The Enriched Opportunities Programme in extra care housing:

Enabling people living with dementia and other mental health issues to age in place and to enjoy a good quality of life

Professor Dawn Brooker, Association for Dementia Studies
University of Worcester
This talk

• The core components of the EOP & its development
• The results of a recently completed RCT
• A bit more detail about EOP
• Some examples of how it has worked in practice
1998-2009 EOP Research & Development

1998-2000
Between group comparison of nursing home residents participating in an activity challenge holiday and a matched control group.

2001-2003
The development of the EOP programme using qualitative enquiry and within group quantitative evaluation in four study sites

2005-2009
Random cluster controlled trial in ten extra care housing schemes
Bringing together expertise

- Kate Allen
- Paul Batson
- Ann Childs
- Richard Coaten
- Tina Free
- Penny Garner
- Margaret Goodall
- John Killick
- Sally Nocker
- Pam Schweitzer
- Rebecca Leech
- Clive Ballard
- Karen Bryan
- Errollyn Bruce
- Jan Oyebode
- Martin Orrell
- Ann Netten
- John Keady
- James Lindsay
- Esme Moniz-Cook
- Claire Surr
- Sheila Cheyney
- Jim Ellis
- Jim O’Hagen
- Peter Andrew
- Margaret Hardware
- Carole Dinshaw
- Jane Fossey
- Jeremy Porteus
- Graham Stokes
- Kate Read
- Denise Westwood
- Dawn Brooker
- Rosie Woolley
- David Lee
- Elaine Argyle
- David Clancy
- Andy Scally
- Caron Alder
- David Campy
- Graham Carter
- Jenny Falconer
- Phil Hall
- Melanie Howard
- Steve Burnell
- Lorraine Haining
- Guy Page
- Helen Kavanagh
- Angela McCann
- Emmett McNamee
- Jane Mitchell
- Janet Moorhouse
- Nick Stephens
- Paul Sykes
- Liz Taylor
- Karen Woolrich
- Annette Platek
- Mike Hill
- Patricia Hayward
- Trudy Kovacs
- Joanne Taylor
- Norma Mather
- Spencer Crowe
- April Harper
- Marion Cooper
- Kate Trevis
- Balbir Gill

Therapeutic
Academic
Service user
Expert Practice
ECCT
Research team

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EOP: The 5 Components

1. Specialist Expertise – the Locksmith – unlocks potential, unpicks issues
2. Individual Assessment and case work - applies ‘Enriched Model’ - proactive liaison with community & resources
3. Activity, Occupation and interventions
4. Training – enables whole team approach
5. Management and Leadership – sustains over time
Extra Care Housing features

- Tenancy rights and your own front door
- Restaurant, bar, shop, library, IT, gym, hair salon and community facilities
- People empowerment, ambassadors, awards, user feedback
- Physical environment high spec
- Mixed age & dependency levels
- Care and assistance programmes
People with dementia – a home for life?

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Differences in extra care housing not encountered in care homes

- Not just dementia
- Promoting inclusion and overcoming stigma
Does the Enriched Opportunities Programme make any difference to the lives of residents with significant mental health problems living in extra care housing, over and above the impact of employing an extra staff member to help with activities?

Brooker, Argyle, Clancy & Scally
Cluster randomised controlled trial

Evaluation of the Enriched Opportunities Programme in extra care housing compared to an attention placebo intervention by means of a Randomized Cluster Controlled Trial (RCT) in 10 ExtraCare housing schemes over a period of eighteen months.

Study focussed on the lives of the 20-30 most vulnerable people living in each scheme.

