

A HOME FOR ALL: YOUNGER RESIDENTS LIVING IN LONG-TERM CARE

BY THE NUMBERS

6% of residents in Ontario long-term care homes are **under the age of 65**.

Of those, **2,500** are in their **early 60s**, more than **2,300** in their **50s**, and about **500** in their **40s**.

The **average age** in Ontario long-term care homes is **83 years old**.

People **as young as 19** are moving into long-term care homes, living with people older than their grandparents.

SOME ISSUES AFFECTING YOUNGER RESIDENTS IN LONG-TERM CARE

- Often likely to be cognitively intact with higher physical care needs
- Complex combination of mental and physical illnesses
- May have limited income
- May have minimal contact with friends and family
- Psychological toll of being decades younger than your peers

PRIORITIES FOR YOUNGER RESIDENTS

- Crave freedom
- Importance of privacy (including private room, opportunity for private expression of intimacy)
- Respect for their schedule and preferences
- Social, emotional and psychological support
- Maintain connection with wider community
- Recreational activities that are interesting and engaging
- Flexibility with meals and food choices

8 KEY CONTRIBUTING FACTORS FOR QUALITY OF LIFE

1. Community Inclusion
2. Age appropriate Recreation & Leisure programs
3. Social Contact
4. Mental Health Supports
5. Enhanced Rehabilitation
6. Family Collaboration & Inclusion
7. Specialized Staff Training
8. Self-Determination



[Retrieved from SEARCH Canada]



This material was developed in collaboration between Grandview Lodge Haldimand County and the Ontario Centre for Learning, Research and Innovation in Long-Term Care at Bruyère. Developed November 5, 2018.



ONE HOMES JOURNEY: GRANDVIEW LODGE, HALDIMAND COUNTY

Approximately 10% of residents living at Grandview Lodge, Haldimand County (GVL) are under the age of 65. They recognized the need to focus on the unique needs of this population.

MISSION STATEMENT: *To provide a living environment in a LTC home in which self-efficacy, domestic skills, and social well-being are promoted to residents who chronologically or mindfully represent a younger, diverse lifestyle.*

OUR YOUNGER RESIDENTS:

- Sudden onset
- Developmentally delayed
- Diagnoses include: Traumatic brain injuries, addictions, mood disorders, psychotic disorders, obesity / general debility, acquired brain injuries, cognitive disorders, Huntington's disease, Multiple Sclerosis
- They are individuals – they are diverse, they have hopes, dreams and goals
- They have unique needs
- Life-long illness
- Mental illness

DECISION TO FORM A YOUNGER POPULATION UNIT

- ✧ Satisfaction Surveys
 - Identified a need with recreational programming
 - Residents were feeling stressed living with older population
 - Residents were feeling that they had no purpose living at Grandview Lodge
- ✧ Management recognized that the % of the younger population was increasing at GVL
- ✧ Administrator inquired with LHIN to make an application for a younger population
- ✧ Written into the Strategic Plan to review the needs of the younger population living at GVL & develop a plan: much value in linking education and volunteers within the strategic plan
- ✧ Met with CCAC to communicate the vision for our Home
- ✧ Informed other LTC homes of our plans so that transfers through CCAC approval could be initiated

IMPORTANCE OF STAFF EDUCATION

- ✧ Mental Health First Aid (program of the Mental Health Commission of Canada – 2 Day Workshop: over 80% of entire staff at Grandview Lodge participated in this training. <https://www.mhfa.ca/>



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STAFF APPROACHES

- ✧ Matter-of-fact coaching
- ✧ Positive reinforcement
- ✧ Negotiation and agreements
- ✧ Checking in
- ✧ Involve community agencies & support groups – for example CMHA, Community Living, Literacy Council, BISH, etc)

EMPOWERMENT STRATEGIES

- ✧ Offer choices
- ✧ Clarifying or re-stating information back to resident
- ✧ Participatory care
- ✧ Equipment is available / independence is fostered
- ✧ Requesting help from them
- ✧ Ownership and accountability

BEHAVIOURAL MODIFICATION & MANAGEMENT

- ✧ Choose your battles
- ✧ Negotiation & stakeholder agreement
- ✧ Informed choice
- ✧ Constant checking in & support
- ✧ Coach don't lecture
- ✧ Positive reinforcement
- ✧ Consistency in approach

VALUE OF VOLUNTEERS

- ✧ Efforts to recruit volunteers specifically for the Younger Population Unit
- ✧ Peer connections – volunteers closer in age to the residents
- ✧ Opportunity for meaningful engagement between resident and volunteer

SOME CREATIVE APPROACHES TO ENHANCE QUALITY OF LIFE

- ✧ *Cooperative Work Programs*: goal is to provide a purposeful employment opportunity for residents. These programs should have little to no impact on other departments, must benefit the care home operations or other individuals, be self-sustaining and must not take work from unionized employees (volunteer work is acceptable).
- ✧ *Montessori Techniques*: Maria Montessori's philosophy teaches that individuals should be as independent as possible, have a meaningful place in their community, have high self-esteem and be able to make meaningful contributions to their community. Some examples of opportunities to utilize Montessori techniques include: personal agendas, calendars, check-lists, social roles and routines, ability-focused care and maintaining and supporting their own environment (chores).
- ✧ *Programming Ideas*: Peer Support Groups, computer training, Wii games, cooperative work programs, volunteer work, men's club, financial support, laughter yoga, large table game programs (shuffleboard, table bowling, darts, poker night).
- ✧ *Repurpose existing space*: Work with the space you have and make creative additions to help improve residents' lives.



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RESOURCES:

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Mental Health First Aid, a program of the Mental Health Commission of Canada. Offers training for staff on supporting individuals with mental health problems. <https://www.mhfa.ca/>



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