

What Factors Contribute to Quality of Life for Young Disabled Adults Who Live in Long Term Care?



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Acknowledgements

Bethany Collegeseide: Thank you for your support and guidance during my time at Collegeseide through my transition to Red Deer College and throughout my SEARCH experience.

Val Trotter: Your commitment to the residents, staff, and families will always be an inspiration to me.

Red Deer College: Thanks to Deena Martin, Sue Townsend, and Joanne Packham for your support and enthusiasm for SEARCH. I truly appreciate your belief in this process.

Scott Oddie: Thank you, Scott, for your leadership, passion for research, and no-nonsense approach to supporting me. I was inspired by you years ago as a student, and my respect has only grown through this process.

SEARCH Faculty and Staff: Words cannot express my sense of appreciation for having been allowed this magnificent opportunity. You represent collective brilliance and have freely shared your wisdom and commitment to healthcare. I feel completely humbled to be a part of this extraordinary group. Kelly and Cindy, thanks so much for believing in me and for all that you did to smooth my employment transition.

Lyle, Jesse, Kelli, and Kayla, my family: Thanks as always for understanding and supporting my professional pursuits. All my love—always.

Executive Summary

Specialized programs that provide long term care for young adults with disabilities (YADs) are relatively new. For the purpose of this research *young adult* is defined as anyone between the ages of 18 and 64 years of age. According to Statistics Canada (2005), the number of males and females between the ages of 18 and 64 admitted to long term care has increased each year over the past five years. Fries et al. (2005) profiled the target population in the United States and concluded that approximately 10% of US nursing home residents are younger than 65 years of age. As residential care needs for YADs increase, care providers require knowledge of best practice to ensure the delivery of quality care. The purpose of this systematic review was to identify the factors that contribute to quality of life for younger people who live in nursing homes. Seventeen international research articles that directly identified quality-of-life indicators were reviewed for this report. These quality-of-life findings are discussed and then explored as a potential resource to inform future service planning and delivery.

Question

The main research question in this literature review was “What factors contribute to quality of life for young disabled adults who live in long term care?”

Purpose

The purpose of this systematic review of the literature was to determine whether there are key factors that, when they are incorporated into long term care service delivery, will enhance or improve the quality of life for young adults with disabilities (YADs).

Background

Organizational Context

The David Thompson Health Region recognized a long-standing need for services for YADs and in May 2004 partnered with Bethany Care Society to open a Young Disabled Adult Unit at Bethany Collegeseide, Red Deer. Since that time the care team has identified challenges in providing quality care to this unique population within the environment of a long term care setting in which the majority of the residents are elderly and have varying levels of dementia. According to the National MS Society, long term care staff are often ill prepared to meet the psychosocial needs of the younger person and lack support and ongoing training in meeting the psychological, social, nursing, and medication-management needs of this population. Further, the absence of empirical data and the scarcity of available programs for YADs in institutional environments means that facilities are learning through trial and error, which often results in dissatisfaction and increased depression among young adults who live in long term care (O'Reilly & Pryor, 2002).

The Researcher

I was hired in October 2005 as the program manager of the Young Adult Unit at Bethany Collegeseide. My role included the design of a service delivery model for the Young Adult Unit. In partnership with colleagues and service consumers, I designed the Whole Life Program, which was implemented in September 2006 with significantly positive results: reports of increased satisfaction, decreased behavioral incidents, increased collaboration between residents and management as well as residents and staff, and reports of residents' increased autonomy. My acceptance into SEARCH in April 2007 created an opportunity to research best practices in program and service design in an effort to guide future service delivery and decision making.

Local Project Background

I conducted an initial systematic review of the research on the question, "What is the state of the evidence on best practice service delivery models for young adults in Long Term Care?" The goal of the review was to ascertain specific service delivery models that have demonstrated efficacy. The search terms that I used included (a) *young adult, young disabled, disabled adult, non-elderly, and young disabled adult*; (b) *long term care, continuing care, nursing home, residential care homes, and institutional care*; and (c) *service delivery models, care plans, and models of care*. A thorough search of the literature yielded negligible results. The literature has identified very few service delivery models for either health or social services (King, Tucker, Baldwin, & LaPorta, 2006). I contacted the University of Calgary library research team, who confirmed the preliminary results. In discussions with the SEARCH faculty, I revised the research question to focus on quality-of-life indicators for the community of interest. Consequently, the following systematic review addresses the question, "What factors contribute to quality of life for young disabled adults who live in long term care?"