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Attention placebo

Employment of an extra senior member of staff (Project Support Worker Coach) to generally assist with promoting activities within the housing scheme.
Things that didn’t change in 18 months

- People remained satisfied with their level of support
- Staff attitudes were positive to begin with and remained so
Changes observed over-time in EOP and PSWC sites

- Greater opportunity to be active
- Greater use of community facilities
- More fun
- Greater variety of things to do
- Improved well-being observed
- Dependency generally increased over time
Significant improvement EOP

- Rated their Quality of Life more positively
- Reported decreased symptoms of depression
- Feelings of social support and inclusion were greater
Significant improvement EOP

- Half as likely to have to move out into a care home
- Spent significantly less time in hospital
- More likely to have a GP visit
- More likely to access community health resources
- More likely to have a mental health diagnoses
Reasons for drop-out from programme

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<th>Relocation</th>
<th>Refusal</th>
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<td>23</td>
<td>13</td>
<td>2</td>
<td>4</td>
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<tr>
<td>PSWC</td>
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<td>24</td>
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<td>7</td>
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Primary & Community Health

Costs

- EOP rose from £26,643 (6 month costs) at baseline to £35,877 for the same time period at the end of the intervention.

- In comparison the PSWC costs fell from £30,269 to £24,702 for the same time period.
In-patient hospital Costs

- Costs for the EOP residents fell from £58,794 (6 month costs) to £34,177 over the course of the intervention.

- Costs for the PSWC residents rose from £56,646 to £117,589 for the same period of time.
EOP next steps

- Writing up for peer review
- Conferences & dissemination
- National Audit Office interest
- How to implement this in other settings
EOP: more detail

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The EOP Locksmith

- Internal recruitment – senior support worker – NVQ 2 in Support
- The Person
  - good learner
  - lateral out the box thinker
  - natural communicator, person centred
  - activity enthusiast
  - transfer knowledge & understanding
EOP: Building staff team competencies

- Everybody has 1-day understanding dementia course
- Nominated Senior Team has 4-day Understanding the Enriched Model of Dementia Care
- Locksmiths – tailored programme in person-centred planning and activity and occupation in dementia
The Enriched Model of Dementia

Kitwood's Enriched Model

- Life History + Personality + Health + Neurological Impairment + Social Psychology

Life Story
Personality
Health
Capacity for Doing
Life at the Moment

Enriched Care Planning

Life Style
Future Wishes
Management & Leadership

• Clarity of operational process
• Standard Operating Procedures Describe, Screen, Assess, Communicate
• One to one coaching
• Communication remains a challenge!
Examples from practice

Photographs of people living with dementia taking part in The Enriched Opportunities Programme
Mrs Turquoise

• Diagnosis of dementia but also low mood, often tearful
• Appeared to have no interest in life
• Described as a challenge to supporters and family
• Through assessment of current social psychological needs identified unmet needs around *Attachment & Comfort*
• Education and support for her son not initially successful
• The introduction of doll therapy – Kitty
• Mrs Turquoise became a social being again, her well-being blossomed, her interest in life returned.
• Enjoying meals in the restaurant with her son
Mrs Turquoise & Kitty
Mrs Emerald

- Early waking, disturbing neighbours
- Enriched model – publican
- Occupation through cleaning the bar area
- Transferred to housekeeping team
- Wholesomely tired
- Normal social interactions
- Reduced unsocial activity
Mrs Yellow

• Vascular dementia diagnosed following stroke after she moved into village.
• Very confused and disliked by other residents.
• Care-home move imminent
• High level of sedative medication was reviewed prompted by locksmith.
• Painful teeth and mouth sorted.
• Regular be-friender
Beginning of EOP

• “I wanted her on the programme purely and simply because of the animosity from the other residents here, they didn’t want her here, they said she should never have moved in here and I felt that somebody should be fighting her corner because she had the whole building against her.” (EOP Locksmith)
12 months later

- “The social workers can’t believe the change in this lady, she’s involved in activities every day, she’s in the restaurant every day, goes on shopping trips and day trips out…..She looks a lot better but it’s what’s inside as well, she’s more content, more settled.” (EOP Locksmith)
References


Thank you for listening!

http://ihsc.worc.ac.uk/dementia

www.extracare.org.uk

Photographs of people living with dementia taking part in The Enriched Opportunities Programme