

Seniors' Housing Update

GERONTOLOGY RESEARCH CENTRE

SIMON FRASER UNIVERSITY AT HARBOUR CENTRE

Vancouver, British Columbia, Canada



August 1999 Vol. 9 No. 1 (ISSN#: 1188-1828)

SUPPORTIVE HOUSING FOR SENIORS IN THE NEW MILLENNIUM: A POSITION PAPER

— by Nancy Gnaedinger, Consultant in Gerontology

What is Supportive Housing?

Supportive housing is housing for seniors that includes support services, but not nursing care, as part of the accommodation. It is known by different names in Western Europe, the United Kingdom, Australia, Canada and the USA, and the amount of support provided with the housing can vary.

The purpose of supportive housing is to fill the wide gap between living in one's own home with sporadic support, and living in a nursing home. The emphasis in supportive housing is on residents' autonomy and dignity, flexibility of support services, a non-medical approach to care, and a home-like but secure and supportive environment. Indicators of autonomy and dignity are lockable doors and, usually, fully self-contained dwelling units. Indicators of security are some sort of emergency call system and on-site support staff.

The essence of supportive housing has been expressed many times by seniors themselves: "I've got privacy but I know help is there if I need it!"

Desirable Features of Supportive Housing in the New Millennium

Supportive housing in the new millennium, for persons with continuing care needs, should:

- be well built and attractive, because the quality of housing is important to

Canadian seniors, and most Canadian Baby Boomers have high housing standards;

- have features and services designed in consultation with future residents, who are accustomed to considerable autonomy and control; and
- be client-centred in terms of delivery of support for the same reasons.

The housing form may be mixed, with several structures on a site close to shops, services and transportation. Ideally, all of the buildings will be barrier free, with emergency response systems, amenity spaces, optional communal dining and other optional services.

The health/support services provided with the housing should be flexible, that is:

- services will be provided at the margin of need only, and flexible enough that each resident can have a customized package of services that can change as individual needs and abilities change;
- there is a combination of on-site services and services delivered by community-based agencies (British "Very Sheltered Housing" studies show that a combination is most cost efficient; and having providers come in from outside agencies maintains connectedness to the community);
- services are modified only as much as needed; for example, just one floor or

wing of a housing complex is converted to support residents with higher dependency, rather than changing the entire complex.

The Market for Supportive Housing

The target groups for supportive housing should be those who would otherwise use nursing homes inappropriately, for lack of another alternative. Only by using supportive housing as a substitute for inappropriate nursing home placement does it save public money (if subsidised by government). Many US studies have shown that residents of supportive housing for seniors have the same level of disability or functional ability as those in nursing homes. In fact, residents have successfully "moved down a notch" from

continued page 2

Inside

Demographic Trends, Forecasts, Challenges and Needs in Seniors Housing	5
IYOP Friesen Conference	8
Review of Supportive Housing by the B.C. Government	11
The Tong Louie Living Laboratory Research Update	12



SIMON FRASER
UNIVERSITY
AT HARBOUR CENTRE

Seniors' Housing Update

Vol. 9 no. 1 ISSN 1188-1828

The Seniors' Housing Update is published twice a year by the Gerontology Research Centre, Simon Fraser University at Harbour Centre. Submissions are welcome. Please send articles (1,000 words, copies not originals), photos, and information about seniors' housing research, and events to the editor.

The Gerontology Research Centre conducts research relating to aging and the aged, serves as a clearing house for information and provides consultation and technical assistance with respect to research design, program development and evaluation. Activities in the area of housing and the built environment are supported in part by endowment funds provided by the Real Estate Foundation of British Columbia.

Gerontology Research Centre
2800 - 515 West Hastings Street
Vancouver, B.C., Canada V6B 5K3
Telephone (604) 291-5062
Fax (604) 291-5066

Editors: Mary Ann Clarke Scott,
M. Arch., MAIBC and Susannah
Tredwell, M.L.I.S.

Director, Gerontology Research
Centre: Gloria Gutman, Ph.D.

Design: Jocelyne Laflamme

care facilities to supportive congregate housing.¹ A recent B.C. study showed that elderly, unattached women with inadequate social supports were most likely to need supportive housing.

Another group that should be targeted are those seniors who have spouses with heavy care needs, and who may be suffering from their caregiving responsibilities, but who would also suffer from being separated from their spouse. The "campus model" is ideal for the situation where one spouse is highly dependent and the other is not. One partner can live in supportive housing, the other in a nursing home, and they can see each other every day.²

Role of Provincial Governments in Creating Supportive Housing for Seniors

Provincial governments should take advantage of what provincial governments have that local governments and organizations do not necessarily have: a picture of the whole province (or country in some cases) and access to people in parallel positions in other jurisdictions with whom to confer.

Provincial governments can seek and record information, ideas and lessons learned from all over their own province and from other provinces, to share with local authorities - and should do so. Besides having a larger information base, provincial decision-makers have larger budgets than local authorities, and can take on large projects, such as pilot projects and long term evaluations, whereas local authorities may not be able to afford this.

Provincial governments can also facilitate bringing local authorities together to consult and share strategies, lessons, and more. The "bringing together" and "sharing information" role is more important than ever before, in this era of devolution of governance and program delivery.

Another important role of provincial governments is to identify, amend or remove legislation that creates barriers to the development of a wide range of supportive housing options for seniors.

Finally, provincial governments have a responsibility to set an example of co-operation and collaboration among departments such as housing, health, and social services. In B.C., for example, the two key people heading consultations on supportive housing for seniors, as part of the province's Long Term Care Review in 1998, represented the Housing Section of the Ministry of Municipal Affairs and the Office for Seniors of the Ministry of Health. They worked as, and were seen as, partners.