Literature Identification and Selection

Search Strategy

Between June 2007 and March 2008, I conducted a systematic review of the evidence. Preliminary searches of published literature databases such as the Cochrane Library, National Guideline Clearinghouse, ABI Inform, Pub Med, and CINAHL yielded negligible results. This is not surprising because of the qualitative nature of the search question. The lack of empirical data within the published literature required a change to the search strategy. Articles and studies on quality of life in nursing homes were fairly common; however, few articles focused on the 18- to 64-year-old population. The age criteria limited the search results. I also conducted separate searches using specific diagnoses as a patient population limiter: multiple sclerosis, acquired brain injury, spinal cord injury, cerebral palsy, and chronic illness. These searches resulted in several additional quality-of-life sources from advocacy groups, but they did not specifically address long term care. I discuss the most significant, relevant, and current study that addressed all exclusion and inclusion criteria below.

A search of the grey literature through search engines such as Google Scholar, Google Canada, and Ask.com located 58 articles. I located a total of 72 articles over the eight-month review and applied the inclusion and exclusion criteria to the abstracts of these 72 articles and excluded 38. I again applied the selection criteria to the complete reports of the remaining 34 articles, which resulted in a total of 17 articles that were applicable to the purpose of this study.

Search Terms

I searched MeSH terms related to those in the research question. They include the key words identified in Table 1.

Table 1

Key Search Terms

Patient population	Topic	Provider
Young adult	Quality of life	Continuing care
Young disabled adult	Quality indicators	Long term care
Physically disabled adults	Value of life	Nursing homes
Adults	Residential care	
Non-elderly	Institutional care	
Persons with disabilities		

Key Informants

The most significant literature that addressed the target population, long term care environment as well as the disability type originated in Australia. Peter Batani, Branch Manager of the Disability Services Commission in Australia, provided an update of initiatives. In February 2006 the Council of Australian Governments funded a \$244 million five-year program to focus on the health and wellness of younger people in residential care. The purpose of the study was to identify the support needs, preferences, and guidelines for future decision making. He forwarded a preliminary report by Dianne Winkler, lead researcher, for consideration. The report paints a clear picture of the characteristics and impoverished lives of younger people who live in residential aged care (RAC) and identifies a range of pragmatic solutions to prevent future admissions to RAC and enable people with disabilities and complex care needs to actively participate in the community and pursue a lifestyle of choice. The Department of Human Services Australia will use this report to inform service planning and development.

Selection

Inclusion Criteria

The absence of empirical data broadened the scope of the inclusion criteria for this review. It was not possible to filter specific types of studies because there were very few from which to choose. Consequently, the criteria requirements included the age of the participants, their residential domain, and the type of disability.

Age of the participants. From the research and my personal experience I have clearly identified that “a higher skill level of staff are necessary to meet the care requirements of the more complex medical conditions and behavior symptoms of the young adult population in long term care (Edney, Mallia, & Farrell-Renwick, 2002, p.8). Though there is a wealth of research that addresses the care and quality-of-life indicators for other populations—geriatrics, pediatrics, mentally disabled—few address the unique needs of the young disabled population. Consequently, I chose to include only data that focused on the 19- to 64-year age group who require long term care.

Residential domain. Providing services to the long term care population of younger adults involves multiple challenges. Nursing homes have historically supported the elderly in the end stages of life (ACTNOW.com.au, 2006). Empirical data on quality of life within the community for young disabled adults is significantly different from those within a residential care setting (Hulsman & Chubon, 1989), and I included only studies, articles, and data that focused on nursing home care.

Type of disability. Traditional diagnoses for young adults who live in long term care include acquired brain injury, multiple sclerosis, spinal cord injury, other neurological conditions, and cerebral palsy (Winkler, Sloan, & Callaway, 2007). A number of studies and

models of care address the needs of the mentally handicapped, pediatric, and geriatric populations, and although these studies offer helpful learning, they are not characteristic of the unique needs of the young disabled population. Consequently, I included only studies and articles that discussed individuals with traditional long term care diagnoses.

