



## Session 209: *Housing Options for People Living with Dementia*

Frances Morton-Chang, PhD(c)

Principal, Morton-Chang Consulting

November 14, 2014



**ONPHA**

Ontario  
Non-Profit Housing  
Association

# Session Overview

## *1. Introductions*

- *Frances Morton-Chang*
- *Amy Porteous*

## *2. Presentations*

*3. Your opportunity to share your approaches to meeting the needs of persons with dementia in your project*



# Presentation Summaries

## *Frances to highlight:*

- The growing need for innovative housing options for persons living with dementia (PLWD)
- Common needs of PLWD and caregivers
- A number of types of housing options available in Canada and abroad

## *Amy to highlight:*

- Steps in the development of Bruyère Village
- Four levels of care offered at the Village with a special focus on their Cluster Care Model
- Supports offered to PLWD and their caregivers



# Setting the Context

- In 2011, 747,000 Canadians were living with cognitive impairment, including dementia - almost 15% of 65+
- If nothing changes in Canada, by 2031 the number will jump to 1.4 million (ASC, *A new way of looking at the impact of dementia in Canada*, 2012)
- In 2011, the first wave of the baby boomers turned 65
- Between 2 % and 10 % of all cases of dementia start before the age of 65 The risk for dementia doubles every five years after age 65 (WHO & ADI, *Dementia a Public Health Priority*, 2012)



# Implications

- Most PLWD want to remain at home in the community for as long as possible
- Tipping points for PLWD into long term institutional care are often contingent on available and affordable supports and options in the community
- These supports vary across the province and even by LHIN (Balance of Care Research)
- Housing options for PLWD can serve as a mechanism to avoid premature or unnecessary placement of PLWD (Morton-Chang Thesis, 2014)



# Needs of PLWD

While PLWD are not homogeneous, there are a number of common signs and symptoms that often need to be managed and accommodated for during the progression of a dementia:

- Progressive memory loss
- Deterioration of verbal and written communication
- Impaired or poor judgment/reasoning
- Difficulties with forward or abstract thinking
- Behaviours that appear inappropriate
- Disorientation to time, place and space
- Gait, motor, and balance problems



# Needs of PLWD

- Dementia itself can compromise abilities
- Coupled with age related changes it can be debilitating
  - Vision
  - Hearing
  - Smell
  - Touch
  - Taste



# Environmental Design Can Help

## Dementia Friendly Physical and Social Design

- Home Adaptations
  - age related and dementia related
- Upgraded Lighting
- Doorways
- Noise
- Wayfinding and Signage
- Dementia Training for Informal and Formal Carers





# Housing Options for PLWD

- In addition to personal supports and home adaptations, another supply factor that is important for PLWD is access to affordable housing with care; however the housing needs and preferences of PLWD and their carers has received relatively little direct attention in care planning.

(O'Mally & Croucher, 2005)



# Housing with Supports

- According to the Canada Mortgage and Housing Corporation (CMHC) Supportive Housing (also known as Assisted Living or Housing with Care) with a high level of support services available to its residents can be an alternative to residential LTC placement (CMHC, 2012)
- Small Scale Housing
  - Private dwelling, group home, congregate/supportive housing
- Supportive Housing is unique in that it is neither fully independent living, nor institutional Long-Term Care



# Flexibility of Care

- Supportive Housing is noted for its flexibility to allow people to maximize their independence, privacy, decision making and involvement, dignity and choices and preferences and reduce caregiver burden for those residing with the client or elsewhere

(Lum et al., 2006)



# Benefits of Supportive Housing for PLWD

- Promotion of good mental and physical health by encouraging independence
- Acting as a hub for many services/integrated care coordination
- Providing opportunities for socialization and friendship
- Ensuring a secure living environment yet less restrictive than a LTC home
- Providing regular contact with staff and other residents who would be aware of changes in a resident's well-being
- Potential reductions in use of higher intensity healthcare services

(Williams et al., 2009; Lum et al., 2006; Morton; 2010; Lum et al., 2005).



# Type of programs that may be offered in Supportive Housing

- Care coordination and assistance with system navigation (arranging *Meals on Wheels* or transportation)
- Preparing light meals
- Assistance with basic activities of daily living (ADLs)  
Assistance with instrumental activities of daily living (IADLs)
- Social activities
- 24 hour support services (either on-site or within a specific timeframe)
- Security checks
- Light homemaking
- Emergency response systems

(Morton, Dementia Care: Diversity, Access, Coordination, 2010)



# Models of Supportive Housing

- Linked and Delinked Models

- Linked = housing provider and care provider are the same entity;

Benefits:

- better coordination of housing and service delivery issues
- better capacity of service providers to make physical changes in living spaces to accommodate the changing needs of residents
- timeliness regarding housing issues (e.g., faster repairs)
- greater continuity of service and timeliness in responding to client needs

(CRNCC in Focus by Lum et al., 2006)



# Models of Supportive Housing

- Linked and Delinked Models

- Delinked = housing provider and care providers are different

Benefits:

- service providers can focus on providing services to clients without the distractions of housing management issues
- the roles of the housing and support service providers are clarified
- non-service activities of supportive service agencies are minimized
- service delivery is simplified when tenancy and service issues are separated

(CRNCC in Focus by Lum et al., 2006)



# Models of Supportive Housing

- Mixed Populations or Dementia Specific
- Philosophies of Care (e.g. Eden, Person-Centred)
- Scale
- Continuum of Care (e.g. individual group home – village/campus of care)





# International Example

## **Hogewey** (Weesp, Netherlands)

- Every resident at Hogewey has severe dementia
- Residents live there until they die
- [View Clip and Discussion](#)



# Upcoming Housing Options Guide

SHS Consulting and the Balance of Care Research Group have been engaged by **Canada Mortgage and Housing Corporation (CMHC)** to develop content for an updated, web-based publication to replace the existing guide, *Housing Options for Persons with Dementia* (1999), and the publication *At Home with Alzheimer's disease* (2008).

