

part **3**

Planning Principles

CONTINUUM OF CARE

Limited Environmental Options

Unfortunately, the environmental options currently available to people with dementia and their caregivers remain far too limited. Most localities have only “home” or “institutional” options, with the result that many people with dementia find themselves in long-term care facilities prematurely. Alternatives such as day care centers or group homes are not available in many communities, and still do not meet all the needs of people with dementia or their caregivers. Because of the very limited range of available environmental options, family caregivers are often forced to choose between the overwhelming burden of caring for the person with dementia alone at home, or accepting institutionalization before this may be necessary. The problems resulting from this limited range of environmental options are represented in Figure 1.

Creating New Options

Environments for people with dementia are defined by both the physical setting and by the range of services that they offer. Different combinations of several building forms (single family home, congregate housing, group homes, nursing homes) together with a provision of various services (prepared meals, housekeeping, day care, assistance with personal care) can provide new options for people at different stages of Alzheimer’s disease (Figure 2).

This proposed residential facility for people with dementia represents one such new option along the continuum of care. Accommodating 48 residents, it is clearly larger than most group homes. At the same time, as a consequence of

division into two potentially autonomous clusters of 24 residents each, and further subdivision into 8 resident clusters, it is smaller than typical nursing units. Organization of the facility in terms of two 24 resident clusters likewise permits variations in level of service, such that some clusters might serve individuals in earlier stages of the disease, and others could serve a somewhat more impaired population.

Level
of
Service

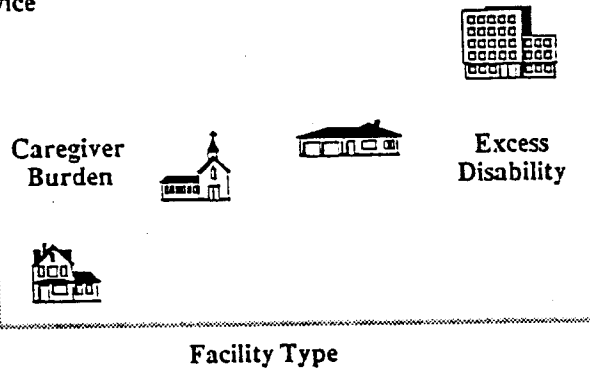


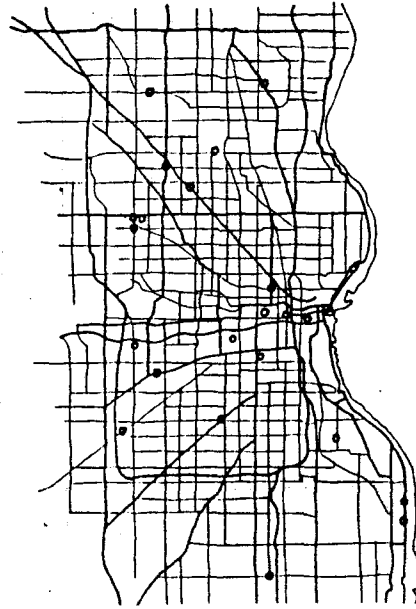
Figure 1. Two major problems are illustrated by this matrix: caregiver burden as a function of limited support services, and excess disability as a function of an environmental misfit. (Excess disability refers to the fact that many restrictive and institutional environments tend to assume total dependency on the part of people with dementia and do not, for the most part, allow for the exercise of remaining competencies) (Kahn, 1975).



Figure 2. A renovated pair of city duplexes turned into a small group home represents a new option along the continuum of care.

ORGANIZATIONAL GOALS AND LOCAL RESOURCES

It is essential to recognize that environments for people with dementia are not independent entities; rather, these exist in a larger environmental context that can provide important opportunities. Among the most important local resources are those family members and friends who may serve as informal caregivers and thus make significant contributions to the social environment of a facility for people with dementia. Decisions regarding the location of a specific facility can either strengthen or weaken such ties. Other important local resources include specialized medical facilities, parks, theaters, museums, shopping centers, and senior recreation centers. Consideration of accessible resources in the selection of a facility site can alleviate the need for the costly provision of some activities, settings, and services within the facility.



Day care and related facilities distributed across a metropolitan region may be viewed as a system of services.

SMALL GROUPS OF RESIDENTS

The transition from the small scale residential environment to a larger scale group living situation can be stressful for anyone; it is often especially so for people with dementia. New residents may be easily overwhelmed by a complex and unfamiliar environment (Peppard, 1986), and may experience confusion, frustration, and feelings of helplessness. They are often removed from their everyday social support network of family and friends, and deprived of the familiarity of their home and neighborhood.

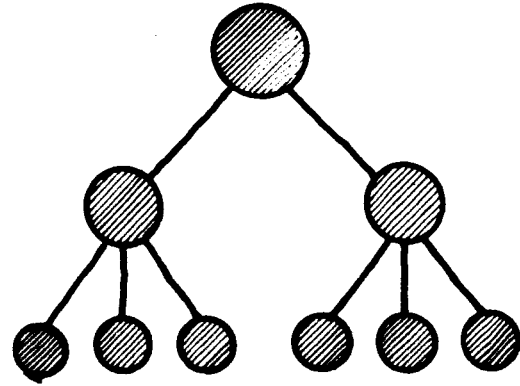
Some of these problems may be ameliorated by the creation of smaller groups of residents, on the scale of "family", rather than the "institution." Group size in institutional settings is often defined solely in terms of the number of residents under the supervision of a staff member (e.g., the number of residents in a nursing unit in a traditional long-term care facility). However, it is possible to break such functional groups down into smaller social groups, often referred to as "households," "families", or "clusters."

To emphasize this concept of social groups, activity areas are contiguous to a cluster of resident rooms. Such areas become the centers of "household" activities, with these households functioning as self-contained units accommodating common functions, such as dining. Higher staff-to-resident ratios need not necessarily result from such cluster arrangements; indeed, some authors and administrators suggest that the creation of small groups of residents intensifies and enhances resident-staff relationships and contributes to a staff perception of tasks as more manageable.

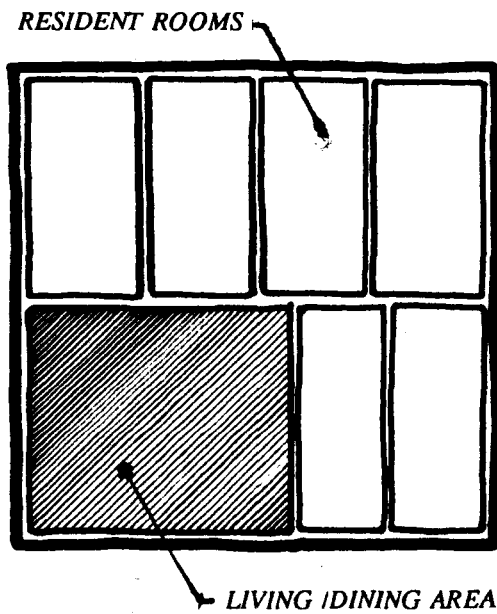
A variety of architectural strategies are employed to spatially reinforce the organization of residents into small groups. Shared spaces are created for each such grouping, including a household "dining room," "living room", and "kitchen".

See also:

- Activity Areas
- Public to Private Realms
- Shared Spaces
- Domestic Kitchens
- Intimate Dining



The facility consists of two 24 resident units, each of which is further divided into 8 resident clusters.



Each residential cluster has the potential of functioning independently, with its own living and/or dining area.

