

COMMUNITY PLANNING FOR NEIGHBORHOOD CHANGE IN AN AGING SOCIETY

by

Jacqueline East

a thesis submitted to the
Faculty of Graduate Studies
in partial fulfillment
of the
requirements for the
Degree of

MASTER OF CITY PLANNING

Department of City Planning
University of Manitoba
Winnipeg, Manitoba
June, 1992



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ISBN 0-315-77891-1

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*for my grandfather, John R. Henley
who inspired me to care ...*

ABSTRACT

The Canadian population is aging and this older population requires significantly different environmental criteria due to the unique physical, social and psychological characteristics people experience as they age. As local mobility decreases with age, the local environment becomes particularly important. Moreover an increasing proportion of the entire population is residing in suburban areas. Given the fact that older people prefer to continue aging within their own homes and their own neighborhoods for as long as possible, community planners must anticipate this 'new' population who will be living in suburban areas that have been designed and developed for the young, auto-oriented family with children. As the population ages, a significant portion of the community will no longer experience a positive environmental *fit*. Community planners must also pay heed to the ecological changes that occur within urban neighborhoods. Communities cannot simply be retrofitted to suit the elderly but, rather, the demographic transitions that naturally occur must be understood and considered.

An aging population directly influences the activities of community planners. Planning issues have bearing on the quality of life older people experience living in the community. Transportation, community support and services, neighborhood design and land use regulations are all legitimate areas of concern for planners. It is necessary to examine the effectiveness of existing initiatives in these areas in addressing the needs of a maturing population. With the implementation of a variety of strategies, planning efforts may begin to respond to the changing demographics.

There appears to be some potential for change within public policy. Coordination and communication among governments, non-profit agencies and the private sector; a move to a neighborhood-based approach to program delivery; the awareness to plan for demographic transitions; a broad perspective of accessibility, and; action through community development initiatives are five broad policy directions that can lead to the realization of successful community living options for older people. Community planners have a significant role to play in the development and delivery of these strategic programs.

ACKNOWLEDGEMENTS

It took the efforts of many people to realize the completion of this thesis. I cannot thank my advisor, Dr. Tom Carter, enough for his advice, comments and support throughout the research and writing. His expertise in the field was invaluable to the entire process. Dr. Mario Carvalho's and Professor Christine McKee's time as readers for the thesis is also appreciated.

My husband, Todd Ming, offered an incredible amount of personal support that made the long hours and frustrating rewrites bearable. I must also thank my mother and father, Wendy and David East for their continuing support of my academic endeavours. Not only is the completion of this thesis a milestone for me but it has become a bit of a milestone for my family and close friends as well. I have dedicated this work to my grandfather, John Henley, as it was his inspiration that gave me a unique understanding of aging and an genuine appreciation of the elderly. Much of my thesis is based upon this insight.

I thank the Centre on Aging at the University of Manitoba for their support and financial assistance of the Jack MacDonnell Scholarship. Finally, the research could not have been undertaken to this extent without the financial assistance awarded to me by the Canada Mortgage and Housing Corporation through the Graduate Fellowship Program.

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CHAPTER ONE

INTRODUCTION

The aging of Canada's population suggests the need for changes in the focus of community planning activities. As the title indicates, this thesis proposes to examine the community planning issues that arise from the demographic transitions which occur in urban areas. The particular emphasis in this case is on the planning needs of older people, important because of population aging.

Community planning is "especially appropriate to describe the activity of planning living environments in our variously sized settlements" (Hodge, 1990, p.13). For the purpose of this thesis, community planning is particularly important as a process of anticipating future needs and demands and affecting appropriate actions within communities so as to accommodate present populations and facilitate the transitions for future populations. Furthermore, "community planning ... signifies the importance of the aspiration that the community should be doing the community planning" (Hodge, 1990, p.14).

Neighborhood change refers to the ecological transitions that occur within and among smaller sub-areas of cities. There are many theories to explain neighborhood changes but the focus in this thesis are those changes that occur in the composition of urban neighborhoods as people continue to age in the same location.

Our aging society refers to the population aging of Canada. The increasing absolute number and proportion of our population over the age of sixty-five has serious implications for virtually all activities. As older people become a more significant political force, changes are bound to occur. As community planners we must be aware of these impending changes in order to anticipate future demands on the environment.

1.1 Intent

This thesis undertakes a large task, that of reinforcing the necessity of planning for change. Urban environments are under constant transition and it is imperative that planners take note of these changes and attempt to understand their manifestations within the city. One of the most pressing concerns regarding present and future changes is the aging of our population. In this light, the thesis examines the environmental demands and needs of older people within the urban environment so that planners might better anticipate the transitions of the near future. At best, the following discussions and analyses create an awareness of the issues that must be a part of everyday community planning activities and in the mind of all planners regardless of their specialization.

The primary purpose of this thesis is to examine community planning as a process of initiating and facilitating actions that will respond to the challenges older people face while aging within their present neighborhoods. These neighborhoods must be adapted to provide suitable environments for elderly residents. The term 'environment' is used throughout the thesis to refer to the set of physical, social and psychological factors that comprise an individual's surroundings. The environment in this holistic sense is unique to each individual and includes not only the person's relationship with physical spaces but also with other people and social institutions. The goal is to create environments that answer to the needs of a diverse population. In this case, the particular needs of an aging population are examined. All of these connotations are relevant when the term 'environment' is used in this thesis. It is argued that planning issues that arise in our communities due to the special characteristics and the diversity of its aging population are best addressed within the local environment of a "neighborhood".

As this thesis explores the need for greater awareness by the planning profession of an aging population, the intent is four-fold:

- to understand the nature and the dynamics of change in regard to an aging population.

- to heighten the awareness by urban and community planning professionals.
- to identify emergent changes in regards to the needs of older people.
- to develop initiatives in program and policy for addressing change.

1.2 Rationale

There is a lack of awareness by community planners of the local manifestations of our aging population. The thesis attempts to address two main concerns. First, we, as community planners must create environments that can comfortably accommodate people throughout their life cycle in order to address demographic transitions within urban areas. Second and more specifically, with an aging population in our midst and an environment catering to the demands of the young, we must understand the characteristics and needs that seniors experience particularly within their local neighborhood environment. Community planning does not presently incorporate adequate considerations regarding the requirements of the increasing number of people over the age of sixty-five. Moreover the older population is so diverse that the issues can only adequately be addressed locally, within urban neighborhoods in this case.

1.3 Study Assumptions and Limitations

The general implications of the topic *planning for an aging population* carry some hints as to the all-encompassing nature of the subject. The research, opinions and information tap into a wide variety of disciplines such as gerontology, sociology, psychology, health, urban design and a variety of other areas within the field of urban planning. Any one of the many matters within this thesis could very well stand alone and each deserves the attention of a full thesis of its own. But in order to create an awareness and an understanding of the community planning issues that are emerging with an aging population it is necessary to take a broad look at the big picture. Solutions to problems of cooperation, accessibility, attitude and communication can only be addressed at this level of generality.

