



Spectrum of Care

Photo Credit: Seasons Retirement Communities

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When choosing late in life care for yourself or a loved one, having a clear picture of the spectrum of options available is essential. In Canada, there are three main categories of seniors housing available; retirement homes, long term care (LTC) homes, and home care. In this report, I will illustrate these three types by way of precedent studies, and will give some examples of seniors housing that does not fit into any of these categories. Ultimately, the decision to pursue LTC vs. retirement homes vs. home care comes down to what level of care is needed, and how the individual in question has been faring with their activities of daily living (ADLs).

LTC homes are for individuals who have difficulty directing their own care. Retirement homes allow residents to choose their level of care.

Long Term Care (LTC)/Retirement Homes

LTC homes are a place where seniors live well receiving help with their daily activities. Included in the package is 24/7 care, and easy access to medical services should the need be. LTC homes are better suited to individuals who have difficulty directing their own care (Closingthegap, 2019).

There are four types of retirement homes in Canada, including independent supported living, assisted living, dementia care and short term stays (Closingthegap, 2019). Within assisted living facilities, different levels of care are offered, with residents paying more for higher levels of care (NIH, 2017).

Home Care

In-home care is for individual seniors who require assistance with their ADLs, but either do not meet the requirements for admission to a LTC home or cannot afford the expensive fees. In addition to being an affordable option, home care offers a personalized and flexible approach plus companionship that can reduce social isolation and depression (choosecomforthome, n.d). **The biggest disadvantage to this type of care is that response will be slower in the event of a medical emergency**, therefore those with more severe conditions should consider admission to a LTC or retirement home. Home care can be privately paid or publicly funded, with the average cost of a personal support worker ranging from \$25 to \$35 an hour.



Photo Credit: CARFond.

Figure #1: A senior resident wheels around a long term care complex.

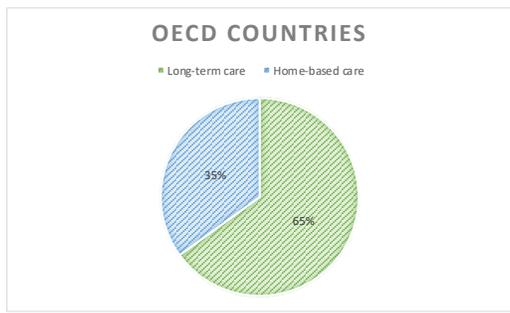


Photo Credit: Jakub M.

Figure #2: Break down of type of care based on info from NIA-Ryerson (2019)

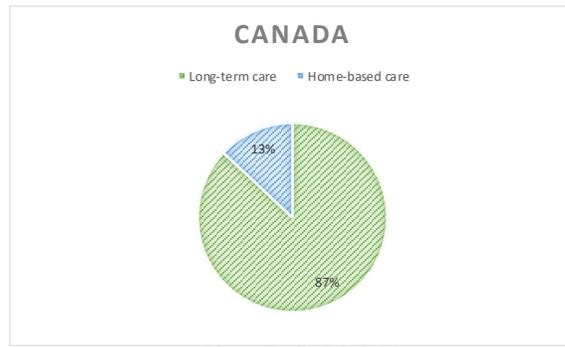


Photo Credit: Jakub M.

Figure #3: NIA-Ryerson (2019)

Often, it is foreign domestic workers (FDWs) that provide in-home care to individuals in need. One article asks, what support do these people need in order to provide adequate services to seniors (Tam, 2018)? Some of the solutions to this question that were identified included providing social support, teaching coping strategies, and ensuring job satisfaction. In Singapore, 50% of in-home caregivers are FDWs, and therefore this job force plays an important role in the continued care of individuals that need extra help with their ADLs.

Policy and markets are two ways to encourage unconventional types of seniors housing such as co-care models.

What's Missing?

In terms of Elderly Persons Housing (EPH), most people assume one of the three types discussed earlier. However, there is a whole body of research about the benefits of communal or co-housing on the ability to 'age in place' for seniors or people 55+. One study focuses on a communal seniors housing complex in Finland, where apartments and common spaces are accessible, a community coordinator is present, and home care is available (Jolanki, 2020). The author found that this arrangement allowed for residents to be physically active and independent, socialized and safe. It is important that **government policy and market mechanisms are both used to encourage different types of seniors housing**, including these more unconventional arrangements.

