

Residential Focus for Seniors Communities

November 2017

Pulling together to create positive outcomes!

Issue

Alberta's seniors' housing providers are continually working to adopt socially driven residential housing models that respect the dignity of those being served despite the pressures and legislative requirements of clinical-driven models. Service providers are at odds with one another over the lack of a common understanding related to how housing, care services and other models are defined.

Key Points

- Alberta's seniors' housing providers are committed to empowering seniors to have choice and a life of purpose wherein they are honoured, valued and respected.
- Senior residents and their families favour a residential housing model.
- Choice means every senior makes their own decisions, including that of living in a community where they feel at home in their surroundings while having their needs met as required. A residential senior's community is a domestic space called "home" and therefore needs to be an engaging "home-like" place.
- A resident's permanent address defines their "home", and a "home" can be an apartment, supportive living suite, or designated supportive living suite. Residents need to be involved in running their own homes, with a focus on what they can do to maintain independence while living in their own personal space. They should be empowered to answer their door, entertain people in their home, and have the privacy to take care of themselves (including taking medication) inside the walls of their own home.
- A senior resident should be shown a level of dignity that should never be compromised. In response, seniors' housing providers need to create a family-like atmosphere, sharing closeness in an environment that fosters meaning in life and not just existence.
- Enough time must be given to each resident in every interaction. Health care providers and seniors' housing providers must value relationships as they engage in the privilege of working in someone's home. Health care providers and seniors' housing providers need to work together to optimize the quality of life for all residents.
- The confusion over what good care looks like, sounds like and feels like for people living and working together must be resolved. Seniors' housing providers and health care providers need to agree on common terminology and principles of a "Residential Housing Model for Senior's Communities".

Seniors want service delivery models that are responsive to their personal choices and expectations, so that there is no cessation of the freedoms they have enjoyed all their lives.

Current Situation

- On June 26, 2017, the Ministry of Seniors and Housing announced the Provincial Affordable Housing Strategy. The document entitled "Making Life Better: Alberta's Provincial Affordable Housing Strategy" states under initiative 3. Successful Transitions and Aging in the Community that "Investments in renovations to Seniors' Lodges will support seniors to live comfortably and retire in dignity. Some of the renovations being done to seniors' lodges include widening doorways for walkers and built-in life-alert systems". *The Strategy does not make reference to how these renovations will actually make supportive living more of a "residential model".*
- The initiative also states "Regenerating Seniors' Lodges will mean more seniors can age in the community they call home, close to family and friends". *The details related to this initiative are unclear.*



Anticipated Unintended Consequences

- Seniors are opting to stay at home well beyond their capabilities in order to maintain more control over their lives. This means some seniors often live at risk without social interaction and support services that are critical to sustaining their health, safety and well-being.
- Residents could be deprived of their basic freedom to make their own choices to maintain as much of their self-defined 'normalcy' as possible in the place they call home.
- Once inside some seniors' accommodation, multiple formal bulletins, notices, signs and other visuals (e.g., quality indicators, alcohol based hand sanitizers, medication storage) never seen in a regular home, are prominently displayed.

Recommendations for Government Consideration

That Alberta seniors' housing providers and health care providers agree on the definition, common terminology and principles of a "Residential Housing Model for Senior's Communities" that:

- promotes a residential focus to support services that enhances a resident's quality of life;
- develops a residentially-focused housing model. (A permanent address defines a place as your "home" and health care is only one of the determinants of well-being, the protocols of which should not take precedent over the feeling of "home".);
- promotes a balance of human rights, from a culture of being 'risk averse' to one that 'manages the degrees of risk';
- creates collaborative partnerships between Public Health, Alberta Health, Alberta Health Services, Infection Protection and Control Services and housing providers that eliminates common barriers that empower and encourage residents and their families to participate in their home and life;
- recognizes the role played by housekeeping, maintenance and food services staff who are often the only social contact a resident may have in a day and this needs to be taken into account in evaluating work schedules and tasks. Support staff should be encouraged to take a little extra time with residents to improve their quality of life;
- permits some flexibility in policy and regulations that promotes a resident's feeling of freedom and safety, while continuing to live a life to which they have become accustomed;
- creates an agreed upon common terminology that supports a residential housing model. The language needs to change to reflect that "residents" are living in their own "home".
- moves away from 'clinical aesthetics' and clinical-driven risk mitigation factors to an atmosphere that encourages residential community living where people feel at home with respect to their dignity and privacy; and
- completes a major shift in organizational culture to ensure that a residential and person-centred focus empowers seniors to have choice and a life of purpose wherein they are honoured, valued and respected in a place they are proud to call "home".



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Background Information to Supplement Key Talking Points

Background

- Seniors' housing providers and health care providers acknowledge that regulations, policies and standards are important for protecting residents and their families; however, health care services appear to be overly prescriptive, inflexible and increasingly overbearing. For residents, these policies and procedures are taking away from the joy of living in a congregate living community.
- Policies, standards and procedures are the primary focus of health care providers, which are not consistent with the need to consider the resident's quality of life, as well as person-centred and relationship-focused services.
- The "medical model" focus is making resident's homes into "medical institutions". There should be a move toward a residential focus for seniors' communities, putting the emphasis on supporting seniors to live well and thrive rather than concentrating on clinical treatment and the maintenance of symptoms and conditions.



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Noble Cause: Seniors are empowered to have choice and a life of purpose, wherein they are honoured, valued and respected.