Role of Health Authorities in Creating Supportive Housing for Seniors

The role of health authorities is to know their situations, their clients, the unique characteristics of cultural groups within their clientele, their gaps in service, and their successes. They should share this information with provincial authorities and decision-makers and providers in other regions. Local health authorities should constantly monitor and evaluate what they are doing (the province can help here with funding), keeping their eyes on service needs and delivery.

Some local health managers have said, "Bureaucrats from the capital haven't got a clue what it's like out here". It is the responsibility of the people "on the ground" to inform the "bureaucrats" about their situation, and with as much solid data as possible, if that is who they are counting on for funding and information.

Another role of local health authorities is to be streamlined and accessible to clients - to avoid creating such a complex system that potential clients have trouble accessing services.

The Role of Health and Social Service Agencies and Others

Other agencies, such as home support agencies and social agencies, have a special collaborative role to play with government programs. For example, in Victoria, B.C., the local Alzheimer Society receives funding for a full-time Caregiver Counsellor from a program of the Ministry of Health's Mental Health Services. The head of this program realized that family caregivers of persons with dementia would be more comfortable going to the Alzheimer Society than to a Mental Health Services office, so the Ministry program and the Alzheimer Society collaborated. What is perhaps unique about this collaboration is that the decision was based solely on the comfort of the client, not on the convenience or territorial considerations of providers.

Other agencies also co-operate and collaborate on an informal level. A recent national study on tenants with dementia in social housing revealed that some social and health service providers (from both public and private agencies) meet regularly over lunch with the local housing authority manager to discuss clients/tenants and try to avert crises.

Others who have an important role to play in developing successful supportive housing for seniors are groups, families and individuals. Groups, such as church groups and ethnic groups, have done a lot in Canada to provide supportive housing for seniors. They provide land, buildings, fund-raising, on-going support in terms of volunteers and special project funding, and the sort of shared values and activities that make a building or complex "home". Service clubs are also a valuable resource. Many supportive housing projects across Canada would be without an activity room, garden, or van, without service clubs. Families, as we know, are a valuable resource in providing services to seniors wherever they live.

Individuals are being encouraged to take more responsibility for their own health to reduce provincial health care costs. This may not happen quickly, however, in a culture so dominated by the medical model

and the professionalization and mystification of health care.

Priority of Supportive Housing on Government Agendas

Supportive housing for seniors is a viable option, and one worth promoting to add to the array of options for an aging population. We should not, however, see it as *The Answer*. Providing supportive housing for seniors should be given equal priority with:

- providing appropriate and adequate home support services — in terms of both depth and breadth — to seniors, as a preventive service, rather than as a service just for those with a very high level of need;
- providing adequate, appropriate, and accessible home renovation programs to ensure that seniors' homes are safe, in good repair and have the features that make the difference between being able to "stay put" and not. (For example, CMHC's Housing Adaptations for Seniors' Independence (HASI) program, provides \$2500, not nearly enough to install a downstairs bathroom, a feature that can make or break a senior's independence);
- providing constant and improved education and training to home support workers and paying them what their valuable work is worth; and
- providing tax credits to family members who provide daily care to elderly parents. (It is well documented that many women have given up their jobs or reduced their paid work to care for aging parents. They are not remunerated for this. Several countries in Europe have payment or tax systems in place to recognize this work and lost income.)

Suggestions about Policies on Supportive Housing for Seniors

The following suggestions are addressed to policy-makers and those who influence them. When developing new policies or reviewing and amending existing ones to enable and encourage the creation of supportive housing options for seniors, there are several fundamental things to keep in mind:

- The Federal/Provincial/Territorial

Ministers Responsible for Seniors in Canada created and published a document, *Principles of the National Framework on Aging: A Policy Guide* (March 1998) which presents five basic principles that should underlie all policies related to seniors. They are: security, independence, dignity, participation, and fairness. These five concepts should be included in any discussion of supportive housing.

- The generally accepted philosophy in supportive housing is that residents' privacy, autonomy, and participation are key. This philosophy influences architectural design, programming, service and staffing decisions.
- Another generally accepted guideline is that the built environment should be barrier free with prosthetic features, such as grab bars and hand rails, where appropriate, but at the same time, "home-like" and "soft". Where these principles come into conflict, a "home-like" environment is more important.
- The existence of adequate, appropriate and accessible community-based supports, such as home care and home nursing, is absolutely critical to the success of supportive housing that relies on these services to be brought in. Lack of community-based services - often a problem in rural areas - can result in inadequate support for residents. Adequacy of local resources must be considered in any decisions about locating supportive housing.
- Recognize the enormous importance of social factors in influencing health. Recent publications on determinants of health reveal that a very large proportion of them are social in nature. Do not regard social programs as "frills" - they are necessary to avert social isolation, which can have devastating physical and psychological consequences for seniors. The social benefits of congregating, supportive housing are a very important element. Recognizing this can influence the amount of amenity space allowed in social housing, for instance.
- Make a point of creating joint policies. The Ministry of Health and Ministry of Municipal Affairs could jointly announce

a policy about supported living and services and make it very public that these are the result of benevolent collaboration.

- Do not assume that additional support and care can be provided by families. It is well documented that most of this support is provided by daughters and daughters-in-law, and most of them are already overburdened with family and household work as well as a paid job. Another reality is that future seniors will have fewer children and many families will be fragmented due to divorce and geographic mobility.
- Make it a policy to require a post occupancy evaluation or on-going evaluations of all supportive housing for seniors that is assisted by public money and provide funding to allow this to occur.

Suggested Strategies for Creating Supportive Housing for Seniors

When making decisions about supportive housing and when building, converting or renovating it, there are certain strategies that have proved successful for governments, non-profit and for-profit organizations:

- Work collaboratively. Involve all of the stakeholders in creating a home with services, including different government departments and levels, politicians, health and social service providers, bankers, designers, real estate experts, developers. Although it may be difficult at first to find a common language, the best projects are those where a multi-faceted group "gels."
- Use what is there; use the available building stock. For example, a vacant Eaton's store in Moose Jaw, SK, and a vacant town hall in a Québec village were converted to supportive housing for seniors; and hotels and motels in P.E.I. routinely accommodate local seniors during the harsh winter months.
- Work with and learn from people at the local level. Become familiar with the characteristics of a community, its cultural groups and priorities, and its geography. Do your homework.
- Respect the private, for-profit sector and learn from them about architectural design, service packaging and staff training. The for-profit sector currently provides supportive housing for the "high end" of the market, but some companies may be willing to provide less expensive supportive housing if they can work co-operatively with government.

