

# CLAHRC BITE

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A bite-sized summary of CLAHRC research: Views of “frailty” among community care staff across various specialities in Cambridgeshire

## PHYSICAL ENVIRONMENT

- Type of housing
- Bathroom and toilet facilities
- Stairs
- Heights of windows & kitchen surfaces
- Falling hazards
- Appearance of home

## ECONOMIC FACTORS

- Living expenses
- Home management cost
- Cost of adaptations
- Cost of access to services

## SOCIAL ENVIRONMENT

- Social isolation
- Loneliness
- Overprotective, overly supportive loved ones
- Carer burden

## PHYSICAL HEALTH

- Comorbidities
- Polypharmacy
- Mobility
- Appearance
- Activities of daily living

## MENTAL HEALTH AND PSYCHOLOGICAL FACTORS

- Cognitive impairment
- Emotional state
- Perception of one's health and wellbeing
- Personality
  - Independent vs dependent
  - Proactive, willing vs passive, resigned
  - Positive outlook vs negative outlook



“That’s what I put under my umbrella of  
frailty” (Nurse 1, Band 6)

## What?

An in-depth qualitative study exploring how community care staff from four neighbourhood teams across Cambridgeshire, England view frailty.

## Who?

Two healthcare assistants, five nurses, four occupational therapists, four physiotherapists, three psychiatric nurses, two social workers and two therapy assistants.

## Why?

Little is known about how healthcare professionals providing care for older adults living in the community view frailty and the extent to which a shared understanding of frailty exists across the various disciplines of care. Such an understanding is crucial to ensure consistent assessment and facilitate interdisciplinary working, both key components in the management of frailty.

## Key findings:

- There was a general consensus that **frailty is an umbrella term that encompasses interacting physical, mental health and psychological, social, environmental, and economic factors.**
- Different specialities emphasised the role of certain areas of the frailty umbrella in their narratives of the description and assessment of frailty in older adults living in the community. Nurses had a more medical focus, therapy focused specialities discussed functional abilities and mobility more, and psychiatric nurses and social workers placed more emphasis on mental health and social factors respectively.
- The assessment and management of frailty requires a holistic approach facilitated by interdisciplinary working.

## Recommendations for practice:

- 1) Participants voiced a need for interdisciplinary training on frailty and the use of a frailty tool:
  - in an environment that encourages discussion, questions, and facilitates peer-learning across a range of care specialities.
  - which is practical rather than theoretical learning, ideally with case studies, led by staff dealing with frailty daily
  - could be via face-to-face sessions delivered in multidisciplinary team meetings and inductions where as many specialties as possible are present.
- 2) Co-location could facilitate joint working and holistic management of frailty because it was thought to:
  - improve information sharing and joint working by alleviating issues caused by the use of different computer systems
  - facilitate quick, face-to-face communication and arrangement of referrals and joint visits
  - facilitate cohesion by lowering professional boundaries.

## What is NIHR CLAHRC East of England?

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England is a five year programme of applied health and social care research which focuses on the needs of people with complex problems, often vulnerable, when multiple agencies are involved in their care: young people, frail older people, those with dementia, learning disabilities, acquired brain injuries or mental ill health.

The CLAHRC East of England collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia working closely with individuals and organisations involved in the whole care pathway.

Service users and carers are at the heart of what we do, in parallel with an ambitious public health research programme. Co-production and collaboration at all stages of the research process are fundamental to making a positive impact through applied health research.

For more information about the study:

<https://www.clahrc-oe.nihr.ac.uk/2016/06/frailty-trajectories-understanding-tipping-points-across-care-settings/>

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