

Sue's parents just can't handle that big house anymore. Their health is failing and she worries about them. Maybe it's time for them to move on to the next stage of life, both figuratively and literally. Winston is facing a different, but similar, dilemma. His dad has passed away, leaving his mum facing the daunting prospect of a life alone. But living independently is what she wants to do. While Winston knows that his mother may be capable of living alone, it's only natural that he is concerned and wants to do whatever he can.

Where will they live?

Making the right housing choice

With contributions from: Barbara Carter, Carol Edwards, RN and Katharine Ganwood, RN.

Sue, Winston and thousands of other Canadians each year are stuck with the prospect of helping aging parents make new housing and lifestyle choices – or even, in many cases, making those choices for them.

Here's some advice, from the pages of *Solutions*, to help you evaluate the options and make the best choice possible.

Suddenly single: When one parent is left alone

When a parent dies, it is not uncommon for the survivor to move in with one of their children – but that does not have to be the case. Your parent, though elderly, may be in good physical and mental health and able to live comfortably by themselves. There will, however, be a period of adjustment for everyone. What is really needed is a little help and support. Help in getting started and support as they adjust to their new life.

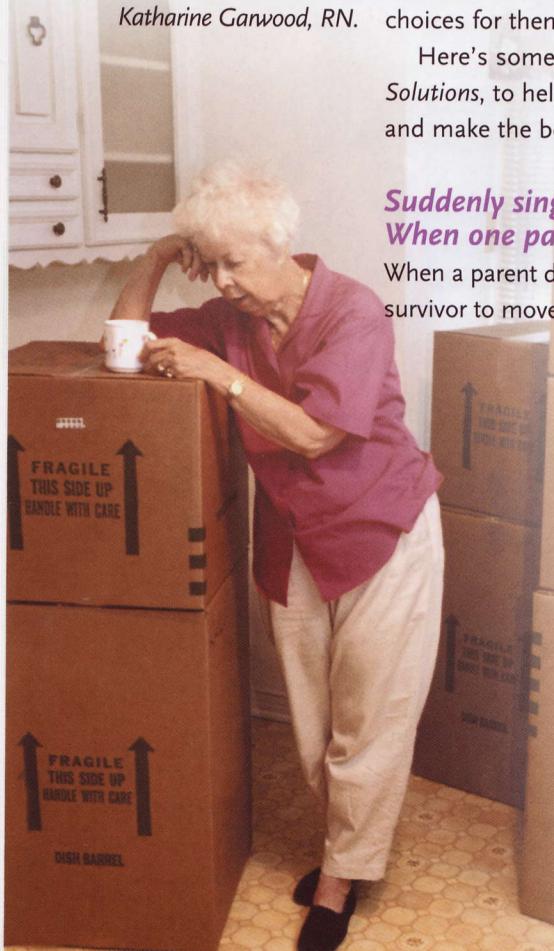
A decision will have to be made on where your now-widowed parent wants to live... if they want to stay where they are or move. Changes in living environment need to be thought

through carefully. For some people, moving to a smaller place may just add to the stress and sense of disruption. For others, staying in the home they shared with their partner or a loved one for years can be difficult and may be desperately needed. Find out what is most important to the individual (e.g., safety, convenience, proximity to friends, independence, etc.) and then take the time to explore the various options.

Moving to a smaller house or apartment: Moving to a smaller house or apartment can be more affordable, safer and can eliminate unnecessary upkeep. Moving down to a less expensive house can also provide a little extra money that can be used for various giving services, such as a weekly housekeeping service or senior-friendly home modifications.

Retirement apartment: Apartment complexes with one or two bedroom units designed for elderly exist across Canada. Some are subsidized for individuals who qualify (usually income-based). Activity and leisure programs are included and many have other useful services, such as transportation to local shopping or health professionals who visit regularly.

Retirement community: These are more comprehensive than retirement apartments, and contain a variety of housing (from apartments to townhouses). They can offer additional features such as meal or maid services. Many of these communities are designed to offer expanded levels of care. For example, as a person's needs change,



independence or becomes frail, medical or nursing assistance can be made available. These communities tend to be privately operated (although some are subsidized). Some require an upfront financial investment as well as regular fees. Many of these, especially in urban areas, have a waiting list. Both retirement apartments and communities tend to be advertised in newspapers or magazines aimed at mature adults. Churches and non-profit social agencies are also good sources of referrals, as some residences are affiliated with these organizations.

Is long-term care is the best option?

Many people have an intense, irrational fear and misunderstanding of 'old age homes', as they are frequently called. Why could this be? Perhaps years ago, Aunt Bess was put in a home 'where all the old people live'. Or maybe your parent has heard a bad third-hand story of a friend who has been placed. Or maybe the whole group living concept is one that they are just not comfortable with.