Suggestions about Services

The following suggestions about services are based on recent research in Canada and the literature on Sheltered and Very Sheltered Housing in the U.K:

- Provide, at a bare minimum: secure housing with 24 hour emergency response; a person/couple on-site who can help arrange support services and provide information, referral, and monitoring of residents; and maintenance services such as snow removal and cleaning of communal spaces. Activities can be provided by resident and outside volunteers.

- Be prepared to provide at least one nutritious meal per day (which can be served by volunteers) and to make this and other services such as house cleaning, laundry services, and personal care, optional.
- Try to ensure that home care services delivered by community-based agencies are "blocked" or "bundled" for the sake of efficiency and continuity of service.
- Create a caring and respectful atmosphere. This appears to be easier when residents and sponsors share common values based on religion, ethnicity, social background, etc. It is also greatly influenced by the leadership and background of staff. (Some private developers seek staff from the hospitality industry only, so that residents will be treated as guests, not patients.)
- Work with staff and residents to ensure that residents' expectations of staff are clear, and boundaries are not overstepped; but at the same time, stress the importance of flexibility to staff.
- Consider making some of your services and amenity spaces available to the seniors in the neighbourhood; e.g., supper clubs, respite care, day programs, exercise classes, community Bingos, etc., are all part of supportive housing projects across Canada.

Summary

Successful supportive housing for seniors:

- is developed by multi-sectoral, multi-disciplinary, multi-level groups who learn to work together, and who do in-depth preparation, including consultations with prospective residents;
- is well-built, attractive housing that is aesthetically, geographically and socially part of the community;
- is located near transportation, shopping and services;
- has self-contained, lockable dwelling units connected by some means to an emergency response system, and as many amenity spaces as affordable;
- offers some basic services such as an on-site caretaker/house-keeper, maintenance of communal spaces indoors and out, and perhaps one meal per day;
- offers some optional services such as personal care, house cleaning and laundry service; and
- has staff hired for their people skills as much as for their formal training and education.

Sources of Information

The suggestions, advice and assertions in this paper are based on over ten years' applied research focussing on seniors' health and housing issues, and the accumulated observations and cross-referenced analysis that is a product of this work. In addition, I have carried out numerous assignments focussed specifically on supportive housing for seniors, including:

- *Housing Options for Older Canadians: Case Studies and User*

continued page 11



DEMOGRAPHIC TRENDS, FORECASTS, CHALLENGES AND NEEDS IN SENIORS HOUSING

— by Gloria Gutman, Ph.D.

Introduction

Experience tells us that most people who move into housing designated for seniors are over age 75 at time of entry. The average entry age of today's care facility population is even older— about 85. Although Fries' (1980) hypothesis concerning compression of morbidity suggests that people in future will be frail for a shorter period of time before they die, recent data hint that one of Fries' basic assumptions was wrong. That assumption was that average life expectancy would stabilize. What in fact seems to be happening is that people are entering their senior years healthier than in previous eras, but they are living longer. Life expectancy is continuing to increase. Frailty is being postponed rather than compressed. What this means is that in future people will be entering seniors housing and care facilities at an even older age than they are entering at today.

Living Arrangements

Similar to other age groups, the vast majority of Canada's elderly (92.7% in 1996) live in private households. In 1996, nation-wide, only 256,520 or 7.3% of the population aged 65+ lived in "collective dwellings", a category which Statistics Canada uses to refer to commercial, institutional or communal dwellings such as hospitals, special care homes, rooming houses, hotels, jails, missions and so on.

The proportion in B.C. living in collective dwellings was lower than the national average (5.6% in 1996). Whereas between 1991 and 1996 (Statistics Canada, 1998) the number of seniors in collective dwellings increased nationally by 8,950 or 3.6% (from 247,570 to 256,520), in B.C. the number decreased by about 1% (from 27,435 in 1991 to 26,585 in 1996). When we look at living arrangements by

age (Table 1), it is clear that the proportion living in private households decreases with increasing age. There is a concomitant increase in the proportion living in collective dwellings (from 1.6% of B.C. seniors aged 65-74 to 6.7% in the 75-84 age group to 28.6% or almost one-third of persons aged 85+).

TABLE 1 — The Elderly Population by Living Arrangement and Age, British Columbia, 1996

	65+		65-74		75-84		85+	
Private Households	448,205	94.2%	288,165	98.5%	147,865	93.3%	32,170	71.4%
Family Households	303,510	67.7%	200,450	74.7%	88,845	60.1%	14,210	44.2%
With Relatives	9,395	2.1%	4,130	1.5%	3,630	2.5%	1,635	5.1%
With Non-Relatives	7,335	1.6%	4,700	1.6%	2,160	1.5%	475	1.5%
Alone	127,965	28.6%	58,885	22.3%	53,230	36.0%	15,850	49.3%
Collective Dwellings	26,585	5.6%	4,295	1.6%	10,595	6.7%	12,665	28.6%

* includes hospitals, special care homes (elderly and chronically ill), religious institutions, service collective dwellings (hotels, motels, tourist homes, lodging houses) and all other collective households (e.g. penal institutions, work camps, etc.)

