

Research Article

Evaluation of Residential Services for Older Adults with Intellectual Disabilities/Developmental Disabilities Residing in the Community

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Abstract

Objective: People with intellectual disabilities/developmental disabilities in the United States are living longer in recent decades. People 65 and older are in better health than previous decades due to more awareness of the beneficial effects of a healthy diet, preventative medical care and physical exercise. Individuals with intellectual and developmental disabilities are living longer as well. However, this presents challenges in meeting the needs of this population.

Methods: This paper details the results of a survey developed to assess several areas of services, including social engagement, health-related services, group home environment, and staff training and development, were evaluated to identify areas in need of improvement. Participants consisted of 95 direct care staff working for a not-for-profit agency providing residential services to adults with intellectual disabilities/developmental disabilities.

Results: The results of the survey indicate that need for improving social engagement opportunities for older adults residing in the community and more training on working with older adults with intellectual disabilities/developmental disabilities for direct care staff in a residential setting.

Discussion: The goal of the current study was to examine residential services through the eyes of direct care staff to see if the increasing needs of older adults with intellectual disabilities/developmental disabilities are being met.

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Keywords: Direct care staff; Intellectual and developmental disabilities; Older adults; Service delivery

Introduction

People with intellectual disabilities/developmental disabilities in the United States are living longer in recent decades. Longevity of this population may be attributed to advances in the medical field and more awareness on the different conditions with which individuals with intellectual disabilities/developmental disabilities may be diagnosed [1]. Historically, people with intellectual disabilities/developmental disabilities were perceived to be in poor health due to their cognitive and physical limitations [2]. Individuals with an intellectual disability may also have additional physical or developmental disabilities due to other conditions such as Down syndrome, Cerebral Palsy, or a seizure disorder [3]. Access to preventative healthcare and advances in how to treat people with intellectual disabilities/developmental disabilities are helping to prolong the lives of this population.

When examining how older adults with intellectual disabilities/developmental disabilities live fulfilling lives, there are four components that must be considered: (a) social engagement; (b) health-related issues; (c) home environment; and (d) educational resources and training [4-7]. Social Engagement reflects how the community supports older adults [8-10]. Everard, et al. [9], for instance, found a positive relationship between active engagement in the community and the functioning of older adults residing in the community. There is a need for more research on active engagement and older adults residing in the community to include older adults with intellectual disabilities/developmental disabilities. Health-Related Issues comprise cognitive and physical vitality. People 65 and older are in better health than previous decades due to more awareness of the beneficial effects of a healthy diet, preventative medical care, and physical exercise [11]. However, as people age there is increased risk for diseases or sustaining injuries due to falls or weaker bones. Also, since older adults are more likely to experience decrease in mobility, we must also consider the use and access of adaptive equipment such as hospital beds, lifts, or wheelchairs. Health-related issues also include increases in sensory impairments, such as hearing and/or visual abilities, as an intellectually disabled person age [12]. Home Environment examines whether the home is adaptive to meet the medical and physical needs of the older adult. Unsafe home environment poses a safety risk to older adults. An unsafe home environment can lead to falls and injury. Modification of the home environment along with outgoing training to reduce exposure to potential home hazards may be effective in reducing falls and potential injuries for individuals who have a history of falling or physical limitations [10]. There is a great need for research to examine home adaptations and the impact on intellectually disabled older adults residing in the community. Finally, Educational Resources and Training for older adults includes research on health-related issues, diet, diseases that older adults are at higher risk such as dementia [13-15]. Educational Resources would also include impact of caring for an older adult since

more and more staff is taking on responsibilities of caring for an elderly person and they may not receive the relevant training.