Most people call everything a nursing home – regardless of whether it is a retirement residence, special care home, group home, assisted living facility or seniors' apartment. The modern term,

which encompasses these types of institutions, is a long-term care facility.

Long-term care facilities are usually privately owned and operated but receive much of their financial assistance from the government. Assisted facilities are run under each province's Long-Term Care Ministry. They are usually restricted to individuals who are residents of the specific province and have valid provincial health insurance.

Individuals in long-term care facilities usually need 24 hour nursing or medical supervision. They are often at risk if they stay alone in their own home or apartment. Realistically, they cannot manage on their own. Alone they could be putting themselves or others at risk. Many facilities have separate programs, floors or wings for people with special needs, such as those who have had a stroke, or individuals with Alzheimer's disease.

Choices in these facilities usually include a private room, a shared (semi-private) room or a wardroom (these can go by a number of names). Wards are from four to eight beds. Ward or semi-private room accommodation is covered or subsidized through the provincial program. This accommodation includes a shared bath and toilet. If a private room is preferred and available, additional fees, paid for by the family or a third party (e.g., insurance), will be necessary.

The current, and welcome, trend is to make long-term care facilities less institutional and more home-like. For example, depending on the accommodation criteria, most facilities let the individual bring their own personal furniture and belongings to make the room more comfortable. Others use designers and other experts to create a casual home-like atmosphere. As well as medical care, long-term care services include at least three meals daily, housekeeping, bathing or other services such as physiotherapy



Staying at home: What you need to do

Identify key medical health and safety issues (preferably in consultation with a health professional).

Work through the financial costs and budget accordingly.

Provide a detailed care plan (including the potential need for professional services).

Ensure nutritional needs are being met.

Be prepared to accompany the person to doctors' visits, etc.

Assess safety needs in the home and implement any needed improvements.

Organize referrals to other health professionals (e.g., physiotherapists, dentists, etc.).

Act as a liaison to other family members who live far away.

Be prepared for crisis intervention.

Did you know?

Most long-term care facilities have Family and/or Residents Councils. These give residents and their families a chance to have a say and get involved in how the facility operates. Getting involved in these councils is a good way to ensure the quality of care and service being provided.

or speech therapy coordinated through the facility. As these facilities are government funded, they have guidelines, rules and regulations and are monitored quite closely.

Helping your parents stay at home

Joan's mother, Stella, is 80-years-old, independ-

ent, strong and stubborn. She lives in her own home on a quiet street in downtown Toronto. She drives her own car and generally looks after herself. Any hint of moving from her house evokes a determined, rigid response. "I have had a good life," Stella tells anyone who will listen. "I know I can go at any time; but, by George, you better

Which home is best? A quick comparison

	SENIORS COMMUNITIES (Retirement Residences, Seniors' Apartments Special Care Homes)	LONG-TERM CARE FACILITIES (Nursing Homes, Homes for the Aged)
CARE (support either from nursing, medical or health and personal care + grooming and mobility help, etc.)	<p>Independent – no care or support provided, or pay as you go for what you need.</p> <p>Interdependent – also known as Assisted Daily Living, Supportive Care, Residential Care, Light Care – care provided as needed.</p> <p>Dependent – also known as Heavy Care – full support and care provided on a regular basis.</p> <p>Continuum – some communities provide all levels of care and individuals can change care levels as needed.</p>	<ul style="list-style-type: none"> Usually totally Dependent, that is 24 hour nursing supervision and personal care on site.
ACCOMMODATION/ SHELTER	<ul style="list-style-type: none"> Anything from private or shared rooms, to bedsits, bachelor suites with or without kitchens, to full one and two bedroom apartments. 	<ul style="list-style-type: none"> Private or semi-private rooms. Ward rooms, usually for four people.
MEALS	<ul style="list-style-type: none"> Anything from no meals to three daily meals provided, plus snacks. 	<ul style="list-style-type: none"> Three daily meals, plus snacks.
ACTIVITIES	<ul style="list-style-type: none"> Some communities have events, volunteer run activities, recreation clubs or a hired recreation director. 	<ul style="list-style-type: none"> Activities coordinated by health care staff and full time director.
REGULATIONS	<ul style="list-style-type: none"> Usually covered under Landlord Tenant acts. Each province has its own regulations and licensing policies. No consistency. 	<ul style="list-style-type: none"> All covered under federal Long-Term Care policy. Provincially regulated for care and shelter. Must be licensed.
WHO LIVES THERE?	<ul style="list-style-type: none"> Fairly active to frailer seniors. Seniors can mean anyone 55 and over. May or may not need some daily assistance. 	<ul style="list-style-type: none"> People who are in need of 24 hour nursing supervision and support. Six to eight per cent of the population. Usually over the age of 65, but most are over 75 years.
WHY CONSIDER?	<ul style="list-style-type: none"> Home or apartment is no longer manageable. Loneliness. Safety and security. Finances. May need some or a lot of help. 	<ul style="list-style-type: none"> Unable to continue living in current home or apartment. Physical and or mental disabilities, finances. No other means of support.
OCCUPANCY/TENURE	<ul style="list-style-type: none"> Can be rental, life tenure/lease, condominium, co-operative. May or may not have financial subsidies available. 	<ul style="list-style-type: none"> Rent paid by resident/family. Rental subsidies on shared accommodation only. Care paid through provincial insurance.
PLACEMENT	<ul style="list-style-type: none"> Person applies to or purchases directly from the building owners or operating organization. 	<ul style="list-style-type: none"> Person, or their Power of Attorney, applies through provincial placement service for housing and home care. Look at health, finance and social situation.
WHAT ARE THE CHOICES?	<ul style="list-style-type: none"> There are hundreds of seniors' communities of all shapes and sizes with varying amenities. Person or family need to search and make a decision based on needs and wants. Some have waiting lists, can be several years, depending on location and services offered. 	<ul style="list-style-type: none"> There is a waiting list of LTC beds across the country. Funds have been found to build more. There is limited choice, and person will be on waiting list for his or her first pick. If person is in a crisis, he or she will be placed in the first available bed, usually within 48 hours.

