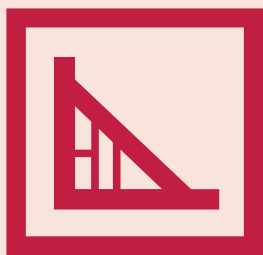# Long Term Care Centres

Making space for ageing

November 2020

Autonomy

Autonomy

Autonomy is an independent think tank that provides necessary analyses, proposals and solutions with which to confront the changing reality of work today. Our aim is to promote real freedom, equality and human flourishing above all. To find out more about our research and work, visit

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Authors

Francesca Farruggia

Stavros Oikonomidis

Julian Siravo

Contents

Introduction

By 2030, the number of individuals with caring responsibilities in the UK will grow by 3.4 million – a 60% increase.[1] Facing this shift will require not only an unprecedented expansion in the economy of care, but a radical re-organisation of how, where and by whom care is delivered.

Establishing a fair and safe way to care for each other requires a shift away from familism and domestic isolation – its unaccountability and unfair treatment of women – towards a common sphere of care and well-being anchored in community and based on solidarity. Community-focused, worker-led, cooperative models should be at the centre of this transformation.

This document lays out a vision for the kind infrastructure that will be necessary to complement an expansion of social care. Long Term Care Centres aim to break the isolation in which relations of care currently take place and create a space for communities to co-create their health along with care professionals and public health services.

LTCCs provide spaces to meet, discuss and organise mutual support amongst professional care-workers, unpaid carers, vulnerable and older community memebers – joining visibility and accountability with familiarity and local support.

These intend to become the home of an evolving, innovative practice of local, cooperative, community care. Informal carers could take the lead in building structures and networks in their communities, developing their capabilities and roles outside of work.

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1   'Barnet Carers Centre Facts and Figures | Barnetcarers.Org', Barnet Carers Centre (blog), accessed 1 November 2020, https://barnetcarers.org/about-the-centre/facts-and-figures/.

Guiding principles

Separating acute and long term care

LTCCs aim to address the damaging effects of the co-location of acute and long term care in our cities. In this sense, they provide a third space, between home and hospital. Many of the needs of ageing adults are met in the same spaces and within the same frameworks as those dedicated to acute care and the treatment of illness. This reinforces damaging associations between conditions of the body that are a part of ageing with experiences of illness and death.

Lack of funding and inadequacy of intermediate structures of care are also putting pressure on A&E facilities, often the only place for lonely and vulnerable people to turn to. In October 2017, Age UK warned that increasing numbers of elderly patients were being "marooned" in hospital beds, despite being medically fit.[2] While recognising the need for medical expertise and practices in long term care, LTCCs propose placing these in demedicalised, community environments.

Demedicalising the home

Along with a gradual abdication of responsibility, government policy in the last decade has pushed caring relations and practices into the home. This atomisation can encourage abuse and malpractice and is ultimately dangerous. A space that joins professional care expertise with community -based models can ensure that information and accountability reach everyone.

2   'Southend Hospital Set to Pilot Airbnb-Style Scheme', BBC News, 25 October 2017, sec. Essex, https://www.bbc.co.uk/news/uk-england-essex-41752083.

Bringing different forms of carework to one place

Our strategy for LTCCs proposes the establishment of a space – outside of the home and in the community – built around the overlapping needs of different kinds of carers and care-receivers. The diverse range of services, amenities and social spaces intends to bring together the otherwise atomised individuals involved in caring relations, providing them with tangible benefits and contact with their peers.

Addressing the needs of informal carers is key. The pandemic has seen a rise in spending for 81% of informal carers[3] while 1.2 million of these already lived in poverty.[4] Though addressing this will require radical reform in the carers allowance system, solutions cannot stop at retribution: visibility, access to equipment and training, as well as opportunities to meet and share responsibilities, must all be considered in designing solutions for unpaid carers.

According to a 2017 survey, 40% of carers hadn't had a day off from caring in over a year.[5] With the aim of creating a familiar environment away from home, LTCCs combine free amenities for older people with social spaces where carers have the chance to take a break.