Currently, there is a great need for research on how staff training, and development impacts direct care staff's ability to meet the increasing needs of older adults with intellectual disabilities/developmental disabilities. The lack of research on training staff who service older adults with intellectual disabilities/developmental disabilities makes it challenging for service providers to meet the needs of this population. An instrument was developed to evaluate the four broad categories discussed above that was discussed in previous research [8-10] with Direct Care Professionals. Those four categories include social engagement, health-related issues, group home environment, and staff training and development. Questions within each category were selected based on identified areas of concern experienced by Direct Care Professionals working in residential settings, operated by community agency providers, serving 60 years and older adults with IDD. In this paper, several areas of services, including social engagement, health-related services, group home environment, and staff training and development, were evaluated to identify areas in need of improvement.

Methods

Participants and setting

Participants were 96 direct care staff employed at a not-for-profit agency providing residential and day program services to adults with intellectual disabilities/developmental disabilities. All participants worked in a group home based in the community. Participants completing the survey remained anonymous. The setting consisted of a not-for-profit agency located on the East coast that operates 48 group homes in different communities. Out of the 48 group homes, 21 group homes were identified as homes that provide residential services to an older adult (s).

Procedure

An older adult was defined as individuals who were 60 years and older residing in a group home based in the community. A 21-question survey focusing on the four components was used to assess services provided to our aging population. Those four components include: Social Engagement, Health-Related Illnesses, Group Home Environment, and Staff Training and Development. Survey questions were derived from a review of literature on aging as it relates to a person with and without intellectual disabilities/developmental disabilities. A 5-point Likert scale was used to measure staff perception on the quality of residential services for older adult clients in their agency. Each section included five to six close-ended questions and one open-ended question. Questions used a rating scale 1 through 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree." Each close-ended question had room for staff to write comments. Open-ended questions requested additional information from staff, such as challenges staff face when dealing with health-related issues, feedback on how group homes improves services to aging clients, and staff training staff want made available. The survey used in this study is provided in Appendix A.

Appendix A

Older Adult Survey

Directions: Thank you for your participation in this survey. All surveys are confidential. This survey is looking at how you, as staff,

enhance the lives of clients 60 years and older in the group home setting. Please read each question carefully and circle the answer of your choice for each question. There are spaces for comments for each question. The last question for each section is open-ended. Please answer to the best of your ability. All surveys are to be turned into the group home manager. Thank you!

Social Engagement

The older individuals in our group home are actively involved in the community.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

There are an adequate number of activities to cater to older individuals in our community.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

There are opportunities within our group home to actively engage our older individuals.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

There are opportunities for older individuals in our group home to be socially engaged with same age peers in the community.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

I am provided with adequate behavior support services to address inappropriate social behaviors of older adults that I serve.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Some examples of activities in the community that our older adults are involved with.

Health Related Issues

The local health care providers adequately serve the increasing medical needs of older adults I serve.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Adaptive equipment is adequately available to the older adults I serve

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

The agency is equipped to deal with increasing health needs of our older adults.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Our group home is equipped to deal with the special health needs of our older adults.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

The group home, in which I work, is good at making sure that our older individuals

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

I received adequate assistance from health, behavioral, & psychiatric professionals to support older adults with sleep disturbance

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Some challenges I face when I take the individuals I serve to a doctor's appointment?

Group Home Environment

Our home is adapted to deal with the physical limitations of aging individuals that I serve.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Our home is equipped with the required adaptive equipment for our older individuals.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

The layout of the home meets the physical needs of older individuals I serve

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Our group home meets the dietary needs of the older individuals I serve

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Staff is trained and able to meet the physical, mental, and health needs of older individuals I serve

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

I received adequate assistance from health, behavioral, & psychiatric professionals to support older adults with sleep disturbance

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

In what can my group home improve our services to our older individuals?

Staff Training and Development

I receive adequate training on working with older adults with intellectual disabilities/developmental disabilities.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

I have received adequate training on dementia.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

I could benefit from more trainings being made available to working with older adults with intellectual disabilities/developmental disabilities.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

I received adequate training on the use of adaptive equipment that is commonly with older adults.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

I received adequate training on the dietary needs of the older adults that I work with.

