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Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

Supportive Housing for Vulnerable Populations

A Model For St Clair West Services For Seniors

Janet Lum, PhD.
Ryerson University

The CRNCC is funded by the SSHRC and Ryerson University

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Why Supportive Housing?

- Aging population
- Changing values and expectations
- Health system sustainability




What is Supportive Housing?

- No single definition
- Different terminology; multiple models
 - Assisted living
 - Supportive living
 - Supported independent residences
 - Sheltered housing
 - Transitional living
 - Independent living

... *But Common Components*

- Housing
 - Affordable
 - Secure and safe
 - Enabling and home-like
 - Private

 - Services and programs
 - PADL –eating, personal care –dressing, bathing, toileting, taking medications
 - IADL –preparing meals, laundry, vacuuming, cleaning bathroom and kitchen, changing bed linens, shopping, transportation
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Common Components

- Care coordination
 - Often including access to linguistically and culturally appropriate care for diverse groups (race, religion, LGBT)
- Ongoing assessment and monitoring
 - Critical particularly in transition periods (e.g., acute, post acute episodes)
 - Both formal (e.g., using standard assessment tools) and informal (e.g., saying hello to Mrs. Wong)

Affordable Housing



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Comprehensive Services

Pet Care



Meal Preparation



Friendly Visiting



Shopping

Vacuuming



Grooming



Security Checks

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...For Diverse Populations

- Frail seniors
- People with mental health/addiction challenges
- People with HIV/AIDS
- People with physical disabilities
- Seniors of diverse racial, cultural and linguistic backgrounds
- Women with children with housing insecurity



Suggested Model for St Clair West

- De-linked

- Bringing care to people
 - PSW teams with flexible services and times

- Include also bringing people to care
 - Transportation to Adult Day Centres, ethno-specific community centres

- Consider providing care from hospital to home

Care to people

- Meals-on-wheels, meal prep, shopping, vacuuming, laundry, friendly visiting, changing bed linens, bathroom and kitchen cleaning, managing finances, security checks, emergency button
- Community Care Access centres
 - Nursing, social work, OT, rehabilitation therapy

People to Care

- Transportation
- Adult Day Centre
- Congregate Dining
- Social activities
- Exercise activities
- Medication monitoring
- Health education
- Respite care



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Congregate Dining



Monitoring



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Blood Pressure Clinics

Home From Hospital

- Link St Clair West Services for Seniors with hospitals and CCAC
- Expedite timely hospital discharge
- Aim to minimize readmission
- Provide supportive services to stabilize person
 - e.g. transportation and escort, medication, meals
- Assist with future care planning

From Hospital to Home: “Home At Last”

Thanks to Gord Gunning, Executive Director, CANES Home Support Services

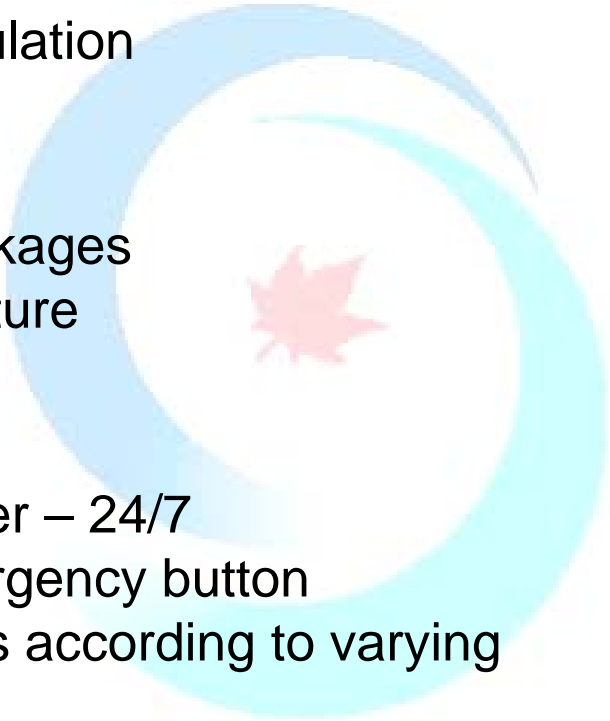


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Critical Elements

- Target
 - Can't do everything for everyone
 - Assess to identify at-risk population

 - Manage
 - Care managers and care packages
 - Attentive to language and culture

 - Monitor
 - Well-publicized central number – 24/7
 - Recommend mandatory emergency button
 - Increase or decrease services according to varying needs
 - Train PSWs to conduct informal monitoring
- 

Critical Elements

- Working relationships with TCHC
 - Safety, security (superintendent's role in monitoring)
 - Environment, public health
- More systematic relationship with CCAC
- More collaboration with other CSAs
 - Sharing resources: roving PSWs or case managers with language or cultural skills

In-Built Outcome Measures

- Establish base line
- Demographic data: age, linguistic, cultural, religious background
- Health status
 - E.g., cardiovascular (heart, blood pressure, stroke), musculoskeletal (arthritis, osteoporosis), visual (cataract, glaucoma), other (e.g., cancer, diabetes)
- Needs profile
 - What help is needed? (ADL? IADL?)
- Compare to people on the LTC wait list

In-Built Outcome Measures

- Crisis management
- Details of crisis management
 - What does St Clair West do to avert crises and visits to ER?
- Number of times emergency button used
 - Day and night
- Number of times 911 called but client stabilized
- Length of hospital stays of clients
 - Shortened because of HAL program and supportive services
 - Incidences of readmissions after discharge

In-Built Outcome Measures

- Quality of life indicators
 - Peace of mind
 - Sense of independence and control
 - Involvement in decision-making
 - Social connectedness
 - Number of visits by family and friends
 - What they do
 - Community engagement

In-Built Process Measures

- Comprehensiveness of care packages
 - Not just units of services but changes in the wrap around quality
- Frequency of contact with case managers
- Collaboration with among providers
- Collaboration with family members to discuss care

In-Built Cost Measures

- Compare apples to apples
- Sector agreement on standard, transparent and accountable costing
 - How are costs calculated?
- What to include or exclude?
 - What about activities such as adult day centres and social activities?
- What is your mix of client needs?
 - Mix of low and medium needs clients? All low needs?

When Home is Community

Lum, Ruff and Williams, 2005; 2007

- Compared supportive and social housing residents
- Supportive housing residents were older, had more health risks
- BUT were more socially connected, had greater peace of mind about getting future care needs met and made less use of 911 than social housing residents
- Care management was key
- Cost effective alternative to LTC beds

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Care Coordination

- Supportive housing:
 - Residents had access to planned and coordinated care packages
 - Monitored so that services varied “up” or “down” according to changes in assessed needs
 - Live independently well past 85 years

- Social housing:
 - One-off, self-managed services

Main Goals of Supportive Housing

- While “supportive housing” covers many diverse definitions, models and needs groups ...there are key commonalities
- All include housing and services
- All aim to support health, well-being and independence of “at risk” populations
 - Most intensive users of costly services
 - Least able to navigate the system on their own
- All involve ongoing care management and monitoring

Main Benefits of Supportive Housing

- Wrap-around care that varies with changing needs
 - Residents may make greater use of less costly IADL care
- Cost effective alternative to 911 and emergency care
- Families do not stop caring



“Supportive housing is about dignity. If you don’t have dignity, you have nothing...”



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jlum@ryerson.ca

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