Putting unpaid carers in touch with an ecology of care-work aims at creating a conduit into paid and increasingly valued forms of employment. Not only with training and certification programs: the range of skills and experience of non-professional family care-workers is likely to expand along with the development of democratic and community-based forms of care, leading to other types of work and roles.

3   'Caring Behind Closed Doors: Forgotten Families in the Coronavirus Outbreak - Carers UK', accessed 4 November 2020, https://www.carersuk.org/for-professionals/policy/policy-library/caring-behind-closed-doors-report.
4   New Policy Institute (2016) 'Informal carers & poverty in the UK: An analysis of the Family Resources Survey'
5   'Give Us a Break - Carers UK', accessed 1 November 2020, https://www.carersuk.org/news-and-campaigns/campaigns/give-us-a-break.

Growing cooperative care

As they make moves to future-proof the UK economy, national and local governments should make efforts to grow exponentially the social and cooperative sector. With care necessarily at the frontlines of this tranformation, LTCCs should be understood as the tool to implement such a transition at scale – by providing furniture and spaces expressely dedicated to meetings and cooperative practices.

Cooperative care models anchored in place and worker democracy – such as the Buurtzorg model in the Netherlands have a central role to play in creating forms of caring for the elderly that are anchored in place and are mindful of the need for care-receivers to maintain social roles in their families and communities.

Supporting migrant care-workers

According to a recent parliament briefing paper, the health and social care workforce increased by 446,000 between 2010 and 2019, and workers born overseas accounted for nearly 50% of the increase. However there continue to be well-documented workforce shortages in health and social care.[6]

Immigration restrictions ban migrant care-workers from attending training courses such as the National Vocational Qualification (NVQ). Much care work involves specific skills, especially when caring for an elderly care user.

With their amenities for precarious domestic workers, anonymous advice services and open training programs, LTCCs aim to become a vehicle for the distribution of knowledge and good work that avoids discrimination, adopting a policy that aims at a fair process of integration of migrant and precarious workers into fair and regulated employment.

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6   Melissa Macdonald, 'Coronavirus: Overseas Health and Social Care Workforce', 1 November 2020, https://commonslibrary.parliament.uk/research-briefings/cbp-8948/.

Services and spaces for care-workers

Key considerations

- Free at point of access
- Offers tangible and immediate benefits
- Explicitly independent from council and state services

Space for self-organisation and discussion

LTCC's are designed to house a growing network of care-worker coops and family carer initiatives. This means catering to the organisational requirements of worker-led and cooperative enterprises, allowing them to develop the autnomous, neighbourhood-based forms of intervention that work best within their context. Different sized meeting rooms should be available to allow for formal and informal discussion amongst peers as well as the opportunity to meet with members of the community and professional boards.

Advice services for employed and unpaid care-workers

Centres can house in-person services open to carers and care-recipients, providing advice about working conditions, immigration, access to welfare, employment opportunities and training programs. Whether in multiple offices or

advice bureau

on rotation, different community services could use the office and desks as a point of contact, where they can dialogue with actors on the ground as well as make sense of the complex set of care relations in an area.

Training for non-qualified and unpaid care-workers

Spaces dedicated to treatment and diagnosis could also accommodate one-off demonstrations, regular classes and training courses. Without compromising the idependence of the centers, these could collaborate with local NHS programs to deliver information and best practice to those performing care in their everyday.


medical and body room

Catering for flexibility and precarity

The physically demanding nature of domestic care-work, as well as the discontinuous hours and isolation that often accompany it, should be taken into account in designing services for care-workers. In addition to training and employment services, centres should include space for rest and recreation for care-workers, whether they are part of a local care cooperative or employed by a local resident. These could include beds for resting between shifts, as well as showers, shared cooking facilities and lounges. This mix of amenities and spaces is intended to allow for self-care, to address the reality of working in someone else's home, and to provide opportunities to socialise with peers – recognising the atomisation and isolation a domestic setting necessarily inscribes into work.
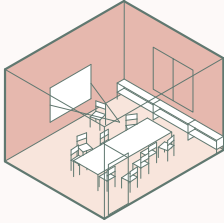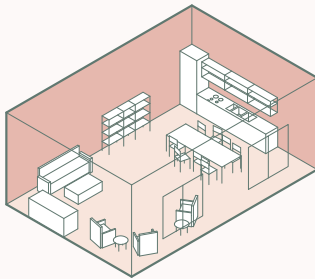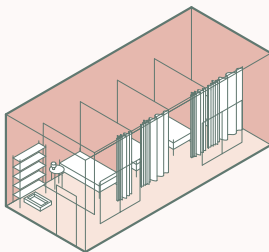