Exclusion Criteria

Because of the specificity of the inclusion criteria and the scarcity of evidence in the literature on this population, there was no need for extensive exclusion criteria. I excluded articles that were not written in English.

Data Extraction and Summary

I deleted articles that did not meet the inclusion criteria and analyzed the remaining studies according to similarities, differences, results, and applicability. The resulting analysis is shown in Table 2.

Table 2

Analysis of Included Studies

Article	Objectives	Summary of findings
1. Gutman, G. M., & Killam, J. (1989). <i>Environmental design, staffing, and programming needs of younger adults in long term care facilities: Residents' and staff's perceptions</i> . Burnaby, BC: Simon Fraser University, Gerontology Research Center.	Focused on younger adults who reside in LTC. Interviews were conducted with young residents, administrators, and staff to seek their views on separate facilities for younger adults and to gather opinions on the environmental design, programming, and staffing needs for this client group.	All three study groups identified numerous advantages and some disadvantages to separate facilities to provide care for young adults. Young adults felt that they would have access to people their own age, specialized staff, and more mental stimulation. Staff would have the opportunity to specialize and work with more stimulating disabilities. Families would have peace of mind from knowing that their loved ones were getting good care and had someone to talk to.

Article	Objectives	Summary of findings
2. McMillan, T., & Laurie, M. (2004). Young adults with acquired brain injury in nursing homes in Glasgow. <i>Clinical Rehabilitation, 18</i> , 132-138.	To survey the characteristics, level of disability, and services that young adults with acquired brain injury received in nursing homes in Greater Glasgow.	This study found that if young brain-injured people continue to be placed in nursing homes, developing ‘specialist’ nursing homes that offer regular rehabilitation and mental health support will enhance their quality of life.
<i>(table continues)</i>		
3. O’Reilly, K., & Pryor, J. (2002). Young people with brain injury in nursing homes: Not the best option. <i>Australian Health Review, 25</i> (3), 46-51.	Literature review and clinical experience report	To complete the specialized continuum of care that young disabled adults require, accommodation that meets individual needs must be provided based on a rehabilitation philosophy that includes ongoing access to therapy, community integration, age-appropriate activities and social contact, and a homelike environment.
4. ACTNOW.com.au. (2006). <i>Young people in nursing homes</i> . Retrieved August 12, 2007, from http://www.actnow.com.au/Issues/Young_people_in_nursing_homes.aspx	Human interest article to educate people on the lives of young adults living in nursing homes.	Aged-care homes are designed to manage the end stages of life and not the living life. The culture is very different from that needed for successful rehabilitation. Young people in nursing homes suffer from social isolation, and they offer limited opportunities for young people to participate in the community.
5. Parke, B. (1997). The young adult as a nursing home client: The challenge of Karl’s legacy. <i>Canadian Nursing Home, 8</i> (1), 27-28.	LTC facilities are being challenged to play a leading role in responding to the special care needs of young adults who have exhausted community supports and who are now finding themselves living—and dying—in nursing homes. This article discussed one young man’s struggle with nursing home living.	Karl’s experience: Housing choices for young disabled adults are extremely limited. Karl felt that his living was finished and that he was there to begin dying. He felt isolated socially and emotionally. He had no privacy and no opportunity to participate in any activities that were of interest to him. All activities were geared to the senior population.
6. Fries, B., Wodchis, W., Blaum, C., Buttar, A., Drabek, J., & Morris, N. (2005). A national study shows that diagnoses varied by age group in nursing home residents under age 65. <i>Journal of Clinical Epidemiology, 58</i> (2), 198-205.	Those aged <65 in nursing homes are substantially different from elderly residents. This study gathered data from MDs to describe these relatively rare residents.	Non-elderly nursing home residents constitute slightly less than 10% of the nursing home population and are clinically distinct from elderly nursing home residents. Pediatric and young-adult populations are characterized by conditions that arise from congenital/perinatal problems and potentially unspecified traumas. Chronic diseases typical of elderly nursing home residents are increasingly common in the middle-aged adult population.
<i>(table continues)</i>		

