



## Access to Appropriate Residential Care

### What the MS Society recommends:

The Government of British Columbia expands its housing priorities to include the development of age- and ability-appropriate residential care facilities to address the long-term care needs of younger adults living with MS.

### Basic facts:

- MS is the most common disabling neurological condition in young adults worldwide.
- Canada has one of the world's highest prevalence rates for MS, with the disease affecting more than 1 in 500 Canadians.
- Some young adults with MS require residential care. It is vital for their quality of life that their housing and care are appropriate for their age. However, far too many end up in long term residential facilities or nursing homes that were designed for frail elderly residents, which do not have the services and activities that would benefit younger disabled people.
- The average age of people in residential care facilities in BC is presently 86, and the number of those aged 100 or over continues to increase.<sup>1</sup> This is of particular concern to the MS Society because of the early age of onset for MS. An individual with MS who enters a residential care facility designed for the frail and elderly at 35 years of age may remain there for 40 years or more. Age-inappropriate living conditions often result in anxiety, depression, and longer-term mental health issues that increase the already complex health needs of these individuals.

### Residential Care in BC

- Residential care is one of a range of continuing care programs meant to maintain or improve the health and functioning of seniors and people with disabilities, including people living with multiple sclerosis. Residential care is facility-based, and is meant for people who have extensive daily support needs but do not need to be hospitalized.
- Other housing programs within the continuing care range include home care, home support and assisted living programs. These programs are meant for people who can live independently with some assistance with daily living tasks.
- By December 2004, BC had 2,549 fewer residential care beds than it did in 2001, which has contributed to overcrowded hospital wards. Hospital care is four to seven times more expensive than residential care.<sup>2</sup>

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<sup>1</sup> Advocates for Care Reform, Submission to the BC Ministry of Health's Conversation on Health. September 2007

<sup>2</sup> Canadian Centre for Policy Alternatives (BC Office). *Cuts to Continuing Care*. April 2005

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- The provincial housing strategy, *Housing Matters BC (Oct 2006)*, outlines the BC Government's investment strategies for affordable and appropriate housing and shelter programs. One of the programs funded under *Housing Matters BC* is Independent Living BC.
  - Independent Living BC (ILBC) was originally created to serve seniors and people with disabilities who require some support, but do not need 24-hour institutional care. ILBC was supposed to offer a middle option to bridge the gap between home care and residential care; however, residential care now appears to be included within ILBC's mandate.
  - The BC Government committed to provide 5,000 (net) new residential care beds, assisted living units, and supportive housing with home support units by the end of 2008<sup>3</sup>. To date, we have not been able to clarify how many new residential care beds have actually been created.

**View of the MS Society:**

- The increase in assisted living units is laudable; however, assisted living is not a substitute for residential care.
- The lack of residential care beds is straining the province's hospital resources and increasing overall healthcare costs unnecessarily.
- The lack of residential care beds is forcing many people living with MS into inappropriate and expensive housing options.

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<sup>3</sup> Independent Living BC. *Fact Sheet*. November 2008