kitchenette
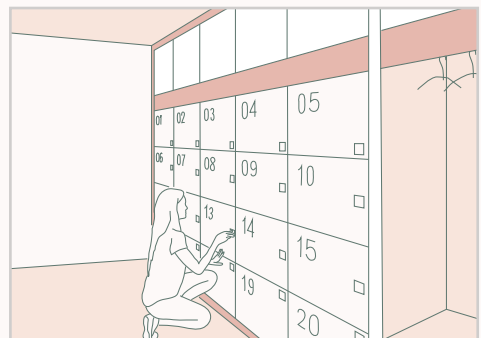
locker rooms

napping booths

Small Meeting Room

- Legal advice
- Trade union representation
- Mental health counselling

## Kitchenette

- Cooking
- Eating
- Informal meeting

Napping Booths

- Sleep
- Silence

Health and Community Infrastructure

Chronic conditions, rehabilitation and active ageing

Addressing the difficulties older and vulnerable people face in accessing spaces of exercise and activation is one of the key concerns guiding the design of amenities for local communities.
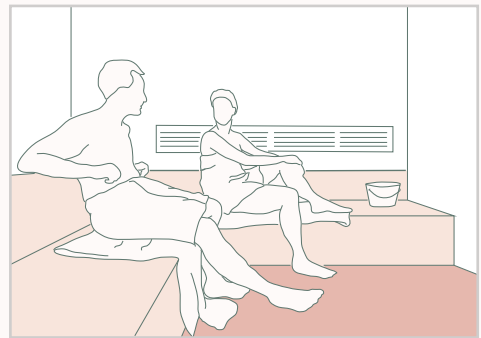
sauna

Treating chronic conditions in the neighbourhood and community will require making high-quality hardware and in-person support widely available: free saunas, studios and gyms – with equipment focused on treating incommunicable diseases of old age – as well as regular classes and activities.
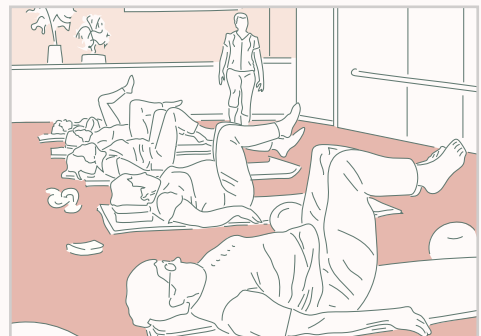
activity space

Access to care professionals and NHS services

The opportunuity to access expert medical help in a familiar and informal environment is key to the success of care centres focussed on old age. Collaborating with council and NHS services, LTCCs should aim to become the first point of contact for the care-related needs of older residents, with the opportunity to have small check-ups or simply a chat. Though digital services and apps have a place in the future of care, these cannot substitute a consistent, in-person service.

Addressing loneliness

Exercise and sports alone cannot address the wider factors that contribute to the mental and physical health of older people. Opportunities for social intercourse and to form meaningful connections are essential. LTCCs are designed to host a series of activities anchored in conviviality and sharing, aimed at building connections amongst the diverse subjects involved in caring relations.
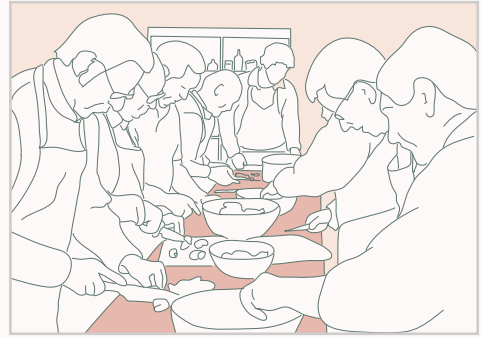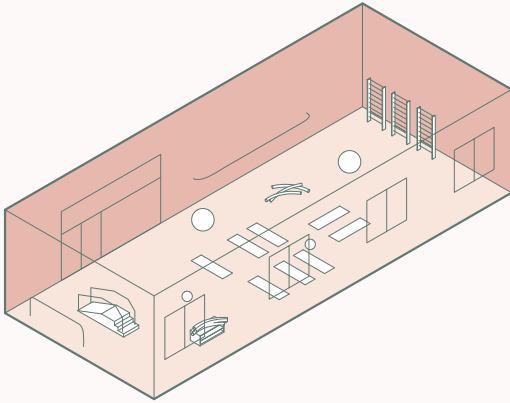