Article	Objectives	Summary of findings
<p>7. Farnworth, L., Winkler, D., & Sloan, S. (2006). People under 60 living in aged care facilities in Victoria. <i>Australian Health Review</i>, 30(1), 100-108.</p>	<p>To describe the characteristics of people under 60 years of age who live in RAC in Victoria and to examine the occupational participation of younger residents in aged-care facilities by measuring their social contact, participation in recreation, and community access.</p>	<p>Over one third of younger people in aged care are effectively excluded from life in our community. Most younger residents are socially isolated and have limited opportunities for recreation. Their placement in aged care facilities is inappropriate, and alternative care models and settings are required. "Social contact and community participation are basic expectations for most people; young people in high level care are effectively excluded from life in the community" (107).</p>
<p>8. Schafer, P., & Middleton, J. (2001). Examining Peplau's pattern integrations in long term care. <i>Rehabilitation Nursing</i>, 26(5), 192-197.</p>	<p>This article illustrates how applying Peplau's concept of need-pattern integrations in the LTC setting has the potential to enhance understanding and subsequently guide interactions between younger residents and caregivers.</p>	<p>The relationships between caregivers and residents in LTC facilities may develop into relationships that are more typically familial than professional. With these family-like relationships, the interpersonal pattern interactions may be healthy or unhealthy and may create opportunities for growth or pathology-producing patterns. The personal and professional resources of caregivers may effectively be increased by providing specialized training in communications and pattern interactions.</p>
<p>9. Edney, J., Mallia, V., & Farrell-Renwick, C. (2002). The challenges in establishing and maintaining a young adult unit. <i>Canadian Nursing Home</i>, 13(2), 4-10.</p>	<p>This article reports one facility's struggle with providing services to the young adult population in LTC.</p>	<p>This young adult unit has identified several requirements to meet residents' needs. Because of problem behavior, it is necessary that residents have private rooms. The environment should allow them to make decisions and exercise personal choice. Age-appropriate programs should be provided with a focus on community inclusion. Staff require specialized training to be able to meet the behavioral needs of the young adult community in LTC. Finally, to maintain as much functional independence as possible, it is important to offer additional rehabilitation services.</p>

(table continues)

Article	Objectives	Summary of findings
<p>10. Buchanan, R., & Lewis, K. (1997). Services that nursing home facilities should provide young residents with MS. <i>Rehabilitation Nursing, 22</i>(2), 67-72.</p>	<p>The Young Adult Residential Housing Committee of the Long Island Chapter of the National MS Society made recommendations for nursing home facilities for people with MS.</p>	<p>The National MS Society compiled a resource paper to identify services required for residents in LTC. Facilities must promote self-determination and choice. Residents must be included in their communities. Staff require specialized training to meet the unique needs of the residents. Residents require recreational, physical therapy, and occupational therapy services to maintain optimal functioning and enhance well-being.</p>
<p>11. Bent, N., Jones, A., & Molloy, I. (2001). Factors determining participation in young adults with a physical disability: A pilot study. <i>Clinical Rehabilitation, 15</i>(5), 552-561.</p>	<p>To evaluate in a pilot study the usefulness of measures of health and psychosocial status for use with young people with physical and complex disabilities; also to test empirically a conceptual model of the factors that determine key outcomes for young disabled adults; in particular, participation.</p>	<p>This study found that health status and psychosocial factors have an impact on the participation level of young people. Young disabled people felt socially isolated .</p>
<p>12. Bakkenist, K. (1999). Residential rehab for the disabled young. <i>Medquest Communications, 48</i>(3), 3.</p>	<p>Article from a residential rehab center—Courage Residence—which provides services to the young adult population.</p>	<p>The article lists the following as factors that nursing homes must consider in adding services for the disabled young. Residents are expected to drive the process by leading the planning of their own rehabilitation. Emphasis on comprehensive rehabilitation; mental health services, vocational services, daily-living training, and other services.</p>
<p>13. Hulsman, B., & Chubon, S. (1989). A comparison of disabled adults' perceived quality of life in nursing facility and home settings. <i>Public Health Nursing, 6</i>(3), 141-146.</p>	<p>Explorative study that compared the quality of life of 20 clients in a community LTC program with that of 20 persons who required comparable levels of care but resided in a nursing home.</p>	<p>This study found that verbal, oriented nursing home residents may rate themselves more favorably than do their peers with dementia, whereas when community residents compare themselves with healthy adults, they rate their quality of life lower. The question of whether disabled adults' quality of life is better at home or in a nursing home remains unanswered. Further study of quality of life of chronically ill and disabled adults who are receiving care in different environments is needed.</p>