Although there has been an attempt to offer discussions and directions for universal application, it is a limitation of this thesis that examples, opinions and ideals are often based on situations in Winnipeg and Manitoba. Most of these concepts are applicable elsewhere but the reader should take caution in understanding their own local departures from the picture that has been painted herein. Furthermore, it was decided at the onset that the issues relating to urban areas would be the focus. The rural areas demand equal consideration but it was beyond the scope of this particular task.

Another limitation experienced throughout this thesis is the accepted definition of 'senior citizens'. For ease of analysis, most of the research regarding seniors refers to people over the age of sixty-five years. This is the age of retirement for many people in North America and this alone will cause some change in lifestyle that will alter their requirements from the environment. On all other accounts, this age is quite arbitrary. For the purposes of this thesis the terms *seniors* and *the elderly* are used interchangeably to refer to people over the age of sixty-five unless otherwise noted. The term *older people* is also often used in an attempt to see aging in more general terms and as a natural and expected process of the human life cycle.

One final assumption that must be understood at the onset of this thesis is that community planning includes social planning as well as the traditional physical planning. Ultimately, these two areas of planning are intertwined and cannot be considered as separate fields of practice. The community planning issues that are examined in Chapter Four rely equally on the expertise of both physical and social planners. This also puts community planners in a unique and ideal position in which to effectively address these issues that combine the physical problems of the city with the social characteristics of its populations.

1.4 Method of Approach and Structure of the Thesis

The thesis is based on a compilation of information and ideas about seniors from a variety of disciplines and the translation of it into tangible concerns for community planners. This information has come from existing literature and qualitative and quantitative published research as well as interviews with a variety of professionals. Several workshops and seminars also helped to create a general appreciation and insight for the plight of older people living in an environment designed for a younger population. Furthermore, much of the underlying tone of this thesis comes from the author's perspective that has been gained from various discussions with and considerations of older people approaching their local environment in their daily activities. These insights have been gained on both a personal level and through the author's experience in the workplace.

The thesis develops in three major stages of discovery. The first stage creates the foundation for the thesis. It comes to grips with the characteristics and environmental needs and demands of older people. This is the basis for further study. Without an understanding of the population in question we, as planners, have little hope in addressing any real needs. Chapter Two reviews the changing demographics with a focus on several anomalies particularly associated with an aging population. Some of the relevant social, psychological and physical characteristics of older people are discussed. Chapter Three examines the particular importance of the local environment to seniors based on many of the characteristics they possess associated with retirement and / or increased frailty. It thus becomes clear that the concerns of an aging population are fundamental to everyday planning activities.

The second stage of the research is the identification and examination of the community planning issues particularly relevant to older people. Chapter Four approaches this notion through a review of four basic issues within planning: transportation; community support and services; neighborhood design, and; land use regulation. All of

these areas presently demonstrate both constraints and opportunities for older people. Particular strategies are offered for consideration at the end of each section.

The third and final stage of this thesis is a discussion of the realities of present policies and programs and suggestions for directions into the future. These directions are very general as they must be in order to address the issues associated with such a broad group within our population, that of older people. It is much more complex than dealing with an interest group. The only common characteristic that all seniors have in common is their physical age. The need for planning for older people eventually encompasses the entire population. We will all be old ... hopefully!

CHAPTER TWO

THE AGING POPULATION IN CANADA: A REVIEW

There is no "us" and "them" in planning for the future of the elderly. It is all "us" and we all do well to harness self interest in concern for the quality of life in old age (Arie, 1981, p.557).

The intent of this chapter is to provide a background to some of the specific characteristics of our aging population so the reader can begin to understand the implications for community planning. Some of the physical, social and psychological characteristics that are common among many older people are reviewed in order to gain some insight into the needs of an older population. From this it becomes clear that their local surroundings are vital attributes to the level of comfort in their lives and it is necessary to examine the particular context in which the environment must be understood. This review provides information that is necessary in order to develop an understanding of the environmental needs and demands of older people. Prior to delving into these subject areas the Canadian demographic picture is reviewed and the concept of an *aging population* and its characteristics are examined.

During the past few decades there has been a profound awakening of interest in older Canadians. Often referred to as *golden agers* or *senior citizens* this segment of our population is actually an extremely diverse group of people. Older people are comprised of a similar diversity of ethnicities, religions and levels of well-being as the rest of the population. Moreover, there are indications that human beings become even more unique individuals as they age as a result of their lifetime experiences. It is, therefore, impossible to adequately characterize "older Canadians" as a homogeneous group.

2.1 Population Aging

Vast amounts of research and literature have highlighted issues related to the elderly. This, together with a more humanistic attitude by society toward people in general, has positively affected the senior population. However a central concern is the proportionate increase in the sixty-five plus age group (Statistics Canada, 1988).

It has been well documented that the elderly population in Canada is steadily increasing both in absolute numbers and relative to that proportion of the population under the age of 65.¹ In Canada the population of those aged 65 and over increased from 271,000 to 2,697,580 between 1901 and 1986 and from a low of 4.7% of the total population in 1911 to a recent high of 10.7% of the total population in 1986 (See Table 2.1). Canadian seniors have become a population that cannot be overlooked in day-to-day planning activities. Future estimates indicate that by the turn of the century 13% of the population will be over the age of 65 and that by 2031 the most generous predictions estimate that the elderly population may account for twenty five percent of the Canadian population. Furthermore the sex ratio of the Canadian elderly population is also changing as women experience longer life spans than men.

Table 2.1
Total Population and Proportion of Canadians Over the Age of 65

<u>Year</u>	<u>1901</u>	<u>1911</u>	<u>1921</u>	<u>1931</u>	<u>1941</u>	<u>1951</u>	<u>1961</u>	<u>1971</u>	<u>1981</u>	<u>1986</u>
Pop in 1000's	271	335	420	576	768	1,086	1,391	1,744	2,361	2,698
Percentage	5.0	4.7	4.8	5.6	6.7	7.8	7.6	8.1	9.7	10.7
Sex Ratio	1,050	1,036	1,047	1,046	1,037	1,031	940	812	749	724

Source: Minister of Supply and Services, 1983; Statistics Canada, 1986; Chappell, 1990.

¹Relatively speaking though, Canada remains well below the industrialized world in the degree of maturity of its age structure, i.e. "the relative number, or proportion, of seniors in the population at a point in time" (Statistics Canada, 1988, p.19). Countries including Sweden, the United Kingdom, West Germany and France have a much greater degree of "age structure maturity".