community dining space

Spaces for shared decision-making and discussion

Building community health will require the development of processes and institutional practices anchored in transparency and democracy. Purpose-built spaces for roundtables, community and consultation meetings should be abundant.
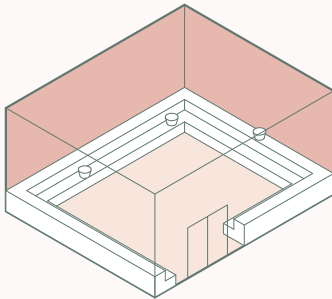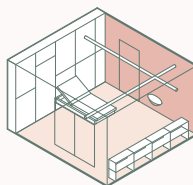

large meeting room

Activity space

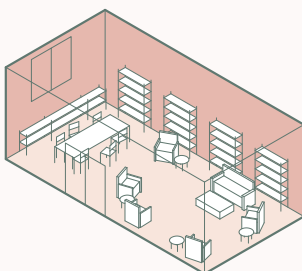- Exercise
- Dance
- Performance
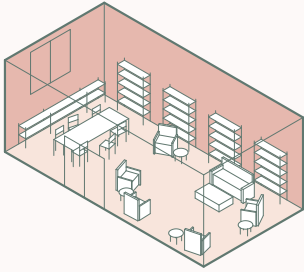
Sauna

- Treatment
- Wellness
- Socialising

Medical and body room

- Examination and diagnosis
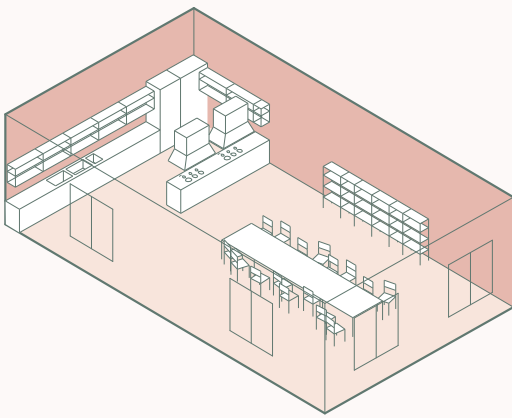- Small medical procedures
- Physiotherapy

Reading room

- Silence
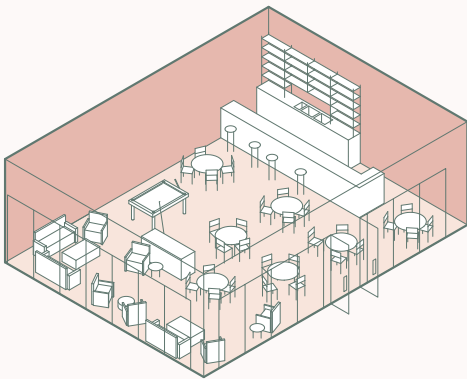- Reading
- Books and magazines

Large Meeting Room

- Organisation
- Roundtables
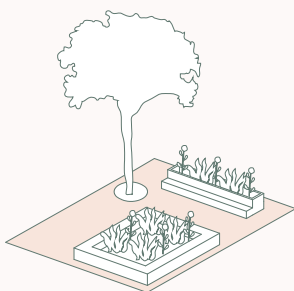- Education, training and exams