Source: Statistics Canada, 1996 *Census*. Population in Private Households Showing Living Arrangements for British Columbia. (Private Households 20% sample; collective dwellings, 100% data)

Living Alone

Both nationally (76.2%) and provincially, the majority of older men live in a private household with a spouse and/or never married children. A key point to note is that in recent years there has been a marked increase, world-wide, in the proportion of people living alone, particularly older women. In Canada in 1996, 36% of persons living alone were aged 65 and over. Of these, three-quarters or 708,245 were women; 71% were widows (Statistics Canada, 1997). Of the 1.5 million Canadian women of all ages who lived alone in 1996, almost half were aged 65 and over.

Between 1961 and 1991 in B.C. the proportion of older women living alone increased from 21.1% to 34.8%. The proportion increases with age (from 28.9% among women aged 65-74 to 42.5% among women aged 75+).

Statistics Canada (1993) attributes the trend to living alone in part to the overall aging of the population, in part to an increase in marriage break-ups and, in the upper age groups, to the gender difference in mortality rates. Priest (1985, 1988) notes that, in addition to the dramatic increase in the proportion of Canadian seniors living alone in private households, the proportion living in institutions has increased. Over the same 30 year period, there has been a significant decrease, particularly among those aged 75 and over, in the proportion living in the home of their children. There are a number of factors contributing to these trends, including increased income (Priest, 1985, 1988), lower fertility, greater availability of purpose-built seniors housing, greater availability of institutional beds, as well as, and perhaps most importantly, seniors' expressed desire to remain independent for as long as possible (Kobrin, 1976; Michael, Fuchs & Scott, 1980; Wister, 1989).

For many Canadian seniors, remaining independent is synonymous with living separate from their children. This does not mean that they are divorced from or abandoned by their children. Rather, it reflects a widely held preference for what has been called "intimacy at a distance" (Rosenmayr & Kockeis, 1963). This preference for independence should also be recognized as an expression of and a direct result of older persons', and especially older women's, empowerment (Gutman, 1993; Wister & Gutman, 1997). Evidence for this interpretation is provided in a set of studies conducted by Veronica Doyle and her associates. In one of these studies (Doyle & Rafferty, 1991), a group of 12 older women who live alone conducted interviews with 175 other older women living alone and discovered that a key theme underlying their choice of living arrangement was a belief that "it's my turn now." That is, after a lifetime of looking after others, these women had actively chosen to live alone, and in some cases at risk, in order to be able "to do what I want to do when I want to do it". In another study by the same author, a woman living in an assisted living facility expressed a similar sentiment. No longer able to manage totally independently, this woman stated that she had more privacy and control over her life in such an environment than if she had remained in her own apartment but had had to share it with a care provider.

Tenure

In 1996, 6.9 million Canadians owned their own home. Of these owners, 21.7% were aged 65+. Condominiums continued to show the fastest growth rate by far in owner-occupied households. In 1996, 29.7% of all condominium owners were aged 65+.

Homeownership is clearly the preferred arrangement for BC's seniors. Even in the 75+ age group, approximately two-thirds (65.9% in 1991) own their own home.

Males are more likely to be homeowners than females for all age groups. However, between the 1981 and 1991 censuses, the proportion of female maintainers increased (in the 65-74 age group, from 56.1% to 66%; in the 75+ age group, from 44.6% to 55.1%).

Table 2: Tenure by Age of Household Maintainer, Canada 1981-1996

	1981	1986	1991	1996
Total Owners (000)	5,141.9	5,580.9	6,272.0	6,877.8
65+	17.1%	18.6%	20.0%	21.7%
Total Condo	171,090	234,520	367,760	514,720
65+	14.8%	21.5%	27.3%	29.7%
Renter (000)	3,319.8	3,368.5	3,719.5	3,905.1
65+	16.5%	17.0%	17.5%	17.3%

Source: Statistics Canada. (1998, June 9). 1996 Census: Private households, housing costs and social and economic characteristics of families. The Daily.

In 1996, 88% of the homes owned by maintainers aged 65+ were mortgage free. It should be noted, however, that among the 12% with a mortgage, 47% had an affordability problem - i.e. spent 30% or more of their income on shelter. Among seniors who were renters, half (50.7%) had an affordability problem. This is an important statistic to consider when thinking about the seniors rental market. For example, BC Housing (1999) estimates that for a senior with a fixed income receiving the BC Seniors' Minimum Income of \$1,130, an affordable rent is \$283 per month.

Poverty Rates by Gender and Marital Status

An examination of poverty rates by gender and marital status is also enlightening in terms of rates that might be considered for rental units or for assisted living or care

facilities. As in the rest of the country, poverty rates among B.C. seniors have dropped sharply over the last several decades. The rate for B.C. men aged 65+ in 1996 was 10.4% compared with 29.6% in 1980 - a 65% reduction. The reduction in the poverty rate for B.C. women aged 65+ was less dramatic than for their male counterparts: from 32.7% in 1980 to 21.4% in 1996 - a 35% reduction (National Council of Welfare, 1998).

It is noteworthy that poverty rates are much lower for married couples than for unattached persons. Due to small sample size, except for Quebec and Ontario, provincial data comparing poverty rates by family type, age and gender are unavailable. However, the national poverty rates are illustrative. In 1996, the rate for couples aged 65+ was 8.6% compared with 37.3% for unattached seniors.

National data indicate that unattached women aged 65+ are more disadvantaged than their male counterparts. In 1996, the national poverty rate for unattached women aged 65+ was 45.4% compared with 29.3% for unattached men aged 65+. It should be noted that 1996 figures showed an increase over 1995 figures; 1995 represented a historic low. Poverty rates among seniors, in other words, could be on the increase.

Unattached women aged 65+ are second only to single parent mothers in terms of the proportion who are financially disadvantaged. The latter group need to be considered carefully because they are the senior women of the future. Fifteen or twenty years down the road, these same single parent moms will be counted among the unattached female senior citizens at or below the poverty line.

