



April 2016

THE 2030 RESIDENTIAL AND CARE MODEL OF CURAVIVA SWITZERLAND

THE FUTURE OF CARE FOR THE ELDERLY

1. Introduction

The development of care for the elderly to date

The hitherto development of elderly care institutions can be simplified and divided into five typologies¹:

- **Typology 1** (1900 to 1950/60):
"Verwahranstalten" or holding institutions in which older, mostly lonely and poorer people ("occupants") were provided for in shared rooms (up to 8 beds in a dormitory).
- **Typology 2** (until approx. 1980):
Institutions become more hospital like; the "occupant" became a "patient" who needed to be healed and cared for. Any shortcomings in health, which needed to be treated, became the prime focus of attention.
- **Typology 3** (since approx. 1980):
In terms of their design, these institutions are based around the 'living area' concept. The focus of care and support concepts is the competency model (strengthening of existing resources and skills). The "living" becomes just as important as the "care" aspect.
- **Typology 4** (since approx. 1995):
Residential community model with its own front door; all residents have their own private room; a large open-plan kitchen/dining area is paramount. Here the "normality of everyday life" takes precedence in how residents live and how the community is managed. The focus here is on assistance and support. The care services are "bought in" (in-house or external spitex). The central element in this development is an increase in, or the recognition of **individuality**², **autonomy**³ and the **self-determination**⁴ of elderly people who are reliant on care.

¹ This typology has been drawn up by the Kuratorium Deutsche Altershilfe (Curatorship of German Aged Help) in Cologne (www.kda.de).

² **Individuality**: the sum of the characteristics, traits that constitute the particularity of a human being; Personality in its distinctiveness

³ **Autonomy**: self-reliance, personal responsibility, emancipation, liberty, independence, self-administration, sovereignty, freedom

⁴ **Self-determination**: devoid of external determination (social constraints, patronising behaviour by the medical professions, institutional dictats)

– **Typology 5** (since approx. 2000):

Autonomy, self-determination and the normality of everyday life are maximised here, despite the need for nursing and support care. The quality of life for individuals in their familiar home or in their new, chosen residential setting is what counts the most.

This fifth generation of care for the elderly is based on four pillars:

- **Living in privacy:** People live in their own home (various sizes), with support as needed and personally desired (à-la-carte service). The required care services are sourced "externally" (in-house or external spitex).
- **Life with one's customary standard of living:** Elderly people in need of care will wish to retain their customary standard of living if at all possible.
- **Living within a community:** To complement "living in privacy", scope and options will exist for life within a community (shared lounge areas and activities), that serve to satisfy various needs.
- **Living in public:** The institution is part of the local neighbourhood community, and vice versa. Social interaction is assured. Emphasis is placed on the residential area/neighbourhood as the space in which to live (the neighbourhood comes into the residential building - the res. building goes into the neighbourhood).

The future development of care for the elderly

Due to the aging population, the number of people requiring care will increase by 45 percent by 2030. Today's improved ambulatory medical care means that people who are elderly or in need of care will enter a care institution increasingly later in life. It means that they will be older on admission, but also with an accordingly greater need for care. This trend will continue to increase in future, also meaning that the level of care delivered by care institutions will rise. In the near future the baby-boomer generation will also reach old age – and will ultimately need care. This generation would like to be able to continue their independent lifestyle for as long as possible, in spite of a need for care. Current residents are already demanding more services and choices from a single provider. How should care institutions adapt in order to be able to cope with the increasing number of people requiring care and the needs of the baby-boomer generation?

The residents and their families are now already becoming involved in decision making to a far greater extent than was the case in the past. People in need of care are no longer receiving this in hospital-like establishments, but can choose between a wide range of different residential and care options: assisted living, residential communities, household communities, residential care in residential care groups etc. A centre that provides everything older people need, and where there is an outreaching coexistence of community-based and residential care. Assisted residential arrangements are increasingly doing away with the separation between community-based and residential care. As a result, an ever increasing number of providers from the community-based and residential sector will come together to form various alliances. Integrated care is taken to mean associations between care institutions, spitex (home-care organisations), sheltered housing with services, etc. that seek to uphold a holistic service concept and purposefully make use of synergies.

Healthcare in Switzerland is therefore changing. Profound changes also call for new problem-solving approaches.

