RE-IMAGINING LONG-TERM RESIDENTIAL CARE
an international study of promising practices
Principal Investigator: Pat Armstrong, PhD

PURPOSE & BACKGROUND

The current emphasis on aging in place leaves out many who will continue to need and continue to provide more collective residential care. Although long-term residential care is not new, the time residents spend there has become shorter and their needs more complex. While the resident population and staff are increasingly diverse, the overwhelming majority are still women.

Beginning in 2010, this seven –year research project funded by the Social Science and Humanities research Council of Canada (SSHRC) seeks to identify promising practices in delivering, organizing, financing, and governing long-term residential care, focusing on effective and efficient means of treating both residents and employees with dignity and respect.

RESEARCH QUESTIONS

1. What approaches to and models of **care** support long-term care as a viable, desirable and equitable option for individuals, families, and carers?

2. What kinds of **work organization** and what care models are most promising in meeting the needs and balancing the rights of residents, providers, managers, families and communities?

3. What are the promising practices in approaches to **accountability** that nurture care and inspire quality workplace relations?

4. What innovative **financing and ownership** models are promising in terms of ensuring equitable access to quality long-term residential care, while reducing the off-loading of material and other costs onto workers, employers or individuals?

METHODS

The international, interdisciplinary collaborative team from Canada, the United Kingdom, the United States, Norway, Sweden and Germany includes academics and partner organizations representing senior's, workers and employers interests draws on multiple methods and disciplines to address these research questions.

The design is a comparative, multi-level, multiple case study that move individual researchers through each of the four theme areas, as set out in the accompanying diagram. Research proceeds through four overlapping "layers", each of which involves a variety of methods for sharing knowledge in and outside the team.

Mapping Long-term care: developing bibliographies and literature review; secondary analysis of administrative, financial and statistical data; discourse analyses of cultural media; and collection and analysis of historical data.

Design Phase: developing research protocols for rapid, site-switching ethnographies; ethics reviews; semi-structured key informant interviews; and pilot studies.

Field Work: conducting rapid ethnographies using a site-switching method in order to bring "fresh eyes" to the identification of promising practices.
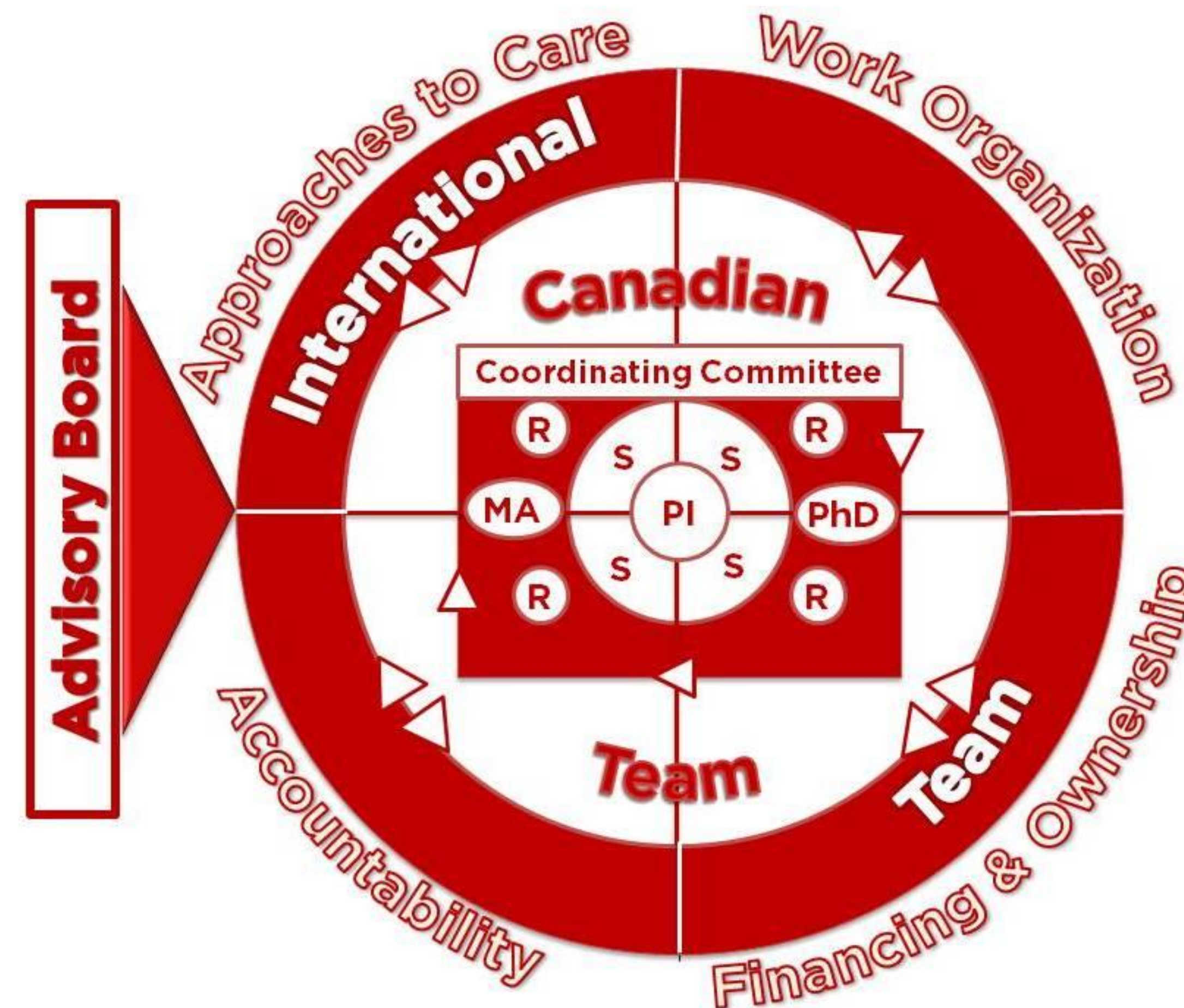
Analysis of Data and Method: a "between method" triangulation will address issues of consistency and multiple data sources, theoretical models and methods.