Conclusion

The seniors housing and care facility market offers the developer and investor some exciting opportunities. While poverty rates are still unacceptably high among unattached women, other segments of the seniors market have disposable income which they can put toward new shelter options. It is

important to recognize however, that they tend not to move until they need to - need being defined, most commonly, by a health change that makes it difficult or impossible to maintain their home in conventional housing in the community any longer. To attract the young (under age 75), healthy, active senior to rent or purchase a product is not an easy task. These individuals tend to be astute shoppers. They want value for their dollars and a lifestyle that cannot be accommodated by staying in their current home and bringing in or going to community-based services.

While the good news is that those reaching age 65 in future may be healthier than current cohorts, they may remain in the community longer. The average age of care facility residents likely will continue to increase. The key to success in catering to this market is to thoroughly understand who the clients are likely to be in your geographic region and to provide a product that meets their needs, wants and values. Values include, as with other age groups, a "good" location, close to amenities and services, public transportation, and in a familiar, pleasant and safe neighbourhood. "Location, location, location" are three key words in this as in other housing markets.

References

BC STATS (1997). Table 6, British Columbia Population by Age, Estimated (1971-1996) and Forecast (1997-2021). Forecast 3.

BC Housing. (1999). *The facts on housing need*.

Fries, J.F. (1990). Aging, natural death and the compression of morbidity. *New England Journal of Medicine* 303, 130-135.

Doyle, V. & Rafferty, P. (1991, October). *The choice of older women to live alone: Action research by older women*. Paper presented at the Annual Meeting of the Canadian Association on Gerontology, Toronto.

Gutman, G.M. (1993, May). *Living arrangements, housing characteristics*

and poverty among Canada's older women. Paper presented at the conference "Older Women and Housing: Challenges and Choices". Vancouver: Gerontology Research Centre, Simon Fraser University.

Kobrin, F. (1976). The fall in household size and the rise of the primary individual in the United States. *Demography*, 13 (1), 127-138.

Michael, R.T., Fuchs, V.R. & Scott, R. (1980). Changes in the propensity to live alone: Evidence from consecutive cross-sectional surveys. *Demography*, 17 (1), 39-52.

National Council of Welfare. (1998). *Poverty Profile 1996*. Ottawa: Minister of Public Works and Government Services Canada (Cat. No. H67-1/4-1996-3).

Priest, G.E. (1985). *Living Arrangements of Canada's Elderly: Changing Demographic and Economic Factors*. Vancouver: Gerontology Research Centre, Simon Fraser University, (Occasional Papers Series 85-1).

Priest, G.E. (1988). Living arrangements of Canada's older elderly. In G. M. Gutman & N.K. Blackie (Eds.), *Housing the Very Old* (pp. 1-32). Vancouver: Gerontology Research Centre, Simon Fraser University.

Rosenmayr, L. & Kockeis, E. (1963). Propositions for a sociological theory of aging and the family. *International Social Science Journal*, 15, 410-426.

Statistics Canada. (1988). *Survey of Household Income, Facilities and Equipment, 1988*.

Statistics Canada. (1993). Solitaire, anyone? *Focus for the Future*, 6 (3), 2.

Statistics Canada. (1996, May 24). Births and deaths, 1994. *The Daily*.

Statistics Canada. (1997, April 15). 1996 Census: Population and dwelling counts. *The Daily*.

Statistics Canada. (1997, July 29). 1996 Census. Industrial Product Price Index. *The Daily*.

Statistics Canada. (1997, October 14). 1996 Census: Marital status, common-law

unions and families. *The Daily*.

Statistics Canada. (1998, June 9). 1996 Census: Private households, housing costs and social and economic characteristics of families. *The Daily*.

Wister, A. V. (1989). Privacy, independence and separateness in living arrangement selection among the elderly: Research and implications for housing policy. *Environments*, 20 (2), 26-35.

Wister, A.V. & Gutman, G.M. (1997). Housing older Canadians: Current patterns, preferences and policies. *Journal of Housing for the Elderly*, 12 (1/2), 19-35.



INTERNATIONAL YEAR OF OLDER PERSONS FRIESEN CONFERENCE: BUILDING A SOCIETY FOR ALL AGES

The theme of this year's John K. Friesen Conference was *Building a Society for All Ages: Community-University Partnerships in Research, Education and Services for Older Adults*. Two conference workshops were dedicated to the area of housing and the built environment; one was on Housing and Support Trends and Issues and the other was on Design for Dementia. Summaries of each of the sessions are given below.

Housing and Support Trends and Issues

Moderator

Peggy Prill, Market Analyst, BC and Yukon Business Centre, CMHC, gave a synopsis of CMHC activities, including research into expanded markets, and she displayed examples of research products, including research done by the GRC. She also spoke about their mortgage activities, facilitating public or private non-profit housing for seniors, and assistance programs including assisted housing, HASI (Housing Adaptations for Seniors' Independence) and RRAP (Rental Rehabilitation Assistance Program.)

Presenters

Mary Ann Clarke Scott, MAIBC spoke about her Abbeyfield housing and small group homes research project, which was funded, in 1994, through the External Research Program of CMHC. She felt that this type of housing was "catching on in Canada" and that there were lessons to be learned from those who had experience with the development of small group homes for seniors. They are defined by their small scale (7-10 persons) and homelike social context, including shared spaces for dining and social activities. Private units are usually small bed-sitting rooms with private toilets, but are sometimes larger, self-contained suites. A resident housekeeper oversees house management, and resident safety and well-being. Projects are usually sponsored by churches and service clubs, who provide continuity, administration, legal responsibility and volunteer support. Their small scale and residential character make them appropriate additions to any existing (and familiar) residential neighbourhood. This has important long term care and urban planning implications, since existing infrastructure and services are utilized, and residents can be drawn from the local area.

