching out to people in many settings – including the places where they live.

At the moment, issues of significant prominence are those surrounding family caregivers and the role of families at the end of life.² Likewise, there is a strong focus on places of long-term care.³ Especially current is the idea of generating ‘compassionate communities’ that foster mutuality and shared concerns about dying, death and bereavement, emphasising resilience and the capacity to promote common understandings and practical action in the face of end-of-life issues.⁴

With few exceptions, such as the work by the National Council for Palliative Care,⁵ little energy (practical or conceptual) has gone into linking housing with palliative care, even though housing



is essential to family and community life, and where we live is a defining feature of how we understand ourselves.

How can we take this forward? Should housing issues be given greater attention in the palliative care worldview? Are there new possibilities and approaches that can be explored?

Housing with care

As part of a bigger project that is funded by the Wellcome Trust and analyses the many types of intervention now developing around end-of-life issues,⁶ we have been considering how the idea of 'housing with care'⁷ opens up new possibilities for living – and for dying when the time comes. Many models for this are already in existence around the world, although the terminology can be baffling;⁸ however, so far, few 'housing with care' initiatives seem to embrace the link with palliative care.

One recent stimulus is the Commission on Residential Care initiated by the UK think tank Demos. It had two stated objectives:

- to create a more positive vision of 'housing with care' based on the outcomes that people want and value
- to highlight the changes across financial, operational, governance and cultural aspects of care that would be needed to bring the vision about.⁹

► Housing is often overlooked in our thinking about palliative care

CHRISTINE OTTEWILL
ARCHITECTURAL
PHOTOGRAPHY

The report attracted attention at the time for one particular aspect – it championed the link between housing with care and college and university campuses, a model already developed in Canada in the Schlegel Villages.¹⁰ It cited examples of the intergenerational value that could flow from these arrangements, when younger people and older citizens with care needs live in proximity and can benefit from engagement with one another. One example, found in the Netherlands in the Humanitas Deventer 'exchange' programme, sees students living for free in care homes, in exchange for volunteering, companionship and social support.¹¹

Around the time the Demos report was published, in 2014, we started to consider how our own multi-institution rural Crichton Campus¹² in South West Scotland could give some impetus to such ideas. Here, on the site of a former psychiatric hospital, we currently have a tertiary college, offerings from three universities, a land-based research unit, a variety of non-governmental organisations and several private businesses. Initial thoughts on also making this a place for 'housing with care' found a favourable reaction,¹³ and along with our academic colleagues and students from the various institutions on our campus, we then set about exploring the views of older people, as well as the

perceptions of managers and planners in the relevant care and housing sectors. The results suggested that the idea might be both desirable and relevant to current needs.

A new type of care campus?

We are now working with colleagues in the NHS, local government and third sector, as well as with care providers and managers, local community groups, and architects, planners and designers, to develop the concept in more detail and test its feasibility. We are looking at new ways of meeting care needs and housing requirements, the level and type of investment that will be needed, and the potential for a transformative approach to the growing complexity of health and social care requirements in our region.

We envisage a community of people accommodated on environmentally sensitive and sustainable lines in beautifully designed 'smart homes'¹⁴ that are well adapted to progressive care needs. In such a community, the residents would form part of the life of the wider academic campus, taking advantage of, and contributing to, the amenities that exist there. We refer to this as a 'care campus'. We see it as providing for a full spectrum of needs – from completely independent living to long-term care facilities – including care at the very end of life. People living there would be able to buy or rent their properties, as well as be supported by relevant care packages. The particular (although not exclusive) focus would be on the needs of older people.

Using this approach, the Crichton Care Campus would capitalise on local academic expertise in the healthcare and well-being of older people, as well as in dementia and end-of-life care. It would also draw in older people to the academic life and facilities that are available – providing access to teaching programmes, promoting University of the Third Age approaches, and the co-production of research on ageing and end-of-life issues.

Further advantage would be gained from the nearby presence of certain healthcare services, most of which are of direct relevance to older people – adult mental health services, outpatient therapies, ophthalmology services, renal dialysis units, and outpatient diabetic and cardiac care.

Particularly compelling are the amenity and aesthetic assets of the location itself. These include a beautiful parkland setting and arboretum, with opportunities for fresh air and exercise, a hotel, swimming pool and spa, concert venues, non-denominational church, restaurants and an adjacent golf course, as well as the



→ Spaces in which people could come together would be a key ingredient of the care campus

KELVIN YONG
(ARKITEK OMA SDN. BHD.)

Box 1. Key features of the care campus approach

- 'Smart' housing that can adapt to the changing care needs of those living there
- Partnership and co-production of research and teaching with academic institutions
- Capitalising on the assets and amenities of a beautiful location that is not isolated from the local town
- Children's nursery – to give opportunities for contact and activity across generations and to serve the needs of parents working on the campus
- Well-being and wellness facilities to promote healthy ageing and rehabilitation
- Dementia-friendly design with specialist support and expertise
- Amenities for gardening and food production, as well studios and workshop for arts and crafts, carpentry and light engineering activities
- Teaching- and research-oriented nursing home
- Hospice day unit, run charitably or through social enterprise

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pleasures of the mature gardens and a landscape with open views to the surrounding hills. All of this is located just down the road from our local town of Dumfries – the regional capital – with regular public transport available.

The need is indisputable. Dumfries and Galloway has an ageing population and people aged 65 years or older will make up 27% of those living there by 2020. The number of people in the region over the age of 75 years will grow by 77% – from less than 15,000 in 2010 to 26,000 in 2035.¹³ More people will have two or more chronic conditions and, by 2037, we will have almost 12,000 people over the age of 75 years living alone. These complex challenges require imaginative and sustainable solutions.¹⁵

Key to the concept is the fostering of an innovative approach to later life, which not only meets the compelling housing needs and health and social care needs of people in Dumfries and Galloway, but also contributes to academic activity relating to healthy ageing, end-of-life care and cross-generational synergy, understanding and sharing. Some of the leading features of the care campus approach are outlined in Box 1. It is a rich mixture, with many possibilities.

Can it work?

Something is going to have to change if we are to deal with the health and social care needs of older people in ways that respect autonomy and choice and are person-centred. Housing shapes many aspects of how we live and die, so can we create intentional communities, perhaps specifically linked to colleges and universities, even schools, which are designed to tackle the later life care needs that we face? Can we experiment with different approaches and learn from them?

Developing such projects will require sensitive and inclusive approaches to consultation and planning, as well as the careful use of evidence to support innovation.

From the perspective of palliative and end-of-life care, it may be an opportunity to find a new frame of reference – one that puts housing at the centre ■

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Declaration of interest

The authors declare that there is no conflict of interest.

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Key points

- ▶ The place where we live, patterns of housing tenure, and the extent to which a home is ‘fit for purpose’ are all highly relevant as we get older or become ill and have to consider our emerging or long-term care needs.
- ▶ One current idea is the generation of ‘compassionate communities’ that foster mutuality and shared concerns and the capacity to promote common understandings and practical action in the face of end-of-life issues.
- ▶ Dumfries and Galloway has an ageing population, and we have been considering how the idea of ‘housing with care’ opens up new possibilities for living – and for dying when the time comes.
- ▶ We see the establishment of a ‘care campus’ as providing for a full spectrum of needs – from completely independent living to long-term care facilities – and including care at the very end of life.
- ▶ Key to the idea of the care campus is the fostering of an innovative approach to later life, which meets the housing, and health and social care needs of people in Dumfries and Galloway, while contributing to academic activity related to healthy ageing, end-of-life care, and cross-generational synergy, understanding and sharing.