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Comments:

Some training I would like to have available is:

Results

Table 1 displays the mean response for each question in each of the four categories. Responses in the social engagement category

Categories	Mean
Social Engagement	
1. The older individuals in our group home are actively involved in the community	2.85
2. There are an adequate number of activities that cater to older individuals in the community	2.94
3. There are opportunities within our group home to actively engage our older individuals	3.16
4. There are opportunities for older individuals in our group home to be socially engage with same-age peers in the community	2.87
5. I am provided with adequate behavior support services to address inappropriate social behaviors of older adults I serve,	3.4
Health-Related Issues	
1. The local health care providers adequately service the increasing medical needs of older individuals I serve	3.6
2. Adaptive equipment is adequately available for the older individuals I serve	3.43
3. The agency is equipped to deal with the increasing health needs of our older adults	3.21
4. Our group home is equipped to deal with the special health needs of our older adults	3.44
5. The group home in which I work is good at making sure that our older individuals receive the medication they need	4.16
6. I receive adequate assistance from health, behavioral, psychiatric professionals to support older individuals with sleep disturbance	3.03
Group Home Environment	
1. Our home is adaptive to deal with the physical limitation of aging individuals that I serve	3.57
2. Our home is equipped with the required adaptive equipment for our older individuals	3.43
3. The layout of our home meets the physical needs of the older individuals I serve	3.72
4. Our group home meets the dietary needs of the older individuals I serve	3.6
5. Staff is trained and able to meet the physical, mental, and health needs of the older individuals I serve?	3.87
Staff Training and Development	
1. I receive adequate training on working with older adults with intellectual disabilities/developmental disabilities	3.59
2. I have received adequate training on dementia	2.88
3. I could benefit from more trainings being made available to working with older adults with intellectual disabilities/developmental disabilities	3.71
4. I received adequate training on the use of adaptive equipment that is commonly with older adults	3.32
5. I received adequate training on the dietary needs of the older adults that I work with	3.41

Table 1: Mean responses to questions for each category.

ranged from social engagement ranged from 2.85 and 3.4, indicating general agreement/disagreement. Mean responses for the health-related issues category was narrower than the social engagement category. The mean responses for the health-related issues category between 3.03 and 4.16, indicating general agreement/disagreement. The mean responses for health-related issues were higher than the social engagement category. Mean responses for group home environment questions ranged from ranged between 3.43 and 3.87, which presented a narrower range compared to the categories and indicated a general agreement/disagreement. The mean responses for the group home environment category. The mean responses for questions for staff training and development category ranged from 2.88 to 3.29, indicated a general agreement/disagreement. The mean responses for group home environment and staff training and development were similar in range.

Table 2 shows the mean and standard deviation of responses for each of the four categories. There was a significant correlation between responses in the social engagement (M=15.22, SD=3.63) and health-related issues (M=20.87, SD=4.27) categories, $r(93) = 0.638, p < .01$. There was also a significant correlation between responses in the social engagement and Group Home Environment categories (M=18.19, SD=3.39), $r(93) = 0.472, p < .01$, and between health-related issues and group home environment categories, $r(93) = 0.782, p < .01$. Additionally, there were strong correlations between responses in the social engagement and staff training and development categories (M=16.89, SD=2.95), $r(93) = 0.396, p < .01$. Finally,

there were strong correlations found between health-related issues and staff training and development, $r(90) = 0.556, p < .01$ and between the group home environment category and staff training and development category, $r(93) = 0.599, p < .01$.

Category_(N=95)	Mean	Standard Deviation
Social Engagement	2.5	3.63
Health-Related Issues	4.2	4.27
Group Home Environment	3.64	3.39
Staff Training & Development	3.39	2.95

Table 2: Mean and standard deviations of each category.

Notes: Mean represents participants working in residential homes serving 60 years + older adults with IDD

With respect to social engagement, staff expressed that there were challenges with trying to engage older clients in community activities. Challenges identified were some clients vocalized their preference to remained at home, the need for more staff to meet the increasing physical and behavioral needs of the clients. Staff also commented that having several clients with deteriorating mobility or increasing behavioral issues made it more difficult to engage the client in the community. There were also comments that limited financial resources and time makes it challenging for clients to be actively involved in the community. Staff also commented that they

felt that the community lacked understanding of their older client's needs and behavioral issues.