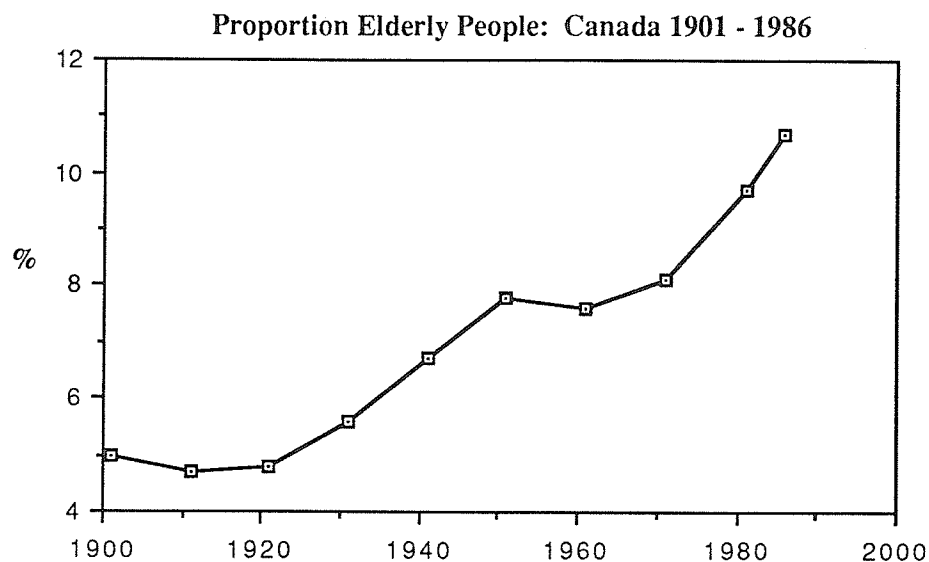


Figure 2.1 Proportion of Elderly in Canada: 1901-1986

The beginning of the century saw high fertility rates and new, young family immigration into Canada. The proportion of elderly people was relatively low. The beginning of lower fertility rates and advanced medical technology could be clearly identified up to the late 1940's when the post-war baby boom took hold, drastically increasing the number of children and stabilizing the over-sixty-five age cohort. With the late 1960's returned the lower fertility rates and a growing concern for healthier lifestyles. Consequently, the elderly population is now growing at a faster rate than ever before. The baby boom generation will reach age sixty-five in the second and third decades of the twentieth century.

Several explanations exist which account for the recent dramatic population shifts. These include improved medical technology and social services which contribute to increased life expectancy; the aging of early immigrant groups, and; most significantly, lower birth rates which increase the proportion of elderly within the population. Lower fertility rates have the largest impact on the aging population. The post World War II baby boom generation of approximately 1946-1961 will add even greater numbers to the presently increasing elderly population as they begin to reach retirement age in the second decade of the twenty-first century. These various trends are evident in Figure 2.1.

Three important issues included in a discussion of the implications of an aging population are: the size of the older population; the maturity of the population age structure, and; the growth rate of the senior population. In 1986, seniors numbered almost

2.7 million in Canada (see Table 2.1). It is estimated that by 2001 there may be almost 3.5 million people over the age of 65 and by 2031 well over 6 million seniors (Chappell, 1990, p.9). Canada is considered relatively youthful compared to many other countries. For example, many European countries currently have a senior population of between 14 and 16 percent of their total population (Chappell, 1990). Canada will be well into the 21st century before its population reaches this maturity. With greater longevity and particularly as the babyboomers begin to reach the age of sixty-five twenty years from now, the growth of this older population will continue to increase. The population pyramids (Figure 2.2) demonstrate these facts and clearly indicate how the population is aging.

Looking solely at the national averages of people over the age of sixty five tends to mask some of the regional diversities of age structures. There is an unequal distribution of senior citizens among provinces. Different parts of Canada are in different stages of population aging. Saskatchewan and Prince Edward Island have 12.7 percent of the population over the age of sixty five while the Yukon and the Northwest Territories have less than four percent of their population over the age of sixty five. British Columbia also has a very mature age structure and the fastest senior population growth rate of all provinces. "Should the 4% per annual growth rate of the 75+ population persist in this province, the number of B.C. residents in this age group will double before the year 2006" (Statistics Canada, 1988, p.26).

Within this mega-trend of an increasing elderly population and an increasing proportion of senior citizens within the population several subsidiary trends become apparent: the increasing population growth of the oldest elderly; the advancing age of the post World War II baby boom generation; the particular plight of older women; the specific living arrangements of older people; the geographic mobility of seniors; institutionalization, and; the physical, social and psychological characteristics associated with the human aging process. These subjects will be briefly reviewed for the remainder of this chapter.