Community kitchen

- Food education
- Regular supper clubs
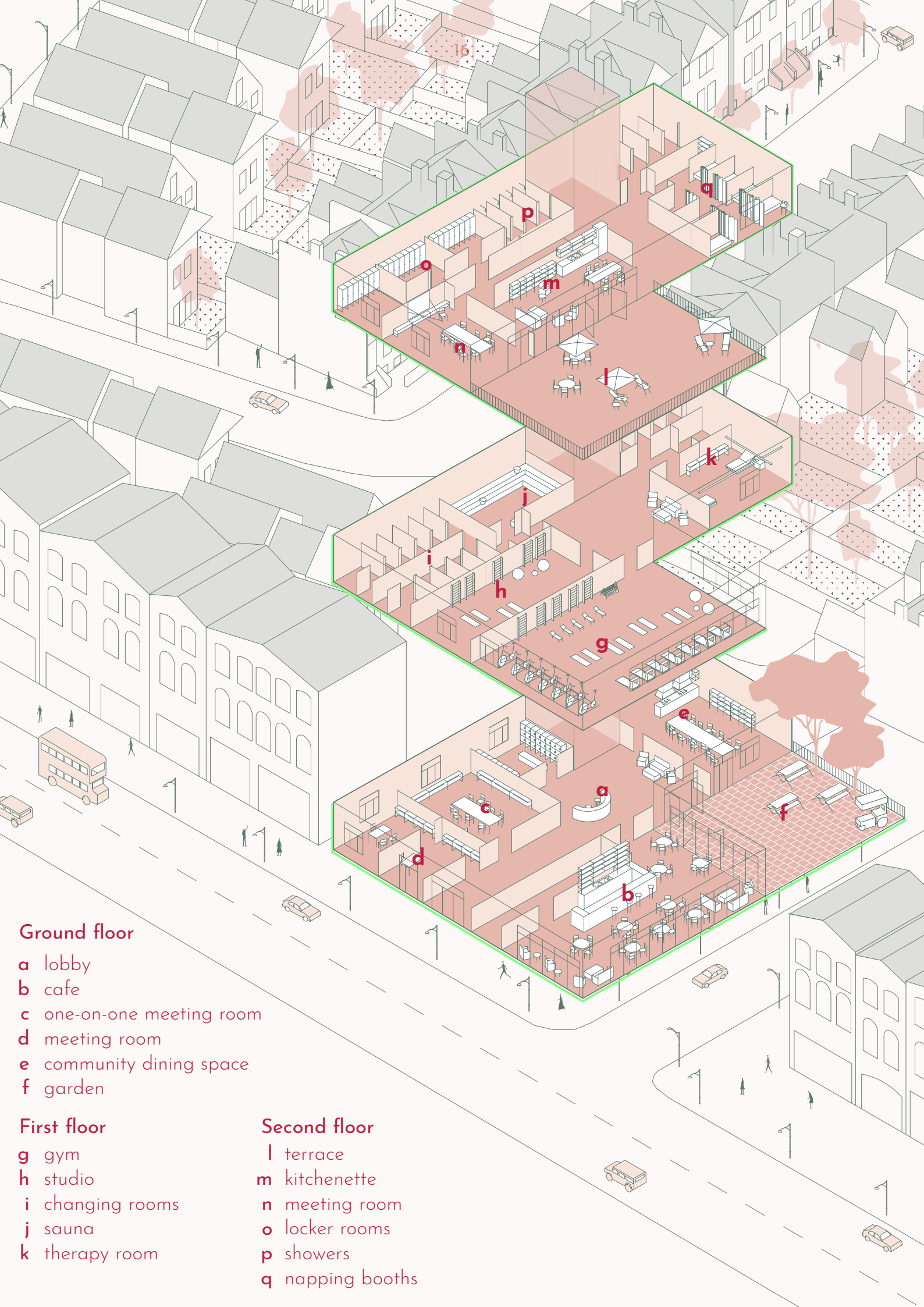- Community meals for holidays and events

Cafe

- Free hot drinks
- Regular meals
- Regualr quiz and bingo
- Informal counselling and drop-in sessions
- Community events

Garden

- Rest
- Conviviality
- Gardening

Ground floor

a lobby
b cafe
c one-on-one meeting room
d meeting room
e community dining space
f garden

First floor

g gym
h studio
i changing rooms
j sauna
k therapy room

Second floor

l terrace
m kitchenette
n meeting room
o locker rooms
p showers
q napping booths

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