accept it, the only way you're getting me out of my house is in a box."

Stella is typical of many of our parents. They value their independence and plan to be self-reliant until death.

Experts indicate that old age brings an acceptance of the final phase of the life cycle. But middle-aged children see these as years of frailty, filled with risks and challenging times for their aging parents. The contrast of these two views often fosters misunderstanding between the generations and difficulty for the son or daughter responsible for primary care giving. Joan constantly worries about her mother. Is she eating well? Is she becoming confused? Is there enough stimulation in her life? Above all, is she safe? Should she still be driving her car?

Stella's demand to stay at home seems perfectly reasonable to her...and she is not alone. However, this is often not as simple as it seems. While Stella has accepted death as a reality, she has given no thought to another potential scenario – the chance of infirmity. Realities dictate, and statistics confirm, that the older Stella gets, the more her health and ability to care for herself is going to deteriorate.

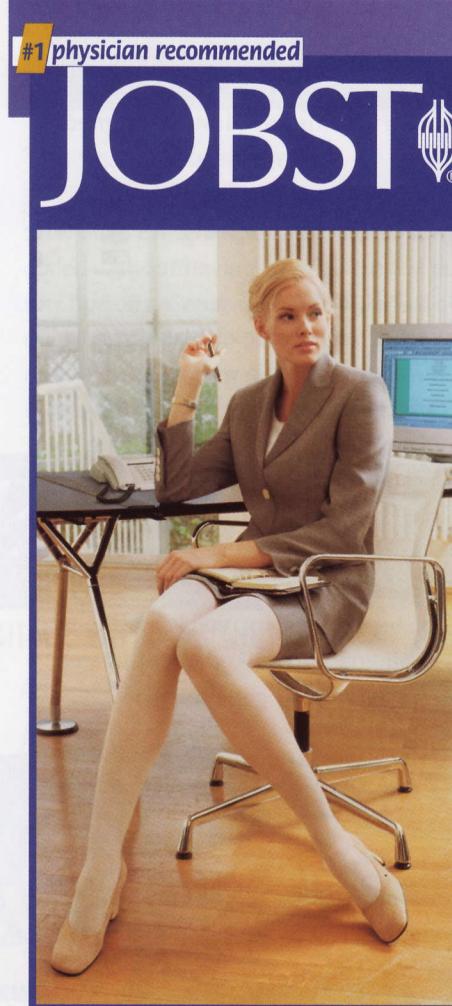
Barring any medical catastrophe, Stella may be able to stay in her house with the help and support of home care services. The not-so-good news is it can be challenging for someone like Joan, unaccustomed to the way the system works, to get the necessary services that will give Stella proper support, and Joan piece of mind. While in most localities a multitude of services are available, the challenge is to effectively navigate a way through the complex health care system.

Difficult as the task may seem, it is not impossible. You must first evaluate how important – and how realistic it is to the person to stay at home, and then once you have made the decision, the next step is to make it work. Fortunately there are alternatives that can make life much easier. For example, Joan decided to use professional help (a geriatric care manager) to set up the home care model for her mother. Geriatric case managers work with older adults and caregivers to identify risks, clarify needs and evaluate options.

Remember, that the ultimate goal is the

continued health, wellness and safety of the elderly person you are caring for. For Joan, her mother has not afforded her the option of a nursing home or long term care placement. She is faced with the choice of helping Stella live at home until the end... and she will do the best she can to respect her mother's wishes. ●

"I still have a full deck,
I just shuffle slower."
Anonymous



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