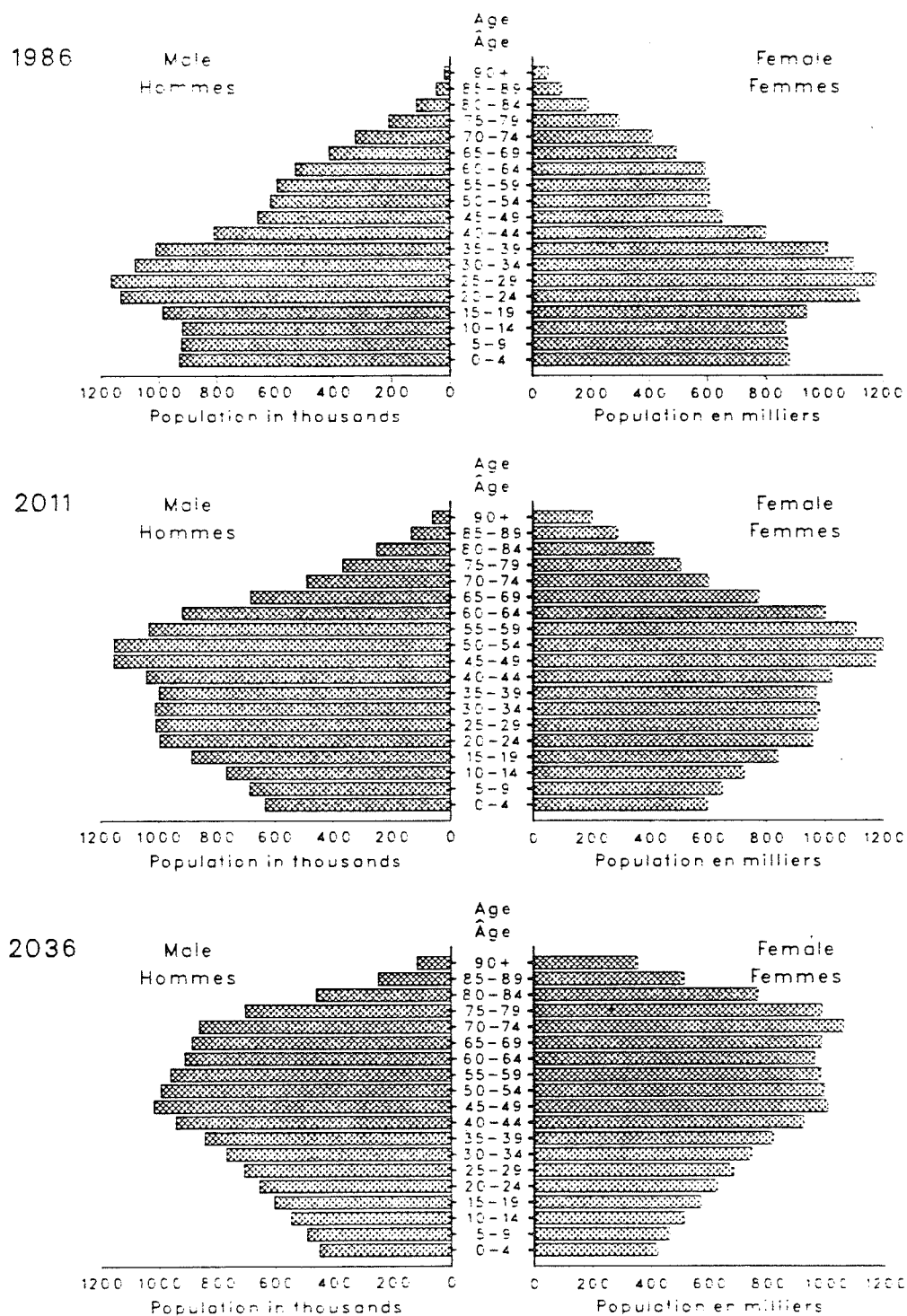


Figure 2.2 Population by Age Group and Sex, Canada, 1986, 2011, 2036
 (Source: Statistics Canada, 1986, p.35)

Table 2.2
Distribution of the Elderly Population in Canadian Provinces

<u>Province</u>	<u># Over 65 Years</u>	<u>Total Population</u>	<u>% Elderly Pop.</u>
Sask	128,600	1,009,615	12.7%
PEI	16,090	126,645	12.7
Manitoba	133,890	1,063,015	12.6
BC	349,490	2,883,370	12.1
NS	103,840	873,180	11.9
NB	78,740	709,445	11.1
Ontario	992,700	9,101,695	10.9
Quebec	650,640	6,532,460	10.0
Nfld	49,960	568,350	8.8
Alberta	191,300	2,365,825	8.1
Yukon	860	23,505	3.7
NWT	1,470	52,235	2.8

Source: Statistics Canada, 1986

2.2 The Oldest Elderly

The increasing growth rate of the oldest portion of the senior population, namely those over the age of eighty years, has become an increasingly significant phenomenon. "Among developed countries, Canada is possibly a leader in terms of growth rate of the population aged eighty and over" (Statistics Canada, 1988, p.9). The 'older' elderly, those age seventy-five and over, have increased from 668,000 in 1971 to 1,040,000 in 1986, a 56% increase compared with a 16% increase in the population under the age of 75. Projections indicate that by 2001 Canada's older elderly will increase to 1.7 million and will represent more than 6% of the total population (Priest, 1988, p.27).

For the majority of these people, their increased frailty and increased demand for specialized services will have significant impact on the communities in which they choose to live. As this segment of our population continues to increase in numbers and proportion of the population, community planners must consider a new set of issues especially the health and income related problems many of the older elderly face. According to Priest (1985) by 1996 this population group alone could create a demand for between "420,000 and 532,000 dwelling units, a substantial increase from the 243,000 occupied by persons 75 years and over who were living alone in 1981." More significantly, these dwelling

units will require a great deal more innovation in regards to their location, design and support services than presently exist in the average urban residential unit. For example, he also notes that this particular age group has the propensity to move from low density dwellings such as single detached homes to higher density apartments, a trend that should be of particular interest to community planners.

It is important to keep in mind that one is planning not only for the active and agile retiree in his sixties who has more time on his hands for travel, volunteer work and family but also for the eighty-five year old woman who is an entire generation older than the recent retiree and who will have not only a different set of needs and values but also restricted mobility and an increased possibility of financial hardship. This fact alone has serious implications for community planning as the oldest subset of the elderly population will increasingly demand accessible and specialized housing, transportation and social services.

2.3 The "Baby Boom" Generation

Another issue that is receiving much attention is the aging of the post World War II *baby boom generation* (those persons born approximately between 1946 and 1966). The oldest members of this group will soon be entering their pre-retirement years. According to current projections the elderly population will be the largest in the history of Canada when the baby boom generation constitutes the majority of the older Canadian population. By 2040 the number of senior citizens may already begin to decrease but while this particular population (that of the baby boomers) are senior citizens they will demand the appropriate services and facilities necessary to enjoy their senior years. They will also be better educated, healthier and enjoy increased longevity.

It is also important to understand that prior to the *baby boomers* reaching the age of sixty five another group of seniors with very different characteristics and demands will comprise much of Canada's elderly population. The senior citizens of the next twenty years are those who grew up during the Depression of the Thirties and World War II.

Although differences among generations would entail a complex analysis and description, it is clear that these people who grew up with very little in terms of material wealth will demand very different things from society as they age compared with the aging of the next generation of seniors, many who reaped the benefits of a booming national economy.

In planning at any level one must understand not only the present population makeup but also the different populations of the future. The need for services and facilities will surely differ according to their variety of subjective needs. For instance, senior's apartment buildings in Winnipeg constructed twenty to thirty years ago (now managed by Manitoba Housing Authority) were built in response to an anticipated increase in the number of elderly people requiring affordable accommodation. Much of the targeted senior's population had lived in accommodations such as boarding rooms and shared living quarters of one sort or the other. Bachelor suites with private kitchen and bathroom facilities were perceived as more than adequate and this is what the public housing authorities undertook in their projects. Times have changed and senior citizens with different lifestyles have come of age. One-room suites are now perceived as inadequate accommodation and many older apartment dwellers prefer at least a two bedroom suite so friends and relatives can have a place to stay when visiting. This has resulted in a difficulty in keeping the existing bachelor suites rented. Suites cannot be efficiently renovated and today's seniors are unwilling to live in one room apartments.

In the above example one may notice the high vacancy rate in one-room bachelor units of elderly persons housing in Winnipeg versus the relatively high demand for senior's rental accommodation. A new population of senior citizens has arrived and their characteristics were not anticipated when public money was invested in the public housing of twenty to thirty years ago. Planner's might attempt to anticipate some of the general characteristics of future older populations. The case of the *baby boomers* is particularly interesting as it is a large generation that has a history of being more politically active and demanding of more amenities. With further sociological research planners should be better

able to assist in preparing communities for this demand. Housing and public services will be required to respond to an increasing demand for 'quality of life' considerations.

2.4 Women and an Aging Population

For the past several decades women have consistently had a longer average life span than men. Therefore there are significantly greater numbers of elderly women than elderly men with much different characteristics and needs. Hess (1985, p.6) offers at least three explanations for this difference in life expectancy. First, men are more prone to genetic illness, such as heart attacks, than women. Second, men are more often exposed to unsafe environments such as in the traditional work place. And third, women perceive symptoms of illness more so than men and are more aware and concerned with health-care. These examples are generalizations but they do help to explain some gender variations in longevity. As society changes, particularly as women move into the jobs traditionally held by men, it will be interesting to note whether or not this gender gap in longevity narrows.