Knowledge Exchange and Translation will proceed throughout the project, informing project development while offering opportunities for sharing insights.

The Social Sciences and Humanities Research Council of Canada is not responsible for the contents of the research.

TEAM STRUCTURE & GOVERNANCE

DIAGRAM KEY
PI = Principal Investigator S = Stationary Team Lead R = Rotating Team Lead
PhD/MA = Student Representative

LEARNING TO DATE (OUTCOMES/IMPACT)

1. Mapping care models, work organization, financing, ownership and governance is proceeding but has been complicated by:
   a) The complex nature of long-term care within jurisdictions
   b) The lack of common language, forms, structures across jurisdictions
   c) The lack of comparable data across jurisdictions
   d) The limited research and data available

2. The importance of developing a conceptual framework that can encompass diversity while capturing common forces and processes as well as the multiple actors.

3. Ownership matters and is reflected in quality, with for-profit ownership often associated with lower quality care and less staff.

4. While physical structures look more like homes, care is more medically focused.

5. Lack of detailed data and research and the full range of people involved in care.

6. More rules and regulations do not necessarily lead to better care.

7. Tensions among international contexts and disciplinary perspectives complicate the research processes but these tensions provide impetus toward innovative ways of approaching and understanding this complex, critical topic.

IMPLICATIONS FOR POLICY, CARE DELIVERY & PRACTICE

In order to contribute to excellence in long-term care policies and practices, this research will:

1. identify promising practices in approaches to care, work organization, accountability and finance and ownership in long-term residential care that treat residents, providers and families with dignity and respect.

2. identify the contexts, regulations, funding and conditions that allow residents and providers to flourish.

3. improve understandings of the processes involved in conducting international, interdisciplinary, collaborative research.

LIMITATIONS

This project is designed to produce detailed and fine-grained case studies of promising practices in long-term residential care within an international comparative framework that takes context into account. Therefore, it will not provide a comprehensive guide to world-wide promising practices in residential care. Restricted to residential long-term care models, it does not include all types of long-term care.

YORK UNIVERSITÉ UNIVERSITY