CORE CONCEPTS OF A PROGRESSIVE HOUSEHOLD MODEL OF LONG TERM CARE

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Definition:

There is now broad recognition that the old institutional long term care model has outlived its usefulness. It is an antiquated system that is dehumanizing, subjects residents to undue risk of infection, requires that staff provide assembly line care, and is impossible to ensure that standards are adequately met.

Household or home-like models of care have been developed to address these serious flaws in residential care provision in long term care and to make them feel less medicalized and institutional. They are being promoted to humanize these institutions.

Results have not, at this time, produced much more than the suggestion that instituting this model creates some psychosocial benefits in the dining area and resident-staff relationships. Unfortunately this has raised the possibility in some researcher's minds that facilities may not have to entirely re-design their environments to promote these psychosocial benefits (Hermer et al, 2017).

SSAO sees this as problematic, which is why it is promoting household models delivered by non-profit agencies and municipalities in the community as opposed to re-designing institutions. It is SSAO's contention that all older adults and people with disabilities have the right to live among us in the community and not be forced to live in institutions, even re-designed ones.

Having said that, SSAO recognizes that there are some who feel comfortable with household models in long term care institutions, especially in the absence of other alternatives and respect this. However, SSAO continues to believe, and

history has shown this for other disability groups, that actual community living remains the preferred option and has more inherent benefits. This contention is based upon solid evidence. "There is a high preponderance of evidence that individuals moving from institutional to community settings consistently develop their daily living skills (adaptive behavior) to a higher level than their matched peers who remain institutionalized and/or that they themselves had developed prior to leaving the institutional settings. The consistency of these findings is notable and rare in social research" (Lakin et al, March, 2011). "The exclusion and isolation stemming from institutionalisation of persons with disabilities has prompted a recognition of the need to ensure that people with disabilities can live in the community on an equal basis with others" (European Union Agency For Fundamental Rights, 2018). The same is true of older adults. For people with disabilities who are younger, irrespective of the complexity of their needs, the fact that institutions are seen as inappropriate is no longer up for debate. It is SSAO's contention that it is ageist to suggest that it should still be up for debate for older adults with disabilities, hence SSAO's strong position that institutions to warehouse older adults should also be a thing of the past.

Therefore SSAO is promoting household models as small residential homes in the community (of no more than 8 people[1], and preferably 4-6) delivered by non-profit organizations and staffed 24/7 to promote personal control and meaningful lives for the older adults who live in them. These provide an alternative to the institutional assembly line care model prevalent in long term care institutions. The goal is to promote life in community for older adults the same as occurs for younger people.

Features include:

- Higher staff to resident ratios
- Staff wearing their own clothes instead of uniforms

[1] 8 people is not ideal for a group home, but could work for individuals establishing small co-ops – and purchasing in-home assistance https://www.thewhig.com/news/local-news/kingston-seniors-attempting-co-operative-living

- Home, not institutional furnishings including plants, natural sunlight and access to the outdoors
- Residents feel acknowledged and understood, their personal habits are respected, they have autonomy and control, relationships with family, friends, and neighbors are encouraged
- Pets are allowed (Rijnaard, 2016).

The core elements of household models include:

- Normal routines – incorporation of ordinary rhythms of the day
- Personal choice – care that is directed by the individual not imposed upon them
- Promotion of well-being – where staff and residents work together to create a rich, nurturing environment
- A home-like, community-based residence where volunteers, family, friends, and neighbors are welcomed
- Safety and security provided through fenced yards and walking paths through gardens that residents are encouraged to help maintain, as well as outdoor sheltered seating areas
- An accessible environment where residents have access to a kitchen, and common shared space
- Specialized support provided by rehabilitation specialists, trauma informed interventions, gerontologists and geriatricians, and doctors and nurses of residents' choice.

Person Directed, not Client-Centered

Household models afford older adults the opportunity to continue to make their own choices and live on their own terms. The rigid routinization of assembly line care and institutionalized routines is eliminated in favor of staff acting in support of residents' personal routines and preferences. There are no rigid menus or shower schedules. Household models offer "homes" where residents or their POA remain in control and where friends, family, and neighbors are welcomed.

Staff Empowerment

Household models incorporate an appreciation for staff as allies in the provision of care and support and they are referred to as care partners who have the authority to respond to the individual needs of the people for whom they are caring. Staff are responsible for all aspects of care related to the person. Care is not compartmentalized. Care partners may order supplies, cook, keep house, do laundry and provide direct personal care for individuals. Supervision and support is provided by specially trained household managers who work for the non-profit agency or municipality that operates the residences.

Benefits

These models have been found to provide superior care and support to older adults.

One example, the Green House model is one where individual homes are small in scale, self-contained, and self-sufficient, with outdoor spaces based on universal design. They are licensed as skilled nursing facilities (The Green House Project).

This model has been studied and found to provide a viable alternative to institutionalization that provides the "highest level of clinical care while nurturing relationships and elders' autonomy. Evaluations suggest that Green House elders receive equal or higher quality of care and report better quality of life than residents of nursing homes" (Agency for Healthcare Research and Quality, 2014).

Studies that have examine this model also reported:

- Statistically significant higher quality of life scores (specifically privacy, dignity, meaningful activity, relationship, autonomy, food enjoyment and individuality);
- A much higher level of emotional health (lower prevalence of depression);
- Fewer residents were on bed rest, with little or no activity, and fewer had declines in late-loss activities of daily living (toileting, transferring, eating etc). (Canadian Agency for Drugs and Technology in Health, March 25, 2010).

If the goal is to improve residents' quality of life and health outcomes, then the needed response is clear – smaller, household models operated by non-profit community based agencies.

Final Thoughts

SSAO members have long experience, many having been instrumental in the early disability rights movement that led to deinstitutionalization of large facilities and apologies for the treatment of residents there by a provincial Premier. https://www.mcss.gov.on.ca/en/mcss/programs/developmental/Premier_Apology.aspx

Our members have seen the folly of halfway measures in efforts to try to make institutions better through initiatives like the Tri-Ministry project. Some of SSAO's members worked in the Tri-Ministry Project and can attest to its failures, hence SSAO's strong position that older adults, like younger people with disabilities, deserve the creation of a system of services and supports to prevent their continued institutionalization. Creating household models in the community, independent of long term care institutions provides a more progressive approach than simply re-designing existing institutions.

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