Another concern of elderly women is the economic problems many encounter. Many older women are not eligible for pensions as they have spent their lives working in the home. Although more of the women who were born in 1940 than those born in 1920 have worked outside the home at some time in their lives, they continue to work in jobs that have limited pension benefits (McDaniel, 1988, p.64). A significant proportion of elderly women rely solely on Old Age Security and Guaranteed Income Supplements (McDaniel, 1988, p.71).

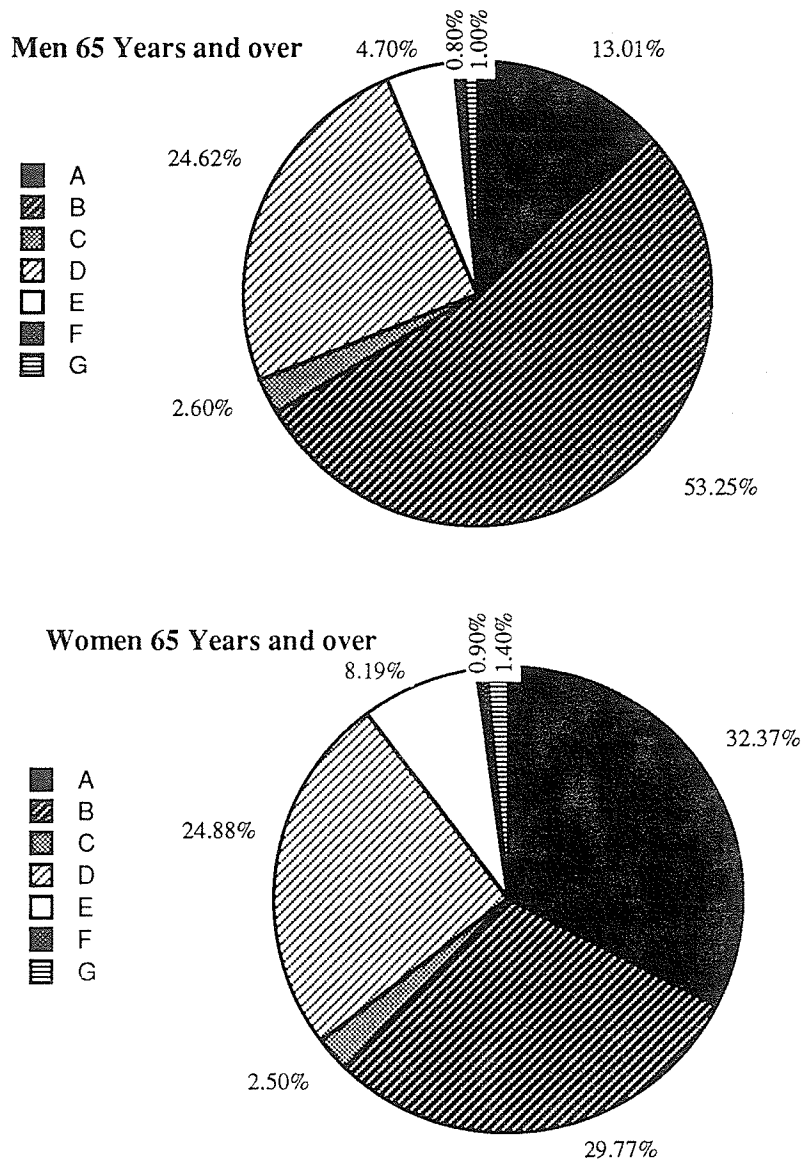
As the statistics regarding elderly women clearly show this segment of the population will demand a special set of living arrangements because of their special variety of needs. Those older women who do not live in family situations comprise about one-third of the women over the age of 65. They are "mostly unmarried (widowed, never married or divorced) and comprise a relatively large group in Canadian society" (Fletcher and Stone, 1980, p.120). Elderly women tend to live in their own households and rely

very little on offspring or the community as long as they are married and living with their husbands (Fletcher and Stone, 1980, p.119). While most elderly men are the heads of households significantly smaller proportion of women are the wives of heads or heads themselves (Clifford et al, 1982, p.145-146). This is because females are more often on their own or with other relatives due to their tendency to outlive their husbands and a low probability that they will remarry.

As a result of the longer life expectancy of women, a larger proportion of women aged 65 years and over tend to live alone. As a result of these rapid growth rates, by 1986, 38% of women aged 75 and over were living alone, up from 26% in 1971" (Priest, 1988, p.26). Given societal changes such as a trend toward fewer family ties and greater independence within subsequent female populations this phenomenon is likely to continue.

Conversely, another recently emerging aspect of the increasing number of elderly Canadians is the decrease in the rate of widowhood for those over the age of 65. The proportion of women widowed among those who had ever been married declined from 55.5% in 1976 to 52.7% in 1986 (Statistics Canada, 1986). This is a result of the same factors as mentioned previously regarding increased life span. This means that within the population over the age of 65 an increasing proportion of couples will both live well into their retirement years.

Older women are another subset of the elderly population who possess a special set of demands within the realm of community planning. Appropriate housing options must be available to accommodate the residential demands and preferences of female seniors living alone. Moreover, as many of these women experience very low income, affordable housing options must also be accessible. Although many members of this population tend to be fiercely independent, their increasing numbers also implies an increased demand for specialized services within the community. For instance, fewer older women may drive than older men due to past reliance on their husbands for transportation.



Private Households

- A Living Alone
- B Living with spouse only
- C Living with non-relatives
- D Living with Family or other relatives

Collective Households

- E Persons in nursing homes and institutions for the elderly and the chronically ill
- F Persons in hospitals
- G Persons in other collective households

Figure 2.3 Living Arrangements of Men and Women 65 Year and over: Manitoba (Source: Minister of Supply and Services, 1985)

2.5 Living Arrangements of Canada's Seniors

Elderly people reside in a variety of settings and therefore a discussion of housing options benefits from a brief discussion of some of the main issues and characteristics of the preferred living arrangements of senior citizens. Figure 2.3 represents the actual living arrangements of those Canadians age 65 and over in 1981. The most striking occurrence in the breakdown of living arrangements is the vast majority of elderly who live either alone or with their spouse only. The graphs clearly show how the living arrangements vary according to gender. Over one half of all men over the age of 65 live with their spouse only while this only accounts for just under one third of all elderly women. Just slightly more elderly women live alone as with their spouse only. Only 13% of elderly men live alone. Also, twice the proportion of elderly women live in hospitals than men. This is largely due to their ability to outlive their male peers together with becoming more dependent as they age.

There is a very subjective dimension to elderly living arrangements. Preferences are a personal matter and very difficult to determine by planners. Wister and Burch (1989, p.8) undertook a study in 1983 on the living arrangement decision-making among the elderly. Three components were measured - sociodemographic factors, attitudinal factors (social norms, personal preferences), and constraints of choices (income, kin availability, strength/mobility and domestic competence). Of these, the analysis showed that attitudinal factors were the predominant determinants of household decisions. The strongest of these was privacy and independence. Goldblatt et al (1986, p.15) contend that the variety of living arrangements are mostly determined by health and wealth. Although there seems to be some inconsistent conclusions regarding the 'ideal' living arrangements for the elderly, it is surely a combination of all factors and it is the senior citizen's preferences that should be the planner's primary consideration. Today, the living arrangements of older people are "seen in terms of small scale alternatives" in spite of the rapid increases in the numbers of elderly by the turn of the century (Goldblatt et al, 1986, p.16).