In 1995 twenty small group homes from across Canada were studied from project conception through to construction, marketing and occupancy. Data collection involved open-ended interviews with stakeholders. This collaborative project was a partnership of practitioners and academics, allowing a sharing

of experience with objective analysis and presentation of results. Recommendations were based on unique as well as general findings of both positive and negative experiences. The analysis generated a typology and a "how to" guide to assist with the development process of future projects. Findings included eight issues critical for success. These were: focussed and energetic human resources with relevant experience and expertise; acquiring development know-how; neighbourhood involvement and support; community connections to assist with fundraising and securing financing; availability of appropriate real estate; target marketing to a well-known client group; a clear mission, goals and philosophy of care; and research and familiarity with precedents. The context has changed significantly in the 12 years since the first Abbeyfield house was opened in Canada in 1987. Already new development has been facilitated by a growing knowledge base, supportive network, familiarity with the model, and increased acceptance of its importance as a viable choice in the seniors' housing continuum. With time, governments and communities will embrace and support this housing option even further. The full report, entitled *Neighbourhood Group Homes for the Elderly: the Planning, Design and Development Process*, is available from the Canadian Housing Information Centre.

Dr. Veronica Doyle, Manager, Housing Policy, BC Ministry of Municipal Affairs and Housing, referred to "herself" as a university-community partnership, in reference to her own Ph.D. thesis research project and experience working in non-profit and government sectors. She applies her training in Gerontology in all her work. She spoke about her Older Women Living Alone project ("It's My Turn Now") and her work with Van City Enterprises project developing condominiums for seniors adjacent to Queens Park Hospital. Through these projects, she has learned the importance of privacy and independence for the elderly. Her latest work involves reviewing supportive housing for seniors across BC from a public policy perspective. Working in collaboration with the Ministry of Health, she has been looking at regulations, the relationship between health and housing, and consumer protection issues. Opinions were gathered through public consultations in communities across the province. In the first year, they have identified issues a) from the municipal perspective, and b) from the consumer perspective (e.g. if "care" must be licensed, it adds costs and moves supportive housing from a "social" to a "medical" model. But, without licensing, there is no consumer protection for this vulnerable population.) Supportive housing, as defined by Doyle, is: minimal private

space with a lockable door, barrier free design, access to meals, 24-hour emergency response, housekeeping, laundry and recreational opportunities in packaged or on an as-needed basis, and is not limited to one housing type or form. It is important that supportive housing be defined as separate and distinct from care facilities. The report is being finished now and a strategy document will be available soon. Doyle's perspective is a social/ environmental one: first look at the environment, both physical (mobility, safety, local environment) and social (isolation). It is not necessary to be a recipient of formal services to be "supported". She believes that a supportive environment can promote health, and brings this perspective to her work.

In 1994, Warren Neufeld, Developer, The Conservatory, Kelowna, BC, was presented with 17 acres in an older residential suburb of Kelowna, and challenged by his client (Marona Developments) to facilitate a supportive retirement community. Although he had experience with development, market feasibility and financing, he realized he did not have the information he needed to plan this seniors housing community. He approached Dr. Gutman and the GRC for practical information. He, his client and a group of consultants (approximately 25 people in all) attended a custom two-day course on environment and aging offered by the GRC. Through this experience the Centre gained support from the consultants who, though initially reluctant, valued their learning experience. They are now proponents of continuing education in the industry and in their communities. At last this year, the municipal corporation has endorsed The Conservatory, a project which has more than 1 million square feet of apartment condominiums, including four enclosed atrium gardens, with 95% W/C accessibility, and 15% affordable units (without government subsidies.) The project also includes plans for assisted living. (For more information see their web site <kelownaplan.com>.) The project

is very exciting but complex in terms of land use. Through his challenging experience getting the Conservatory project going, Neufeld has identified a number of issues, trends and challenges.

Issues include:

1. NIMBY (attitudes of neighbours are often based on misinformation and emotions)
2. a lack of understanding of the aging cycle
3. a need for community education on issues of aging
4. a need for better socialization opportunities and integration of seniors developments with the surrounding community.

Trends include:

1. more uses per site (a move away from the filing drawer approach)
2. increased research and planning for developments
3. more sophisticated and truthful communication between stakeholders.
4. relatively sharp increases in costs to consumers.

Challenges include:

1. finding leaders to help educate the community on issues of aging
2. respecting people of all ages, based on knowledge
3. "boomer" grandmothers will be more educated, informed and demanding
4. younger seniors still feel "bullet proof" — aging affects "others"
5. the need to replace political "followship" with political "leadership", especially regarding the effects of aging
6. the need to put money and effort into education on issues of aging.

Michael Grant, BC Housing Management Commission, talked about the BC Housing Management Commission; it is BC's largest provider of social housing for seniors with 30,000 seniors living in 26,000 social housing units, ranging from high rise to cottages, 20,000 of which are subsidized. Most are managed by non-profit groups. They generally have amenity spaces, activities,

some meals and health clinics. Two thirds of the stock are bachelor units, which are very small. They are now planning to redevelop some of this stock to provide more one bedroom apartments, and to provide more supportive services as the residents age in place. The new model includes physical modifications, on-site programs, and improved responses to seniors' needs.

Sunset Towers is the largest seniors project in the province with 500 units. The building had only 95 one-bedroom apartments, with the remainder being bachelor units. The population includes some younger adults with disabilities. Some units will be combined to make larger ones, and some units will be modified for partial wheelchair access. Other than access and improved amenity space, concerns include safety, security, and quality of life. There are two outreach programmers who advocate and coordinate for residents. Consultants have been retained to evaluate the building, as well as to conduct focus groups to identify resident needs.

It was an important goal to hear what residents had to say, and not to dictate solutions to them. A tenant satisfaction survey identified what was good about the community, strengths that could be built upon them, but an adversarial attitude had to be overcome. Changes also include encouraging community partnerships with seniors centres, police, hospitals, etc. The changes will be phased over four years. The outcome will include social changes, capital expenditures and a new communication plan. Changes this year include conversion of some units, addition of a community kitchen for tenants' use and service provider areas for homemakers, etc. This area, on the second floor bridge that links the two large towers, provides a focus for community life. Further changes planned include a new security system, an expanded service provision area, accessible bathing areas, enhanced lounge and laundry rooms and a unique wayfinding system involving student art.