Another precedent, the Baba Yaga Place in Toronto, provides a model of co-care that is grassroots. Co-Care is a model of "neighbourly mutual support" (canadianseniorscohousing, 2011) that aims to reduce social isolation and promote active aging. Baba Yaga is above all a community, where individuals go to find like-minded companions, pursuing personal interests well remaining committed to the broader community (babayagaplace, n.d.). In this model that baba yaga represents, residents help each other with their ADLs, well only hiring in-home care as needed.

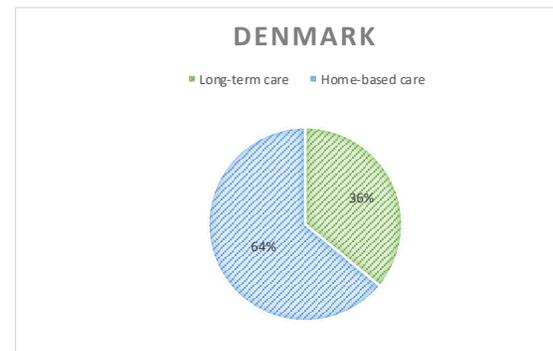


Photo Credit: Jakub M.

Figure #4: NIA-Ryerson (2019)

Figure #5: Rendering of the Babayaga place house



Photo Credit: Abbit

Choosing an Option

17% of people in Long Term Care have low, mild, or moderate needs, pointing to the need for better subsidized in-home care.

Within the spectrum of care there are many different options for an elderly person or their family to choose from. One indicator of whether home care or a more institutional route is advisable is how the individual fares on **Functional Independence Measures (FMI)**. These measures include grooming, transfer of objects and locomotion (Saleemi, 2016). After for example having a stroke, faring well on these measures has a positive correlation with an individual being discharged home. A poor score means the individual could be put on a waitlist for long term care, which can often involve waiting up to 5 months to be admitted.

Long-Term Care vs. Retirement Homes vs. Home Care			
Consideration	Long-Term Care Homes	Retirement Homes	Home Care
Medical Needs	Difficulty directing your own care (late stages of dementia, palliative care, etc.)	Direct your own care and live without much assistance.	Ideal for any individual regardless of ability to direct their own care.
	Medical care and medication monitored 24/7.	Medical care and medication monitoring varies and may be provided as an additional service.	Medical care and medication monitored during visit.
	Assist with personal daily needs (bathing, dressing, etc.)	Some, but not all retirement homes provide assistance with personal daily needs (bathing, dressing, etc.)	Assist with personal daily needs (bathing, dressing, etc.) and can escort to medical appointments and other outings.
Living Preferences	Seniors live in a community setting with other individuals.	Seniors live at home, in a comfortable and familiar environment.	Seniors live at home, in a comfortable and familiar environment.
	Activities available for entertainment and health purposes. Facilities are often built and furnished to support these activities.	There might be loss of a variety of activities for seniors. A need to refurbish or redecorate the house might arise.	There might be loss of a variety of activities for seniors. A need to refurbish or redecorate the house might arise.
	Companionship and building relationship with peers as well as caregivers.	Companionship and building relationship with caregivers.	Companionship and building relationship with caregivers.
	Limited control over meal choices, room furnishings, etc.	Full control over meal choices, room furnishings, etc.	Full control over meal choices, room furnishings, etc.
Average Price	\$1,848 - \$2,640 per month	\$2,789 - \$4,584 per month	\$241 - \$375 per month

Precedents for services that connect seniors with proper care exist, such as Elder Care Canada, which provides coaching to help “strategize, navigate, communicate and facilitate” (eldercarecanada, 2018) the transition from independent living to a more dependent level of care. These type of services are important in navigating the sometimes complex web of options that are available. I did not see any mention on the Elder Care Canada website of more unconventional approaches such as co-care, but perhaps this method could be integrated in future projects of a similar nature.

Final Thoughts

If the impact of COVID-19 on long term care homes has revealed anything, it is the potential pitfalls of privatization and the effect this can have on the quality and depth of care received. Numerous journalists and academics have demonstrated a link between privately owned LTC homes and diminished quality of care (Green, 2020; Lutz, 2013). This problem has existed for quite some time, however the deaths and grisly conditions in these institutions during the pandemic have shined a light on the plight of a population that is often ignored.

Finally, **17% of people in LTC homes have low, mild or moderate needs** (Closingthegap, 2019). Considering the vacancy rate is at its lowest point since 2001, at 10.4% (Wheeler, 2017) and that wait times are on average 5 months, perhaps it would be advisable that more seniors in this category seek out in-home care or one of the other alternatives as outlined in this report.

Photo Credit: closingthegap.

Figure #6: A chart that illustrates the different factors when choosing an option, plus costs.

Sources:

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