Beland (1987, p.803) notes that "a preference for a type of living arrangement and for alternate housing are not necessarily synonymous" but it remains necessary to examine the former. At least an examination of some of the preferred living arrangements of some members of the older population may give some insight into the direction community planners should be taking in providing appropriate environments for this group of people. A somewhat dated (1971) study of the preferred living arrangements of Manitoba's elderly (in Thompson, 1976, p.35) concluded the following results:

Among the elderly in the general community:

- 78.9% prefer to live alone or with their spouse
- 10.8% prefer to live with children or other relatives
- 4.2% prefer to live with others their own age
- 1.8% prefer to live with others regardless of age

Among the elderly in facilities (hostels, nursing homes, extensive care hospitals) -

- 45.1% prefer private room accommodation alone or with their spouse
- 17.4% prefer accommodation shared with others their own age
- 7.7% prefer accommodation shared with a child or relative
- 3.5% prefer accommodation shared with others regardless of age

A study of Quebec urban elderly (discussed in Beland, 1987, p.799) found that 23.6% of the respondents preferred to live alone, 33.4% preferred to live with a spouse, and the remaining 43% preferred to live with another person. A study (discussed in Kaill, 1980) of preferred living arrangements of Ontario adults regarding elderly housing looked at three main issues: age segregation; preservation of privacy, and; implications of major relocations. It was found that there was a high value placed on privacy, that relocation is undesirable and that there was a significant ambivalence about segregation. The actual living arrangements as well as the research findings all indicate that older people above all else wish to maintain choice in the matter. Moreover most seniors will remain living in their own homes and communities as long as possible.

Approximately 90% of Canadian seniors live in private households of one or two persons and, of these, approximately 60% are in single family dwellings while 12% live in highrise apartment blocks (Goldblatt et al, 1986, p.1). There is also a large percentage of elderly persons who prefer to either live alone or with another person other than a relative

(Beland, 1987). According to a housing study done by the Ontario Ministry of Senior Citizens' Affairs, (1985,p.19), the majority (57%) of elderly persons interviewed would rather remain at home with community services available to assist them. A very small percentage were interested in moving in with family or friends.

A recent article in Edmonton's City Trends newsletter is titled "Suburbs are for Seniors" (Dafoe, 1989). It is a clear statement of the fact that people are aging in place, i.e., they do not tend to move as they grow older, particularly after their families leave home. For this reason the suburbs that were formerly a haven for families with young children are growing old demographically and many are becoming naturally occurring retirement communities (NORC's).² Aging in place is an inevitable process that is currently underway and increasing in intensity across North America. With a steadily increasing senior's population and an adequate supply of housing, the most pressing issues in Canada are the availability of *suitable* accommodation for senior citizens. This does not necessarily mean that new building is necessary but, alternatively, that our present housing stock and our present neighborhoods should be maintained and adapted to their new residents - an older, and still aging, community.

Parent and adult child households have recently become quite rare in Canada. The majority of older people prefer to maintain independent households although to live in close proximity to their children. In a London, Ontario study of seniors in the community, "when respondents were asked where they would prefer to live if they could no longer live alone, most said they would prefer to live elsewhere, rather than with a child"(Marshall, 1987, p.316). Likewise, in a Quebec study (in Beland, 1987, p.800), it was found that those elderly who lived alone and wanted to change their living arrangement, chose to live with another person rather than with one of their children. Those individuals who live with their children are mostly "women, very old, widowed, ill, and suffering from some

²NORC's are discussed in some detail in Michael E. Hunt, "The Naturally Occurring Retirement Community", Housing the Very Old, 1988.

functional incapacities"(Beland, 1987, p.797). A study by Connidis (1983, p.362) also confirmed this fact with just over 13% of the total sample having chosen to live with children while the remaining 54.5% chose a facility for seniors. It is important to note that Connidis also adds that the choice to live in a senior's facility is probably a result of 'push' factors while the choice to live with children is due far more to 'pull' factors. Therefore, when chosen, there is probably a much stronger commitment to living with children than to living in a facility. Often, it is a predicament in which an older person doesn't want to be a burden to his/her children.

A survey in Ontario found that "66 percent of senior respondents wanted neighbors without children and that more than 64 percent of senior respondents preferred to live in buildings with people their own age"(Hough, 1981 cited in Novak, 1988, p.229). In a study by Canadian Council on Social Development (CCSD) in 1973 of senior citizen housing across Canada, 43 percent of the respondents said they would not want to live in an area of age integration (Andreae, 1978, p.27) Of the respondents there were only 7 percent who said they would definitely prefer to live in a mixed age setting. In yet another study, about half the respondents thought it would not be an important issue to live with people the same age. Only 14% thought it would be of great importance to do so (Epstein, 1976, p.47). Ultimately, what they regarded as most important was the opportunity to at least retain choice in the matter.

It is important to fully consider the implications of changing values in society as a determinant to differing living arrangement preferences. One generation is often planning for another generation that maintains entirely different social values. "Extending our understanding of preferences, attitudes and social norms in living arrangements and housing decision-making will assist in responding to the needs of the elderly as well as to help anticipate future demand" (Wister and Burch, 1989, p.16). An older person's housing choice reflects a variety of factors, from social class and socioeconomic status to education, ethnicity, marital status, family status, family size and health (CMHC, 1988B,

p.4). "An ideal housing system would help people match their ability to the environments demands" (Novak, 1988, p.222).

Senior citizen's incomes are disproportionately and consistently at the lower end of the income scale (Goldblatt et al, 1986, p.3). An important characteristic of senior homeownership is that they are often cash poor and asset rich. Although they may own their home, maintenance and upkeep costs often make up a large proportion of their income. The issue of planning for the increasing senior population goes beyond mere shelter to include concerns such as affordability, physical security, housing and community design, accessibility to support services, proximity to family and friends, as well as issues involving privacy, independence and autonomy. The diversity of need found among seniors demands an expansion in the range of choices available (Department of Health, 1985). This also requires more attention to the detailed population shifts that are occurring within cities, towns and municipalities.

2.6 Geographic Mobility

It is helpful to realize that the majority of older Canadians live in large urban centers and that the greatest numbers of seniors reside in Quebec and British Columbia while Prince Edward Island, Saskatchewan and Manitoba experience the largest provincial proportion of older people. Of more significance to a community planner and on a much smaller scale it is necessary to examine the residential moves of Canadian seniors in order to gain foresight into some of their residential characteristics. This brief discussion of the mobility of senior citizens will focus on elderly local mobility which is residential movement within a municipal boundary as opposed to non-local mobility within the same province, interprovincial and international moves. Following this overview, local mobility will be examined in more detail in Chapter Three when discussing neighborhood transition, particularly in reference to the aging of Canadian suburbs.

