



# Models of Care Along the Continuum

Professor Eamon O'Shea  
NUI Galway

# Spending on Services for Older People

- €940m for NHSS providing financial support to 23,000 people
- €373m to provide:
  - 16,750 home care packages
  - 10.57m home help hours
  - 190 intensive home care packages

# Home Care

- Statutory cover confined to residential care
- Uncertainty of community-based funding
- Significant un-met need in the community
- Reliance on family care
- Supply-driven model
- Carer shortages
- Personalised care
- Social model is weak

# New Policy Directions

- Spending more than twice as much on residential care than home care
- New home care legislation on the way – rights in respect of home care
- Slaintecare will also be implemented
- What will recalibration mean for home care?
- What will recalibration mean for nursing homes?

# DoH Capacity Review

- By 2031, over 65s will generate half of all health care activity
- 46% increase in demand for primary care
- 39% in demand for residential care beds
- 70% increase in demand for homecare
- 24% increase in demand for non-elective in-patient episodes in public hospitals

# National Dementia Strategy

- Looking for diversity in provision
- Potential of new types of residential care
- Housing with care
- Supported independent living
- Small group living
- Specialist dementia care units
- Environmental design

# Underlying Principles

- Choice
- Flexibility
- Inclusion
- Engagement
- Connectedness
- Privacy
- Citizenship

# Policy Frames and Ageing

## **Current**

- Individual
- Biological
- Residential care
- Risk
- Deficits
- Exclusion
- Disconnected

## **Counter**

- Collective
- Social
- Home
- Capabilities
- Assets
- Inclusion
- Connected



# House and Home

- House is not always home
- Habitation, relationship, hospitality and memory matters
- Interweaving of person and location over time
- Home provides focal point – we come and go with regularity
- Sense of permanence, ownership, attachment and belonging
- Security, safety, control and self-expression

# Relocation

- Easy for some, not for others
- Creation of new mode of being in place and at home
- Loss of physical cues
- Autonomy can be compromised resulting in vulnerability and people being *out of place*
- Difference between proactivity and reactivity
- Processes of agency- e.g. controllability of physical environment, adaptability, person-environment fit

# The Continuum of Care

- Own housing – modified and adapted
- Home sharing – companionship in return for low rent
- Split housing – with relatives/friends
- Boarding out – with another householder
- Retirement villages – private living in communal setting
- Communal, resident controlled, co-housing community
- Supportive/sheltered housing for independent living
- Housing with social care and technological supports
- Residential nursing home care plus housing with care and supports on site
- Residential nursing care units

# Re-Thinking Home

- Inter-generational housing
- Independence through adaptability
- Joint local authority and HSE action on improving health through the home (across health, social care and housing)
- Long-term funding to realise such a model
- Technological solutions
- Co-design

# Current Dedicated Housing for Older People

- Years Ahead (1987) saw major role for sheltered housing in care of older people
- Social housing important in Governments Rebuilding Ireland action plan
- Currently 39,000+ social housing units for older people
- 7,000+ provided by Approved Housing Bodies - Mainly for full independent living
- Very few care intensive support schemes

# Finding the Money

- Public schemes – cumbersome – can take 18 months - not all costs covered
- Borrowing against property to fund adaptation and improvements
- Equity release schemes
- Personal care budgets
- Health and social care savings of adapted and accessible housing

# Sustainable Ageing Communities

- WHO Global Network of Age-friendly Cities and Communities (GNAFCC)
- Lifetime adaptable and accessible housing
- Age-friendly planning drawing on population data and projections
- Integrated health and social care planning
- Accessible amenities, green spaces and transport
- Stronger community engagement
- Co-design and co-creation
- Bottom-up participatory approach
- A life-course approach

# Nursing Home Care Relationships

- Scale
- Coverage
- Staffing
- Structure
- Design
- Ethos
- Integration
- Connectivity



# Green House Model

- Person-directed and relationship-based care
- Small homes – private living spaces
- Normal and flexible daily routines
- Intentional community where there are reciprocal relationships among residents
- Self-directed teams of caregivers
- Community connections

# Green House Design

- Self-contained residence – private and communal spaces
- Ten to 12 residents live each home, each with a private bedroom and full bathroom
- Meals are prepared in a fully functional, open kitchen
- Dining table supports normal/social dining
- Access to outdoors is maximized

# Close-Care Accommodation in Denmark

- Group developments, consisting of 6-10 independent apartments
- Lease, entrance fee and service contract
- Right to privacy
- Adjoining service areas, garden and permanent caring support staff
- Residents continue to use their usual family doctor and manage their own household
- Autonomy through choice and personalised care

# Teaghlach Model

- The Household Model or small scale living
- A change from institutional to a person centred model
- Domestic-style units or households (6-16 residents)
- Kitchen/dining room is the central focus of the household
- Focus on autonomy, privacy and choice
- Self-directed lives of residents
- Partnership and community
- Increase in numbers of single rooms, smaller day and dining rooms, different types of communal spaces

# Conclusion

- Autonomy and choice in older age
- Importance of place and the environment
- Belonging – creating and maintaining
- Community-residential integration
- Flexible living
- Potential for very different residential experience
- Personhood and person-centred practice