2. The 2030 Residential and Care Model of CURAVIVA Switzerland

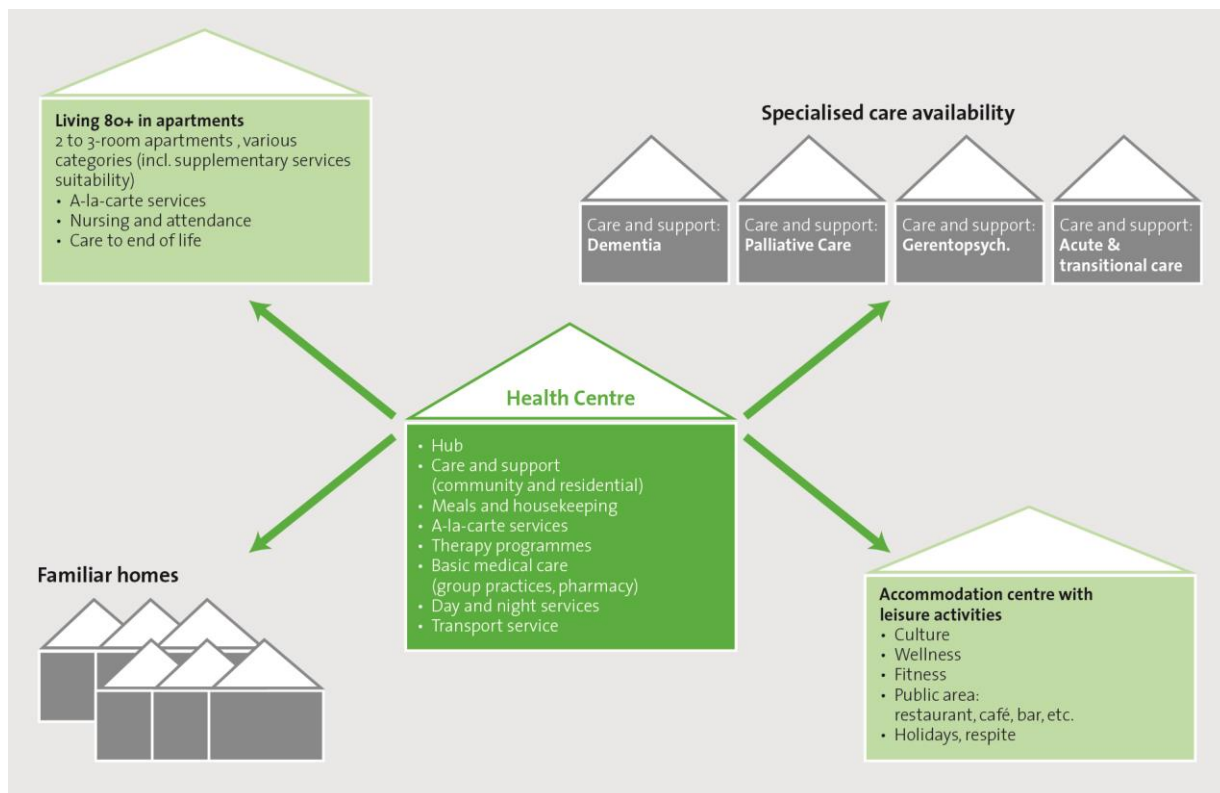
Against this background and in view of the demographic development (i.e. the baby-boomer generation) and the associated cost development, CURAVIVA Switzerland is presenting its 2030 Residential and Care Model for Elderly People (80+) by way of a forward-looking vision for discussion.

In this 2030 Residential and Care Model, aged care institutions no longer regard themselves primarily as a "large building", but as a service provider that enables elderly people who are reliant on care to continue to live independently in their preferred home environment. It is no longer essential for the infrastructure to be centralised and large, but instead small and decentralised (based on a social space concept). In such a model, collaboration with primary healthcare professionals (the "Health Centre" in the presented model on page 4) and with the local community will become more important than ever before. It is the community and neighbourhood that is becoming more important. Today's discussion of "community-based care takes precedence over residential care" is being held in an overly one-sided manner; the emphasis seems to be placed repeatedly on the resident's actual bricks and mortar home, with insufficient consideration for the residential environment. What good is the most beautiful home to elderly people if the residential setting is unattractive or its design is insufficiently elderly or care-friendly? The gerontological concept of the "person-environment fit" has long called for the care and support environment to adapt to the elderly – not vice versa – especially in higher age groups. Although it will still continue to need specialised care services for dementia, palliative care, geriatric psychiatry, etc., the model developed by CURAVIVA Switzerland now deliberately places the previous social setting and living space of elderly people much more to the forefront. It is the intention that elderly people should continue to live a "full life" with their entire social network and be able to draw on the necessary services as and when required. Such a model is intended to satisfy even more directly the increasingly vociferous calls for self-determination and autonomy of elderly people.