(table continues)

Article	Objectives	Summary of findings
14. Duggan, C., Lysack, C., Kijkers, M., & Jeji, T. (2002). Daily life in a nursing home: Impact on quality of life after a spinal cord injury. <i>Topics in Spinal Cord Injury Rehabilitation</i> , 7(3), 112-131.	Case-study data in a longitudinal investigation. The findings pertain to six SCI participants followed for 30 months from time of injury through inpatient rehabilitation through to nursing home admission. Interviews conducted at the beginning and end of rehabilitation stay as well as 6, 12, and 20 months postinjury (after admission to LTC).	This study found a lack of physical and occupation therapy services in LTC, which results in a loss of functional abilities. The participants also reported that a lack of skilled professional staff.
15. Mazaux, J.M., (2002). Satisfaction of life and late psychosocial outcome after severe brain injury: A nine-year follow-up study in Aquitaine. <i>ACTA Neurochirurgica: Supplementum</i> , 79(49), 49-51	A study to assess the late psychosocial outcome of patients hospitalized for rehabilitation 7 – 10 years after their injury and to ask for their satisfaction of life.	Cognitive rehabilitation and social education are priority issues in order to improve late outcome of TBI patients.
16. Lewis, K.P. (1991). Untraditional facilities extend care to young residents. <i>Provider</i> , 17(8), 57	Article discussing specialty facilities in Pennsylvania and the unique services they provide to young adults in long term care.	Program and service flexibility is essential to effectively meet the singular needs and complex challenges presented by young disabled persons living in nursing homes.
17. Winkler, D., Sloan, S., & Callaway, L. (2007). Younger people in RAC: Support needs, preferences, and future directions. Melbourne, Australia: Summer Foundation.	This report paints a clear picture of the characteristics and impoverished lives of younger people who live in RAC and identifies a range of pragmatic solutions to prevent future admissions to RAC and enable people with disabilities and complex care needs to actively participate in the community and pursue a lifestyle of choice. The Department of Human Services will use this report to inform service planning and development.	This report identifies the characteristics and current situations of young adults who reside in RAC in Australia. It summarizes the accommodation and care needs that must be met to provide a good quality of life. Finally, the report identifies suggested opportunities to improve quality of life for young adults in LTC.

Findings and Analysis

I assessed 17 articles, highlighted the primary results or key themes, and then contrasted them. From the analysis, eight key factors or themes emerged that enhance quality of life for young adults in long term care. The literature implied that younger adults who live in a long term

care environment often struggle with increased depression and dissatisfaction. Incorporating these key factors into service delivery may enhance their quality of life.

Community Inclusion

Young adults who live in long term care are likely to benefit by remaining connected to their community and having the opportunity to participate in community social and recreational experiences. Skilled input is required to assist and support people in finding meaningful roles and activities in their community. Financial and environmental access is needed to promote inclusion (Winkler et al., 2007). Farnsworth et al. (2006) stated that triggers to challenging behavior such as boredom, loneliness, and disempowerment may be consequences of limited opportunity to participate in the community or engage in meaningful experiences.

Age-Appropriate Recreational/Leisure Programs

Younger adults in care benefit from age-appropriate recreational opportunities to enhance their emotional well-being. Age-appropriate programs that are structured, yet flexible and supportive of the needs and wishes of the residents should be provided in long term care (Edney, et al., 2002). Winkler et al. (2006) suggested that recreation support and adaptive recreation equipment help people to develop and pursue interests both at home and in their local community.

Social Contact

The literature suggested that interventions to support continued engagement of friends and families enhance YADs' quality of life. Social support and inclusion plays a significant role in coping and adapting for individuals in long term care (O'Reilly & Pryor, 2002). Kaplan (1991) concluded in a study of the social support and family cohesion of 25 young disabled adults and their families that "the less actual and perceived social support made available to

young disabled adults, the more likely the incidence of client emotional problems and rehabilitation failure” (p. 78). Winkler et al. (2006) declare that” although social contact and community participation are basic expectations for most people, young people in high level care are effectively excluded from life in the community” (p. 8).