Design for Dementia

Moderator

Ian Ross, Executive Director, Alzheimer's Society of BC

Presenters

Marilyn Harris, Executive Director, Richmond Kinsman Home Support/Adult Day Care, spoke about a purpose-built adult day care centre that includes a bathing centre, podiatry, and licensed care nursing. Though it was not intended for dementia specific clientele, a dementia population had to be accommodated. The centre was designed to promote independent functioning provide stimulation, and unobtrusive surveillance of clients in a home-like environment. From the outset, rooms in the centre were known by ordinary, domestic language, e.g. "living room" and "den" instead of lounge. The space was designed to encourage movement and accommodate activities and hobbies. Furnishings were domestic in character. The project was developed together with a Child Care centre that was separate from, but together with, the Adult Day Care centre.

Lynne Werker, MAIBC, designed the Adult Care centre, and spoke about her "many-headed" client and the need for a great deal of consultation in order to address each group's concerns and wishes. Using an architectural model that she brought to the workshop, she described the building design and layout, as well as finish materials that integrated the building into its existing context. She noted the importance of a covered drop-off area, and the fact that the centre was designed in a residential style to be familiar to those clients who were coming from apartments. The population using the centre are mostly apartment dwellers, at the IC3 level, and those with dementia are mid-stage. Different clients attend each day, and are picked up at about 9am, served coffee, lunch at noon, offered programs in the afternoon and taken home at about 3pm. Personalization is accomplished through display of photos and projects completed by the seniors.

Robin Charlwood, Ph.D. P. Eng., family caregiver, commented that Adult Day Care, to be effective in supporting family caregivers' needs, should be open from 8am to 6pm to accommodate working spouses. Also, weekends and evenings should be options so that caregivers can fit in other kinds of obligations and activities. "Paying for facilities that are used only 20% of the time is a waste of resources," he stated. It is also important that the facility not be referred to as "adult day care". Referring to it as a "club" is more appropriate. Charlwood also posed challenging questions about hiring designers who had limited previous knowledge or experience with a particular building type or special needs users. He observed that residential facilities for dementia needed to be multi-level so that residents do not have to move as the disease advances. Also, it is very important that these facilities be smaller in scale and home-like in character with a maximum of staff accessibility. These characteristics make it much easier for the resident with dementia to adjust.

Mary Ann Clarke Scott, MAIBC, presented a background summary and update on the Dogwood Lodge Study (PIs: Clarke Scott & Gutman). She spoke about the dearth of research examining the impact of discrete interior design changes on the behavior and well-being of residents of Special Care Units. Many of the design recommendations in the literature are based on anecdotal observations and experience, despite being convincing. One reason may be that it is difficult to tease apart the variables in environmental research. The objective of the project was to evaluate the environment of two nearly identical SCU facilities in sister Intermediate Care facilities, the Dogwood Lodges of Vancouver and Burnaby, one being renovated and the other serving as a control. This was a "real world" circumstance that approximated the controlled setting of laboratory research. The project included staff surveys, review of client case histories, and videotaped observations of resident behavior at baseline, and after each environmental intervention in several series, focusing on different areas within the unit. Preliminary analysis of findings show that the cumulative effect of changes dramatically increased the use of lounge spaces by residents. Data coding and analysis is ongoing, and is a formidable task because of the huge amount of video data collected over the course of about a year.

Burt Holmes, Administrator, Dogwood Lodge, reviewed the history of the Dogwood Lodge facilities, and the creation of the secure Special Care Units. He described the modifications that were made to accommodate the SCUs. One of these was to create a smaller area for a smaller group, though the numbers were still in the 25 to 30 resident range, much larger than what Charlwood considered ideal. Holmes also talked about the situation of Dogwood Lodges, in terms of plans to redevelop. The motivation of the staff and administration in participating in the study was to learn about design elements that would be effective in other settings, as well as to benefit the residents of the existing facilities. □

Forthcoming Book Announcement

The following will be published in September:
Clarke Scott, M.A. (Ed). *Aging in Place: Planning for the 21st Century: Proceedings from a Conference held November 6-7, 1997.* Vancouver: Gerontology Research Centre, Simon Fraser University.
ISBN: 0-86491-214-5

Satisfaction, funded by CMHC, consisting of 24 detailed case studies of different housing options for seniors in every region of Canada, conducted by a SFU Gerontology research team comprised of Gloria Gutman, Mary Ann Clarke Scott and myself. The report is not yet available from CMHC.

- Two papers for the Long Term Care Review Committee of the British Columbia government: *Supportive Housing for Seniors: A Background Paper* (1997) and *Supportive Housing: An International Literature Review* (1998). The background paper was published in Simon Fraser University's *Seniors' Housing Update* (Vol. 1, No. 8, June 1998). The literature review is available from the Office for Seniors, Ministry of Health, 1515 Blanshard Street, Victoria BC V8W 3C8.
- Four case studies of affordable supportive housing for seniors and a literature review on the evolution of Very Sheltered Housing in the U.K. for the Hospital Employees' Union of British Columbia (1999). Contact: May Cohen at (604) 734-3431.
- Presentations and consultations for Veterans Affairs Canada, provincial officials in NFL and several private sector developers.

Footnotes

1. See Gnaedinger, N. (1998). *Supportive Housing: An International Literature Review*, available from the British Columbia Office for Seniors, B.C. Ministry of Health.
2. For a description of the campus model, see Gnaedinger, N. (1998). "What is Supportive Housing?" *Exploring the Options: Supportive Housing for Seniors*, Proceedings of the April 29-30, 1998 Conference hosted by the Greater Edmonton Foundation.