The Guide will include a summary of case studies aimed at highlighting best practices in design, support and management of housing for persons living with dementia and their caregivers.

Expected Release in 2015



# CMHC Guide Objectives #1

Review Canadian and international literature to collect the most recent evidence related to

- a. measures that can be taken to increase the safety, independence, and wellbeing of persons living with dementia in their homes;
- b. design components that can help make the home environment supportive and therapeutic for persons living with dementia in their daily lives as well as safe and supportive for those providing care (professional and family/friend caregivers); and
- c. design and management of community-based housing solutions that are created and managed specifically for the needs of people living with dementia, as well as the provision of supportive services within such housing



# CMHC Guide Objectives #2 & #3

Conduct focus groups with:

- a. Experts in the field, designers, family/friend caregivers and professional care providers;
- b. Managers/providers of specialized housing for people living with dementia; and
- c. People in the early stages of dementia who reside in private homes; and
- d. People in the early stages of dementia who live in residences that are designed and managed for people living with dementia.

Draft content of the new guide based on the findings from the literature and the focus groups.



# Resources

- The Design and Dementia Community of Practice  
[www.brainxchange.ca](http://www.brainxchange.ca)
- “At Home with Alzheimer's Disease” by the Canada Mortgage and Housing Corporation  
<http://www.cmhc-schl.gc.ca/en/corp/li/index.cfm>
- “Home Sense and Dementia” by Alzheimer Society of Niagara  
<http://www.alzheimer.ca/en/niagara/We-can-help/Living-Safely/Tips-on-making-your-environment-safe>
- Dementia Services Development Centre website  
<http://dementia.stir.ac.uk/design/virtual-environments>



# References

Alzheimer Society of Canada (2012). *A new way of looking at the impact of dementia in Canada*. Retrieved at:

[http://www.alzheimer.ca/~media/Files/national/Media-releases/asc\\_factsheet\\_new\\_data\\_09272012\\_en.pdf](http://www.alzheimer.ca/~media/Files/national/Media-releases/asc_factsheet_new_data_09272012_en.pdf)

BrainXchange Design and Dementia Community of Practice (2014).

Retrieved at <http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Design-and-dementia.aspx>

Lum, J., Ruff, S. and Williams, A.P. (2005). When Home is Community: Community Support Services and the Well-Being of Seniors in Supportive and Social Housing. A Research Initiative of Ryerson University, Neighbourhood Link/ Senior Link and the University of Toronto Funded by United Way of Greater Toronto. Retrieved at

[http://www.crncc.ca/knowledge/related\\_reports/pdf/FinalReportWhenHomeisCommunity.pdf](http://www.crncc.ca/knowledge/related_reports/pdf/FinalReportWhenHomeisCommunity.pdf)



# References

Lum, J., Sladek, J., Ying, A. et al. (2006). Fact Sheet for the Canadian Research Network for Care in the Community (CRNCC) Supportive Housing. Retrieved at:

<http://www.crncc.ca/knowledge/factsheets/pdf/InFocus-SupportiveHousingOct4intemplate.pdf>

Morton, F. (2010). Dementia Care: Diversity, Access, Coordination Final Report. Prepared on behalf of the Alzheimer Society of Toronto for the Toronto Central Local Health Integration Network Dementia Care Project. Retrieved at:

[http://www.dementiatoronto.org/aboutus/DementiaCareFinalRpt\\_2010.pdf](http://www.dementiatoronto.org/aboutus/DementiaCareFinalRpt_2010.pdf)

O'Malley, L., Croucher, K. (2005). Housing and dementia care – a scoping review of the literature. *Health and Social Care in the Community* 13(6), 570–577.



# References

Williams, A.P., Challis, D., Deber, R., Watkins, J., Kuluski, K., Lum, J.M., & Daub, S. (2009). Balancing Institutional and Community-Based Care: Why Some Older Persons Can Age Successfully at Home While Others Require Residential Long-Term Care. *Healthcare Quarterly: Longwoods Review*. Vol 12(2). pp. 95 – 105. Retrieved at: <http://www.longwoods.com/content/20694>

World Health Organization (WHO) jointly with Alzheimer's Disease International (ADI) (2012). *Dementia: A public health priority*. Retrieved at [http://www.who.int/mental\\_health/publications/dementia\\_report\\_2012/en/index.html](http://www.who.int/mental_health/publications/dementia_report_2012/en/index.html)





# Thank You

## Further Questions?

**Frances Morton-Chang PhD (c)**

Gerontologist and Health Policy Researcher

Phone (416) 422 - 1292

Email [elder.coach@hotmail.com](mailto:elder.coach@hotmail.com)

[www.mortonchang.com](http://www.mortonchang.com)



# Brainstorming Session

- Discuss questions raised at the beginning of the session and some of the approaches you've taken or are considering taking to address specific needs



# Thank You!

## Any other questions?

**Glenda Lucas**

SHS Consulting

Phone (905) 763-7555 ext. 108

Email [glucas@shs-inc.ca](mailto:glucas@shs-inc.ca)

[www.shs-inc.ca](http://www.shs-inc.ca)