Studies of geographic mobility have largely ignored the residential moves of senior citizens and they have dealt predominantly with non-elderly moves for several reasons: the elderly have accounted for a relatively small proportion of the entire population; in general, the older population is less likely to move, and; migration studies most often focus on economically motivated moves associated with labour force phenomenon (Northcott, 1988, p.116). Unfortunately, these assumptions include two myths about the elderly population, the first being that the moves of the older population are insignificant and second, that the elderly population is homogeneous in its mobility patterns, let alone in all other regards.

In fact, elderly mobility does take place although it is more likely to be associated with non-economic circumstances such as quality of life issues or health while non-elderly mobility is most often a result of economic factors such as finding employment, advancing careers or enhancing socio-economic status.

The elderly local mover may be retreating to the suburbs or exurbs to escape the encroaching city center, or may be changing homes in order to downsize and simplify his or her housing and its various burdens, or may be moving from a house to a condominium or apartment as to both reduce the burden of upkeep and increase the opportunity for extended travel (Northcott, 1988, p.97).

A study of community housing involving three groups of elderly persons concludes that "all three groups studied were motivated to move primarily by fear, isolation, and loneliness due to the high-crime neighborhoods in which they lived in deteriorated housing and from which families and friends had moved" (Brody, 1978, p.128). Clifford et al (1982, p.144) summarized data which indicates that it is "readily apparent that persons sixty-five and over change residence infrequently and the overall level of mobility is decreasing." It is true that "older persons, in general, show considerably less mobility [see Table 2.3] both out of choice (roots, family and friends, neighborhood ties) and because of economic considerations (lack of assets of potential for income, ownership of very old or unsalable homes, etc.)" (Brotman, 1976, p.15). Nevertheless, the residential mobility of the elderly demands consideration because the impact on the individual, the family and the

community can be of major social significance. "Without knowing more about why people move it is difficult to determine the need for senior citizen's housing" (Andreae, 1978, p.64) as well as the transportation and social service infrastructure that supports the residential environment.

Table 2.3
"Mobility Rates"* per 1000 Population of a Given Age Group
Selected Population Movements, Canada, 1981

	<u>Rates Per 1000 Population</u>	
	<u>5-64 Years Old</u>	<u>65 + Years Old</u>
All movers within Canada	473.2	247.9
Urban to rural	47.8	17.9
Rural to urban	35.2	20.8
Urban to urban	341.2	187.4
Rural to rural	49.0	21.7
All interprovincial migrants	54.8	18.0
All provinces to B.C.	11.0	5.8
All provinces to Ont.	11.9	5.5
Quebec to Ontario	5.7	4.0

* "Mobility Rates" are computed as the number of persons who reported a 1981 address different from their 1976 address per 1000 population.

Source: Statistics Canada. *The Elderly in Canada*. Cat. 99-932. Ottawa: April 1984.

Several anomalies in regard to elderly mobility are worth mentioning: those who do change residence tend to maintain the same metropolitan status; mobility is higher in metropolitan than nonmetropolitan areas but this has declined over time; the non-metropolitan areas have the greatest stability of residents and the metropolitan elderly were more likely to move to non-metropolitan areas; older females have somewhat greater mobility than their male counterparts; females have higher outmigration from non-metropolitan to metropolitan areas while males migrate more from metropolitan to nonmetropolitan areas. These mobility patterns and characteristics can have significant impact on the form and composition of both urban and rural areas and therefore on the inherent housing and service demand within these areas.

Loomis, Sorce and Tyler (1989, p.22) divide the elderly population into three subgroups based on their differing motivations to move. The first is the *recreation and*

amenity market. This group is comprised of seniors who desire their independence as well as an active social and recreational life but they wish to maintain some proximity to family and friends. The *metropolitan convenience market* is usually made up of single women and couples who are in poorer health. They wish to maintain home ownership but find they cannot handle their home maintenance responsibility. The third group is the *supported independent market*. It is made up of older elderly people who require on site medical assistance and security. Some older people move because of their personal mobility problems and/or financial constraints. This is often what "pushes" older people into subsidized accommodation (Gunn et al, 1983, p.44). Those elderly who live with non-relatives move the most often while those who are the heads of households or the spouses tend to move the least (Clifford et al, 1982, p. 154).

The mobility characteristics become quite relevant in planning residential environments for the elderly population. "Building more modern housing especially adapted for the elderly, even if it might be at a lower cost to them, meets only the needs of those elderly who are willing to relocate or must relocate" (O'Bryant, 1983, p.41). Much of the available research indicates that older people actually prefer to remain in or around their own neighborhoods. Interestingly, much of the present focus on planning senior's facilities and services often does not follow the existing and future residential patterns of older people.

2.7 Institutionalization

Institutionalization includes the housing of elderly in hospitals, personal care (nursing) homes and other extended care facilities. It is a housing option on the extreme end of the continuum of care and a continuum of housing options. Two main points are significant with regard to institutionalized seniors within the context of this thesis. First, contrary to common assumption, a very small proportion of seniors live in institutional settings. In Manitoba, just over five percent of seniors live in institutional settings. In fact,

"approximately eighty per cent of people over the age of sixty-five in Canada are capable of living independently and caring for themselves" (Health and Welfare Canada, 1982, p.43). A second concern is that community planners must not ignore this portion of the older population. There is an increasing move away from the institutionalization that was popular in the 1960's and 1970's. Small scale alternatives are advocated and community health care is becoming a reality in some provinces of Canada. This reinforces a concern planners should have for this portion of the older population. Community-based housing options can include many of the seniors who might otherwise face living in an institution.

Although a small proportion of seniors overall live in institutional settings, this population is significant to health care professionals due to the rising cost of health care. Priest (1988) looks at two separate projections which may be considered minimum and maximum values. He concludes that the need for such units could double by 1996. The population projections up to 2006 indicate that the need will not likely lessen. Many professionals associated with the field of gerontology believe that the present percentage of those persons over the age of sixty-five requiring institutional care will likely remain constant into the future. Although some countries, such as the Scandinavian nations, have significantly lowered their institutionalized population even with a large senior population, it is believed that Canadians have evolved a sort of affinity towards institutionalization that will not likely change in the future (Kyles, 1989).

Alternatively, the predominant feeling throughout the literature is that institutionalization of the elderly must be avoided if at all possible. In fact, "a discussion of living arrangements for elderly people must address all aspects of support services that make it possible for them to avoid institutionalization" (Goldblatt et al, 1986, p.8). Gutman (1980) finds evidence that the onset of a disability may be avoided or postponed the longer a senior citizen is kept in a family or community situation. Chappell and Penning (1979) undertake an empirical assessment of different housing environments (including care institutions, subsidized housing and community living) as they affect the

subjective well being of the elderly. They found a significant relationship between the perceived well being of elderly persons and the type of living environment. As might be expected those in the community or subsidized housing more often reported good to excellent levels of well-being while those who lived in an institutional environment more often reported poor to very poor well being. This seems to support the general belief that institutions are undesirable and that they restrict autonomy and independence.

