

Our project has four layers or stages, which like our areas, overlap:

Layer 1 involves what we call “mapping.” There is no place to find an overview of approaches to care or of what happens in work organization, or of accountability mechanisms, or financing and ownership across and within countries. So our first step is to develop a picture of these areas and to find out what this means for residents and care providers. It is a big job, and one that will continue throughout the seven years of the project.

Layer 2 involves interviews with people who can help us identify promising practices and model workplaces in the various countries and provinces involved in the project.

Layer 3 involves visiting the sites and facilities we have identified to investigate what happens in these long-term care residences. What is new about this strategy is that a team from one country will do the observation in another country, allowing them to see things we do not usually see when it is familiar to us.

Layer 4 involves bringing all the pieces together to provide our promising practices in each of the four areas. We will not wait until the end to share what we learn or seek feedback from organizations, governments and communities, however. Rather, we will continually share what we find and seek advice on ways forward from the broader community.

The Team

This international interdisciplinary team is led by **Dr. Pat Armstrong** at **York University**. The team includes academics from 5 Canadian provinces, 3 American states, the U.K., Sweden, Germany and Norway. It includes people trained in sociology, medicine, social work, history, media studies, philosophy, architecture, health policy and more. It also includes graduate students who will be the next generation of long-term care researchers.

Partners in this research are representatives from workers’ unions, employer associations, and community organizations that represent older people.

Other interested people and organizations are supporting the research team by providing information and feedback, attending community consultations and sharing resources.

Contact Us

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Re-imagining Long-term Residential Care: An International Study of Promising Practices

A “society that treats its most vulnerable members with compassion is a more just and caring society for all”

– World Health Organization

The Objective

This project seeks to identify promising practices for thinking about, planning and organizing long-term residential care; the place where some of our most vulnerable citizens live.

We have decided to focus on long-term residential care for two main reasons. First, in spite of the move to encourage care at home, many people will still need to live in residential facilities. Second, such care is now seen as the last and worst resort rather than as a positive alternative for both those who need and those who provide care.

We say promising practices because there can be many ways to allow residents and care providers to flourish, to ensure people are treated with dignity and respect. Because these facilities are homes and workplaces for people from diverse backgrounds, with different skills and needs, we do not think it is either possible or desirable to look for one right way.

The Main Issues

Residential care, like health care, is complicated. In order to deal with this complexity, we have divided our project into four areas:

Approaches to Care. This part of the project looks at the way ideas about long-term care and about rights to care influence what long-term care looks like. Such ideas can be found in our history, our advertise-

ments and our films, in our policies and in the ways we treat both residents and care providers.

Work Organization. In this area, we look at who does what for whom, with what kind of training, with what recognition and what right to decide about care. What kinds of work organization and rewards are most promising in meeting the needs and balancing the rights of residents, providers, managers, families and communities?

Accountability. Ensuring that care promotes dignity and respect for both residents and care providers requires some kind of standards and some means for guaranteeing that these standards are met. We seek to identify those strategies which help promote conditions of work and care that make residential facilities a place where people want to work and to live while encouraging the best use of resources.

Financing and Ownership. Who pays for care has a profound impact on who gets what kind of care, and who owns the facility influences how work and care are organized. By exploring the different patterns and consequences of financing and ownership, we intend to identify those that meet our goals of dignity and respect for both care providers and residents. We are also seeking the most efficient ways of using public money for care.

Of course, all four areas overlap. We are separating them out as a way to start and a way to organize our work. At the same time, we are working across areas to connect them to each other. We also want to pay particular attention to the fact that the overwhelming majority of care providers and residents are women. However we recognize that the population in long-term care is changing with more men and younger residents living there, and that there is an increasing diversity in the cultural backgrounds of both residents and providers.

The Means

To reach our goal of identifying promising practices in these four areas, we have brought together a team that:

- Allows comparison across countries and within Canada
- Brings together unions, employers and community organizations as partners
- Has researchers from a wider range of backgrounds, from architects to social work, from economics to medicine, from nursing to sociology
- Will change who they work with throughout the project in order to bring fresh eyes to each area and new ways of seeing the issues.