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The Small House Model to Support Older Adults in Long-Term Care

Key Messages

- Overall, no strong trend emerged from the literature about the effect of small house or homelike models of care on resident-centred outcomes compared with more traditional models of long-term care (LTC).
- It is unclear whether these facilities have achieved their purported benefits, such as improved clinical or quality-of-life outcomes. However, it was difficult to compare studies because of the lack of consistency in the reporting and measuring of outcomes and the variability among the models.
- Evidence suggests that residents are more satisfied and prefer the small house/homelike models.
- Evidence on these models of care specific to the Canadian setting is limited. Neither evidence on the cost-effectiveness or funding mechanisms for such facilities in a Canadian context nor evidence-based guidelines were identified.

Context

The LTC sector has experienced a shift in culture and priorities over the past few years, with alternative models of care (different than traditional LTC facilities) gaining interest. Alternatives to traditional LTC facilities are the small house or homelike models of care. These are broad terms describing many models of more person-centred care in settings with fewer total residents.

Canada's population is rapidly aging. In light of this demographic shift, several jurisdictions have intensified their efforts to evaluate the existing approach to LTC and identify areas for improvement. The small house/homelike models have been proposed as a potential solution to what are seen as the current pitfalls of traditional LTC facilities.

Technology

The small house and homelike models of LTC are identified internationally by several model names, including Butterfly, clustered domestic, Dementia Villages, Green Care Farm, Green House, shared housing agreement, among others. Although some differences exist between the characteristics of these models

(e.g., number of residents, degree of resident freedom, facility design), there are recurring components in each model, such as the establishment of functional units with a small group of residents, replication of familiar domestic routines, and implementation of some form of de-centralized staff.

One key philosophic difference between the small house or homelike models and traditional LTC models is the heavy focus on person-centred care, with the goal of improving quality of life for residents as well as quality of care. These models also eliminate the strict delineation and hierarchy of roles; staff at all levels are included in the decision-making process.

Issue

There is interest on behalf of Canadian decision-makers in exploring alternative models of LTC that may better meet residents' needs in terms of both quality of life and quality of care. The purpose of the Environmental Scan and Health Technology Review was to review the available literature as well as any evidence-based guidelines on small house or homelike models of care (compared with traditional LTC facilities) to help inform decisions about their potential adoption.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Results

For the Environmental Scan, a total of 643 publications were identified as potentially relevant, and ultimately 70 publications met the inclusion criteria. Among the included publications, 6 separate small house models of care were identified (Butterfly: 10 publications; clustered domestic: 4 publications; Dementia Villages: 4 publications; Green Care Farm: 5 publications; Green House: 25 publications; shared housing agreement: 3 publications). There were also 31 publications that did not report about a specific small house model, but rather referred to a generic "small home" without subscribing to a particular "brand."

For the Health Technology Review, a total of 111 publications were identified as potentially relevant, and ultimately 6 met the inclusion criteria: 2 systematic reviews and 4 non-randomized studies that considered the clinical effectiveness and safety of homelike models of care. No economic evaluations or evidence-based guidelines were identified.

Overall, no strong trend emerged from the literature about the effect of small house/homelike models of care on resident-centred outcomes compared with more traditional models of LTC. Therefore, it is difficult to know, based on the current evidence, whether these facilities have achieved the purported benefits such as improved clinical or quality of life outcomes. However, it was difficult to



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compare studies because of a lack of consistency in the reporting and measuring of outcomes and the variability among the models. Evidence suggests that residents are more satisfied and prefer the small house or homelike models.

Finally, evidence on small house models of care specific to the Canadian setting is limited. Neither evidence on the cost-effectiveness or funding mechanisms for these facilities in a Canadian context nor evidence-based guidelines were identified.



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