Mental Health Support

The need for a multidisciplinary approach to developing behavioral strategies to address mental health and, specifically, challenging behavioral issues is critically important for the target population. The literature supported comprehensive training to equip staff with the necessary skills to provide quality, consistent care to the young adult population. According to Winkler et al.’s (2006) survey of younger people who were living in LTC, 78% of the participants displayed challenging behaviors, with lack of initiation and verbal aggression being the most common. Specialist expertise is required for the development of individualized strategies to manage challenging behaviors (Winkler et al., 2006).

Enhanced Rehabilitation

Enhanced physical and occupational therapy are essential for optimal functioning, independence, comfort, and health. Investment in rehabilitation would reduce costs significantly for long term care by decreasing dependence and improving quality of life (McMillan & Laurie, 2004). Evidence shows that a lack of physical and occupational therapy results in rapid functional loss and increased care needs (Duggan et al., 2002). Duggan discovered that for individuals who transitioned to long term care from a specialized rehabilitation environment, their functional gains during rehabilitation were quickly lost upon admission to long term care.

Family Collaboration and Inclusion

Several of the studies that I reviewed supported the expansion of existing family counseling services and the development of strategies to further engage families in the care process. Edney et al. (2002) noted that a number of residents on their young adult unit were estranged from their families because of various problem behaviors. These younger residents tended to feel isolated, bored, and lonely and sought attention more often than did residents who had involved and responsive families. Consequently, involving family members who are willing and ensuring that there is effective dialogue are of benefit not only to the residents, but also to the care team.

Specialized Staff Training

The literature encouraged comprehensive training for disability support workers to help them to understand behavior management and manage the complex social and behavioral issues of this population. Fries et al. (2005) found that non-elderly (<65 years of age) nursing home residents are clinically distinct from elderly residents. Care models need to address the many complex care and clinical issues of this group, such as challenging behavior, pressure-sore management, and PEG tube feeding (Farnworth et al., 2006). According to Edney et al. (2002), it is vital to any facility that the complement of staff reflects the needs and care requirements of the residents. In Dr. Edney's experience, a higher skill level of staff is critical to meet the care requirements of the more complex medical conditions and behavioral symptoms with which this population presents.

Self-Determination

Facilities that offer services that foster self-determination and choice benefit YADs. Residents should be encouraged to participate in the governance of the facility and to take an

active role in defining their life (Edney et al., 2002). The concept of residents' control over their lives is central to the success of any residential placement that provides services to the young adult population (Gutman & Killam, 1989). Residents should be encouraged, supported, and assisted in achieving their highest level of functioning and independence, and all facilities should foster self-determination and self-expression (Buchanan & Lewis, 1997).

These findings are significant for decision makers, the young adult population, their families, and the workforce in the long term care environment. The evidence reveals key factors/themes that, if present, will enhance the quality of life for younger disabled adults who live in long term care.

Discussion and Local Application of Findings

There is a lack of empirical data and scarcity of available programs for YADs in institutional environments (O'Reilly & Pryor, 2002). Consequently, facilities that offer services to this unique and challenging population lack research to identify and recommend best practices with regard to service delivery.

This literature review suggests that incorporating key factors into service delivery will improve quality of life for the young adult population in long term care. Because young adults who live in long term care have unique needs from those of the elderly, several recommendations emerged from the research to meet these needs.

The young adult population in long term care is enormously diverse financially, culturally, mentally, and socially. Services designed to be highly individualized and tailored to manage this diverse population will result in higher satisfaction for residents, staff, and families. Financial disparity for YADs is tragic. Some individuals have insurance that allows them to

purchase excellent equipment and have access to significant sums of money. Others within the same unit are funded by Assured Income for the Severely Handicapped, which covers the residential costs and very little else. Consequently, some YADs have much greater access to transportation and social opportunities; many have none at all. Research has shown that YADs need to remain linked to their community and supported to be able to participate in community opportunities. An increase in funding for aids and equipment and expansion of the eligibility criteria to include YADs will ensure universal access to and inclusion in their community.

