

MODELS FOR CARE

Webinar for the Alzheimer Society of Canada

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Research projects

- Reimagining Long-term Residential Care: An International Study of Promising Practices (SSHRCC)
- Healthy Aging in Residential Places (CIHR & ERA)
- Invisible Women: Gender and the Shifting Division of Labour in Long-term Residential Care (CIHR)
- Seniors Adding Life to Years (CIHR)
- Changing Places: Unpaid work in public spaces
- Models for Long-term Residential Care (City of Toronto)

Our methods

- International, Interdisciplinary teams, partners
- Analytic mapping
- Document analysis
- Rapid, site switching ethnography
- Collective analysis
- Knowledge sharing

Our Assumptions

- Conditions of work are the conditions of care
- Context matters
- Gender, class, culture, racialization, sexuality matter
- Tensions matter

All this means promising rather than best practices

Models for Care

- Started more than a quarter century ago
- Based on critique of homes
- Too impersonal
- Too rigid
- Undermine dignity and respect
- Seek to alter values, organization, practices, physical structures
- Butterfly the most recent, earlier Eden, Green House, Wellspring

Common elements

- Focus on care as a relationship and residents as individual, collaborative
- Flexibility for residents and staff, empowerment
- Preference for small, “homelike”, plants, outdoor access
- Focus on care processes rather than on tasks
- Leadership committed to guiding principles
- Vary in degree of flexibility in application
- All require higher staffing levels, training

Assessing Models for Care

- Difficult to assess using conventional methods
- Research limited, often contradictory, most of it from the US
- All make a difference, at least initially
- Difficult to tell if the higher staffing levels and attention are the main factor in improvement

What needs more attention

- Significant differences among residents in terms of age, culture, income, capacities
- Role of families and volunteers
- Transitioning
- Costing and funding
- Pay and benefits, union agreements and regulations
- Food, clothes and laundry
- Designated units

Conclusion

- No magic formula. One size does not fit all
- Lots of good ideas worth trying
- “Facility specific social model of care” (see Caspar, S., O’Rourke, N., & Gutman, G. (2009). The differential influence of culture change models on long-term care staff empowerment and provision of individualized care. *The Canadian Journal on Aging*, 28(2), 165-175).

THANK YOU

For more information on our research, see

<http://reltc.apps01.yorku.ca/>