For health-related issues, staff commented that having a limited number of staff made it more challenging to work with clients with physical limitations. Staff did not indicate that local health care providers sufficiently met the increasing needs of older clients. Further, staff expressed that they felt that doctors did not understand how to work with older adults with cognitive impairments. With respect to group home environment, staff expressed that they felt that the layout of their group home was appropriate to meet the increasing physical needs of their elderly consumers. Some staff also expressed an increased need for training on handling adaptive equipment such as a Hoyer Lift and wheelchair, which is becoming more commonly used among our older clients.

With respect to staff training and development, staff expressed interest in more trainings being available about the different age-related health and physical challenges. Topics include visual or hearing impairment, dementia, gait issues, and/or menopause. They stated the need for more training that they regularly receive is geared toward the aging population. Areas where staff expressed competency was areas that were part of their required annual training, especially medication administration, was sufficient.

Discussion

The goal of the current study was to examine residential services through the eyes of direct care staff to see if the increasing needs of older adults with intellectual disabilities/developmental disabilities are being met. Participants' responses indicated that the area in greatest need was training on age-related issues, physical challenges, and behavioral challenges seen with older adults with dementia. The area of the survey that staff indicated was the area of greatest need to be addressed was social engagement. Further, staff mentioned that the lack of financial resources, need for more staff, and behavioral challenges made it more difficult to engage older clients in the community. The results of the survey supported the findings of previous research [9], finding a positive relationship between active engagement in the community and the functioning of older adults residing in the community. Future research may want to examine different ways to engage older adults with intellectual disabilities/developmental disabilities in the community. Future studies could also investigate the impact of social engagement on elder consumers with intellectual disabilities/developmental disabilities as has been done in the general population [9].

This survey can also be used as a tool in the future studies to evaluate opportunities for social engagement with other community care providers providing residential services for intellectually disabled seniors. This instrument demonstrated strong correlations amongst the four categories, suggesting the residential environment, level of social engagement, staff training, and availability of healthcare resources are inter-related and need to be considered as part of a comprehensive approach when providing residential programs to older adults with IDD. The results of this study indicate the instrument employed with direct care professionals was a valuable assessment tool in assessing the direct care professional's perspective on the quality of community-based residential services for older adults with IDD.

The results of the survey indicate the need for more training on age-related issues for older adults the intellectual disabilities/developmental disabilities and the need to improve the level of engagement in our agency. Results of the study demonstrated a correlation between insufficient training on dementia and lack of support that staff felt addressing the behavioral challenges and/or assistance in addressing the sleep disruptions that older adults with dementia experience. Research conducted on enhancing the lives of older adults tends to focus on the general population [9,16,17]. The results of the survey support the need for further research on the effects of staff training on older adults with intellectual disabilities/developmental disabilities residing in group homes or supervised apartments within the community.

From a clinical perspective this information can be useful as a social validity tool to assess the needs of an agency's residential services to older adults with intellectual disabilities/developmental disabilities. This survey can also be adapted to evaluate the services provided by day program for older adults with an intellectual disability. Future research could expand the use of this instrument to include Parent/Guardian, administrative staff in community living programs, or case managers as a tool to examine whether the services provided adequately address the issues discussed in this paper. While the current study only included direct care staff working in community-based group homes, and not direct care staff from day programs or administrative personnel, the results are nonetheless valuable because they highlight some critical areas in residential services provided to older adults with IDD/DD. The results of the study also provide direction for future research in this area. Future research can extend the use of this instrument beyond a group home, to include a vocational setting or skill development homes based in the community. There is a great need for more research on older adults with intellectual disabilities/developmental disabilities living at home and in a group home setting to ensure that we are providing direct care staff and caregivers with resources to meeting increasing needs of older adults with intellectual disabilities/developmental disabilities.

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