Within long term care facilities, younger residents benefit from recreation and leisure experiences that are appropriate for their age and individual interests. Again, limited financial resources for some YADs are a barrier to participation. Recreation support and adaptive recreation equipment are required to assist people in developing and pursuing interests in both the facility and their local community.

Young adults in care need to be supported to maintain their social relationships. As the research showed, emotional and behavioral challenges increase if residents are isolated and lonely and lack meaningful social opportunities. Some recommendations are as follows:

- (a) Ensure that the individual is placed as close to family and friends as possible;
- (b) ensure that the facility is within walking/wheelchair distance of an accessible café or community facility;
- (c) provide paid supports, accessible transportation, and mobility equipment to facilitate social contact; and
- (d) provide private spaces for visits by friends and family.

Additionally, the development of a positive staff-resident culture is recommended to create an environment for appropriate social communication and valued relationships. Several of the studies supported the expansion of existing family counseling services and the development of strategies to further engage families in the care process.

The research suggested that a multidisciplinary approach to developing behavioral strategies to address mental health and, specifically, challenging behavioral issues is critically important for the target population. This includes comprehensive training on the principles of behavior management and mental health education for all members of the care team.

Investment in rehabilitation—in particular, physical therapy—would reduce costs significantly for long term care by decreasing dependence and improving quality of life. Finally, residents should be encouraged, supported, and assisted in achieving their highest level of functioning and independence, and all facilities should foster self-determination and self-expression.

The service delivery model developed for the Young Adult Unit at Bethany Collegeseide (Figure 1) addresses several of the key factors identified in the evidence. However, additional factors could be addressed to further improve the lives of the residents and the work lives of the staff. According to the evidence, enhancing rehabilitation services, providing additional mental health support and behavioral management strategies, and incorporating comprehensive training for the direct care staff would significantly enhance quality of life and quality of care. Based on the results of this research, Bethany Collegeseide appears to have an effective and innovative service delivery model that could be shared provincially, nationally, and internationally to educate service providers and decision makers.

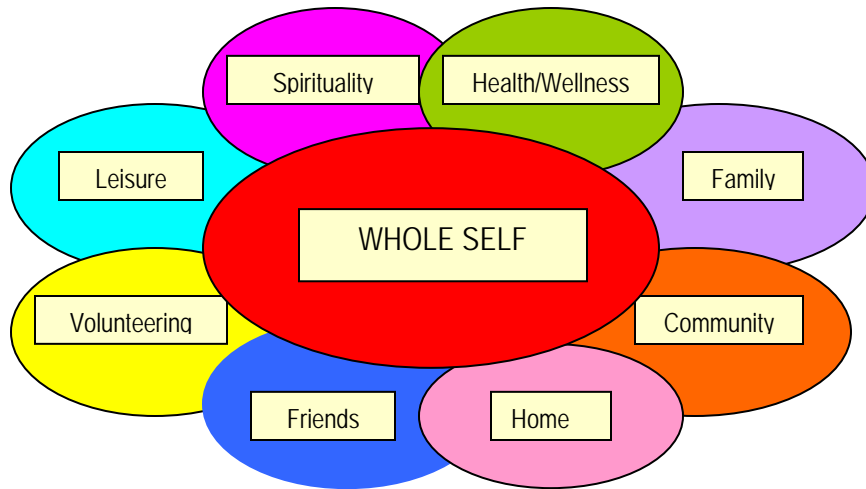


Figure 1. Service delivery model for the Young Adult Unit at Bethany Collegeseide.

According to Statistics Canada (2005), the number of young adults who require long term care support continues to rise, and there is no evidence of decline. In a time of global staffing challenges, the recruitment and retention of trained staff within the long term care environment seem daunting. Young adult units are difficult to staff, partly because of the complex care needs and challenging behaviors of the residents. The research recommended that staff who provide care and services to the young adult population be equipped with specialized skills and knowledge to meet the residents' needs. This current report identifies a range of factors that, if incorporated into service delivery, may improve the health and well-being of younger adults in long term care. This will make a real difference in the lives of a group of people who have been marginalized in society.

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