In future the tasks of elderly care institutions will consequently become more comprehensive and comprise the following key areas:

- Care, support and domestic services in clients' familiar homes
- Care, support and domestic services in apartments designed for elderly people
- Specialist care and support services (e.g. dementia, palliative care, geriatric psychiatry, etc.)
- The traditional care institution will become a health and community centre in the familiar living place of the elderly person.

The following graphic depicts the elements and range of services that comprise the 2030 Residential and Care Model:



The 2030 Residential and Care Model (© CURAVIVA Switzerland)

3. Calls by CURAVIVA Switzerland

The demands placed on the Swiss healthcare system will change greatly with the generations that are now entering the phase of old age (the so-called baby-boomers). It must be assumed that the generations that were born after 1945 will give rise to a completely different set of needs. A generational change in which "nothing will ever be the same again" will take place for the first time in history. This fact alone should already obviate any simple continuation of the existing long-term care scheme. New and innovative approaches to services for the elderly will be required. From the viewpoint of CURAVIVA Switzerland, the following requirements therefore stem from 2030 Residential and Care Model:

- **Requirement 1: The principle of "community-based care takes precedence over residential care" is not forward-looking and therefore wrong. In future, it must read: "community-based AND residential care"**

The precedence of community-based care over residential care emphasises what divides rather than the common elements; this is also reflected in the different funding systems for community-based and residential care. It is an outdated approach that is now gradually reaching its limits since such a division is proving increasingly less helpful, even exacerbating in the search for a new conception of long-term care. Needs-based care and support in old age does not primarily call for funding approaches, but places the needs of elderly people foremost. And these needs will differ from person to person. In practice, the transitions in individual support and care services will be gradual – as presented in the model put forward by CURAVIVA Switzerland.

- **Requirement 2: The previous plan for residential care beds has now become outdated. The need for nursing services must be planned in a more holistic way in future.**

Up until now, the planning for the number of residential care beds in cantons was carried out using a simple percentage formula. In most instances, 17–23 percent of the number of people aged over 80 years was used as the basis for the required bed capacity. Such a simple percentage-based calculation model cannot adequately reflect the diversity and complexity of old age-related needs. It is not only the number of elderly and dependent people that will increase in future, but also their individual needs. And that is why the need for nursing services – with reference to the 2030 Residential and Care Model of CURAVIVA Switzerland – needs to be planned in a holistic manner.

- **Requirement 3: The funding system needs to be simplified**

In the long-term care sector, there are now various service providers such as hospitals, physicians, nursing institutions, spitex etc. The different funding mechanisms that operate between these systems as well as between cantons are difficult to understand and accordingly opaque for an aging society. For fiscal reasons, the current compulsory basic health insurance makes a distinction between nursing care and support. All care and nursing services are therefore funded by the three funding partners of health insurance funds, the public sector and the residents of care institutions – with the residents alone liable for the payment for any support services. Such an approach besets the sector with problems since a person cannot be neatly divided into "care" and "support". CURAVIVA Switzerland considers it important that a holistic approach that looks at the entire person is used as the basis for care and support provision to elderly people and therefore advocates holistic financing which makes possible what is common to all, and not what separates. Today's funding system must therefore be simplified and improved, so that funding for all services – taking into account the heterogeneity of the target groups as well as the demand-focused and inter-professional treatment chains – is provided for on an equal basis.

Note: Placing its focus on the 2030 Residential and Care Model, CURAVIVA Switzerland will examine the aspect of funding in greater detail as part of a follow-up project.

- **Requirement 4: Standardised approaches governing the award of supplementary services**

The current regulations governing supplementary services represent a hurdle for the provision of flexible – i.e. as dictated by needs – service offers. Supplementary services associated with the new options – e.g. assisted living in apartments designed for the elderly, or living at home – should therefore be granted in line with the approaches that are also adopted "in the care institution". The calculations of supplementary service entitlements should be redesigned in the context of the all-embracing 2030 Residential and Care Model. CURAVIVA Switzerland will also draw up concrete improvement proposals here as part of the follow-up project detailed in Stipulation 3.

For more detailed information about the 2030 Residential and Care Model of CURAVIVA Switzerland:

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