

Public Abstract

First Name:Emily

Middle Name:

Last Name:Roberts

Adviser's First Name:Benyamin

Adviser's Last Name:Schwarz

Co-Adviser's First Name:

Co-Adviser's Last Name:

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In May 2006, the Province of Nova Scotia, Canada announced a Continuing Care Strategy (CCS) in which issues of home care and long term care were addressed. The strategy is a 10-year plan to enhance and expand Nova Scotia's continuing care system. The CCS covers issues which include home health care, adult day support, respite care, improved access to services, as well as funds to build 1320 new long term care (LTC) beds. As a result of the CCS, the Provincial government has built 11 new LTC facilities to support the vision of "living well in a place you can call home" (CCS, 2006). A key feature within the guidelines is that all of the new LTC facilities be built in the model of the small house (SH) community, with multiple households (cottages) of 12-15 residents each. Each cottage is required to have a living room, dining room, residentially scaled kitchen, and private bedrooms. In addition, implementation of person centered care in which residents are given choices in the daily activities is an operational requirement in the new facilities. In order to gain a better understanding of the implications of a LTC system where resident choice and empowerment are provided for and regulated by legislated policy, a qualitative case study was conducted in early 2012 in two LTC facilities in Nova Scotia. The first facility was designed and built prior to the 2006 CCS regulations (n=48). The second facility opened in 2009 as one of the first in the Province to be built to the new guidelines (n=49). Observations took place for eight weeks at both facilities and interviews were conducted with residents, family members, staff, providers, and legislators. Through place theory and an ecological theoretical framework, key themes emerged relating to the philosophy behind the SH model of care which include the need for shared goals, expectations and consistency in leadership; front-line staff empowerment through the strength of teamwork; and the balance of choice, risk and autonomy for residents in the setting. The physical environment had a direct impact on the social environment in the communities and while the actuality of "home" was a very personal distinction based on the history and past preferences of each individual, the shared themes between the two study communities were related to the core elements of LTC: the need for and the provision of care.