— Nancy Gnaedinger can be reached at: 2705 Arbutus Road, Victoria BC, V8N 1W8. Tel: 250-477-0667. Fax: 250-477-5447.

design of more effective tools. Data collection will continue into Fall 1999.

Canadian Foundation for Innovation Grant

First year funding from a successful CFI grant application has been allocated toward a variety of new equipment for the Dr. Tong Louie Living Laboratory. Items soon to be added to supplement the capabilities of the Lab include additional audio-visual and multimedia system electronic equipment, including cameras, lenses, monitors, video links, microphones, amplifiers, video projector and surveillance system. Additional wall panels and components will allow for modifications to the portable wall system. SFU Engineering Science students are already engaged in design and development of a custom data logger for research at the Living Lab. New computer software and hardware will include a PEAK update and several new CAD programs to assist with product development and to supplement the existing architectural CAD station. Additional tools, such as a vacuum forming machine and power tools will allow cost-effective and flexible prototype manufacturing in-house.

Anticipated Year 2 and 3 spending will further add to the power and sophistication of the Living Lab, opening up new areas of research. One important area of expansion will be into the area of Home Automation, including testing, evaluation and development of networks, plug-ins (assistive devices and information technology) and user interfaces. New tools that measure human function and performance, as well as monitor activities in the physical environment, are planned as well. □

REVIEW OF SUPPORTIVE HOUSING BY THE B.C. GOVERNMENT

The Ministries of Municipal Affairs and Health recently carried out a review of supportive housing for seniors. For the purposes of this review, the Ministries considered supportive housing to be "a way of providing a more appropriate living environment for frail elderly people who do not need the services of a care facility." Their report should be completed later this year.

As a result of this review, the B.C. Government has produced four fact sheets on supportive housing which are available on the web (www.marh.gov.bc.ca/HOUSING/). The themes of the four fact sheets are "Introduction", "Seniors Housing Terminology", "Supportive Housing Options" and "How Local Governments Can Help a Project". Other fact sheets are planned.

Preliminary findings include the "need for supportive housing to fill in the gap between independent housing and care facilities", that "there is a large affordability problem, especially for older women living alone" and that "regulations designed for care facilities add to costs and disempower residents; a consumer protection system for housing is required instead."

It was also announced that HOMES BC would be assisting non-profit housing groups in providing supportive housing for seniors, through partnerships with regional health authorities and local governments.

— For more information, please contact either the Ministry of Municipal Affairs (www.marh.gov.bc.ca/HOUSING/) or tel: (250) 387-7088 or the Ministry of Health Office for Seniors (www.hlth.gov.bc.ca/seniors/index.html) or tel: (250) 952-1240.

The Dr. Tong Louie Living Laboratory Research Update

Universal Design Study

1998-99 has been a very busy and challenging year at the Living Lab. Since the spring of 1998, a CMHC funded research project entitled Space Efficient Universal Design Features has been underway – the first study to be conducted in the new lab facility.

The Universal Design research project is evaluating design innovations that have been developed specifically to enhance access for people who use wheelchairs. While some features have been incorporated into a few wheelchair accessible designs projects, few have been formally evaluated.

The research objectives include:

1. to determine which of the universal design features tested are the most functionally appropriate based on evaluation of actual use by users with varying physical abilities;
2. to identify and describe patterns of use of test features by users with varying abilities;
3. to identify alternative design features that may emerge from the research, and,
4. to identify the most space efficient design solution(s) incorporating those design features.

The study involves testing and evaluation of the use of nine different household design features, seven in the kitchen and two in the bathroom by research participants with a range of mobility impairments, including both younger people with disabilities, and older adults with disabilities, taking into account both relative cost, space efficiency, and user-friendliness, and assessing their "universality." Plumbing fixtures were generously donated by Crane Canada, microwave ovens were donated by London Drugs, and dishwashers are on loan from Trail Appliances Limited. Safety grab bars have been donated to the Living Lab by Health First Installations, Macdonald's Prescriptions #2, and Belanger UPT (Canada) represented by Equipco Ltd.

The project will involve a total of 100 persons by the time all the data has been collected. To date, just over 60% have been tested. They range in age from 20-something to 80-something, and vary widely in physical strength and mobility. Volunteers interested in participating in the evaluation of Universal Design features

should contact Michele (604-291-5206) or Mary Ann (604-291-5180) at the Gerontology Research Centre. Study participants complete tests of balance, strength and reach before being fitted with reflective markers. The markers help the sophisticated PEAK motion analysis software track and analyze movements as

the volunteers complete "Activities of Daily Living" in each mocked-up area. Afterwards, they complete a short survey where they have the opportunity to share their opinions and recommendations about the design features they have used.

Once data collection is complete, the video data must be digitized and the data analyzed before the final report can be written. It will include design recommendations that can be applied to guidelines and building codes, and implemented in new housing projects that will better serve the diversity in the population.

Lifting Devices Study

Early in 1999, a second study began, initiated and conducted by Living Lab partners from the BCIT Technology Centre. Funded by the Workers Compensation Board, the title of this study is "Evaluation of Portable Lift and Transfer Devices to Reduce the Risk of Musculoskeletal Injury (MSI) to Home Care Workers and Development of Optimal Specifications for Such Devices". This study is indicative of the variety of research that the well-equipped lab and its multi-disciplinary team are able to do.

In this case, a study staff member poses as a person in need of assistance with transfer in and out of the bath. Research participants are practicing care aids from the community who are at risk of job-related injuries because of inadequate or improperly used assistive devices. Risk is increased by the small, awkward spaces found in homes, slippery surfaces found in bathrooms and the fact that home care

workers often must work alone. A small bathroom typical of public housing projects has been reconstructed in the Living Lab, making use of the portable wall system and plumbing fixtures donated by Crane Canada. The PEAK motion analysis will help to evaluate lifting techniques that are safe and effective and those that are problematic, and the technical data will assist with the



Tall pantry



Toilet on angled wall

continued page 11