Due to the extremely high costs associated with institutional care, it could be less expensive on the public purse for an older person to enjoy the option of remaining in their own community rather than being institutionalized. Clearly, it is also more beneficial to the emotional health, and consequently the physical health, of many older people to remain close to their own familiar environment. "In other words, the current trend [of research supporting community - living initiatives] seems to reflect one situation in which economic efficiency and humanism are not contradictory" (Chappell and Penning, 1979, p.379). This is providing that programs in the community are provided to maintain or enhance but not to undermine independence of the elderly. Alternatively, Beland (1987, p.802) found "little evidence to support that something like a co-residency option could be an acceptable substitute for institutionalization" (see also Connidis, 1983).

Institutionalization of the frail elderly is mentioned only briefly to express its relative importance within the continuum of residential demand by the older Canadian population. Furthermore, successful community living options have the potential of lessening the demand for institutional care.

As will be noted in the following section of this chapter significant physical, social and psychological changes often accompany the aging process. They are gradual and usually not severe and very rarely are they so acute the older person will require institutionalization. What these changes usually mean is that the existing residential environment becomes unsatisfactory for the senior citizen due to factors such as internal

housing design, external neighborhood design and location as well as cost and, most importantly, the availability of appropriate and accessible services and support systems. Ideal living situations are often unattainable by cash-poor senior citizens given the characteristics of the private market and the lack of foresight in present public policy. For these reasons several issues arise when the population of a particular community begins to age. Many of these issues are a result of the impending changes that occur as human beings age.

2.8 Physical Characteristics of the Elderly

Some of the physiological changes outlined by CMHC (1987, p.2-3) include changes in posture and height and reduced muscle power; slower reflexes and slower response time; diminishment of the senses (perceptual difficulties); increased sensitivity to glare and temperature changes; and impairment of memory and difficulty with orientation. Carp (1976, pp 20-25) discusses some of the detailed physiological characteristics of older people. A summary of some of these general physical changes follow below.

Many seniors suffer a loss of sensation and perception of their surroundings. A loss of sensory acuity leads to a loss of confidence and a tendency to give up doing some of the daily activities that the older person has done in the past. A hesitancy and uncertainty with actions follows this type of sensory loss. It is also difficult to deal with complex stimuli, when more than one thing is happening at one time. Standing at the corner of a busy traffic intersection can be confusing and disorienting to someone with average sensation and perception. With this magnitude of stimuli one may begin to imagine some of the difficulties older people may experience.

Vision may also lack precision as one ages. Glare becomes a problem and focussing is less accurate as adaptation to the light changes is slower and less effective. The visual field is also constricted. Although the human body does have the capacity to compensate for some losses, it is possible to establish environments that can assist this

compensation. In order to assist an older person suffering from vision problems, good illumination, sharply delineated forms, and color coding are often helpful. Most signals and signage in urban areas does not take less than average sight ability into consideration.

An older person may become withdrawn and suspicious as a result of hearing loss. As hearing becomes less sensitive, consideration of the "noise climate" of any particular environment is important. For example, the incessant roar of traffic on major traffic routes where there may be elderly pedestrians, residents and shoppers can detract from the older person's ability to carry on a conversation. Similarly, stores, offices and shopping malls use background music and water noise to create a pleasing 'noise climate' for the average listener. These situations may become problems for people as they age.

Another necessary objective in developing environments is to remember that seniors also become less aware of changes in body positioning and often lose balance quickly due to an increase in body sway. Relatively level, non-slippery and clear walking surfaces are necessary in all public spaces.

Older people may also have a decline in sensitivity to temperature. For this reason, dependable and adequate heat and control of temperature within a fairly narrow range is necessary in housing and environments designed for older people.

Humans' mechanisms of response also slow with age. Older people who suffer this particular loss require adequate time to get ready for some particular reaction. This may be compensated by using preparatory signals and a repetition of information. Most of the signals particularly in urban environments are for automotive convenience, not the convenience of pedestrians, particularly elderly pedestrians. Often the 'walk' signal at traffic intersections does not give the slowest pedestrian time to respond and get across the street.

This leads to problems seniors have with locomotion. In terms of the daily mobility of older people, they often rely on habit that builds up over years when their perception and reaction capabilities were that of a younger person. Seniors often suffer from inadequate

access to their community due to their lack of ability to drive. Pedestrian and transit problems are evident within this particular population. Problems with complex stimuli, general health, negotiating the transit stairs and managing packages all combine to create severe mobility problems for the elderly. There is a need for a strong, clear signal and an environment without distractions. "Signaling, signing, and decorating should be assessed by persons similar to those who will live in a residence or use a park or a transportation facility, rather than only be designers, who tend to be younger" (Carp, 1976, p. 31). We must only look at crime and traffic injury and fatality statistics to see that the elderly rank far above any other segment of the population as victims. Some of this vulnerability is clearly associated with their physical frailty.

2.9 Social and Psychological Characteristics of the Elderly

To date, attention has focussed almost exclusively on meeting the physical housing needs of the aged without adequate sensitivity for social and psychological consideration. They have provided hand rails, low stair rises and often proximity to shopping centers but have "overlooked the less obvious components of quality of life" (Fishbein, 1975, p.128). Even others, such as Audain (1976, p.3), suggest that there has been a tremendous overemphasis on physical design criteria for the elderly; "that most older people do not require design details that are radically different from those appreciated by the entire population." This, then, tends to divert attention away from the fundamental social consequences of various residential arrangements.

Fear, loneliness and isolation often affect the psychological well-being of senior citizens. This is particularly true within an urban environment where a greater degree of anomie is present. According to Novick (1983, p.18) "the important issue in housing for seniors is that we must stop sentimentalizing and infantilizing seniors as a group". Psychologically, elderly people require the same things as the rest of the population including the opportunity for privacy, socialization, development, and to take part in

"useful and interesting" activities. "The desire to maintain control over their lives, be as independent as possible, and enjoy privacy in their own homes are the priorities voiced by many elderly"(Quinn, 1989, p.83). Independence and self-respect are two predominant requirements in designing communities for the elderly. In developing residential environments it is important to consider three basic needs: independence, choice and community atmosphere. Seniors, like everyone else, want to know their lives are purposeful and constructive. "...Findings suggest that widespread loneliness, alienation, and anomie among the old could be greatly alleviated by creating environments for them that include convenient access to other, suitable people" (Carp, 1976, p.34).

McClain (1976, pp xii-xiv) takes this point further by offering a threefold description of elderly need in residential development. Status, security and independence must be maintained. Senior citizens should be encouraged and accepted as active participants in their own community development. In this way, they may regain much of their status. It is futile to plan for the elderly rather than with the elderly. Clearly, many older persons have the desire to and can live very independent lives. But, given a fact like "80% or more of elderly suffer from at least one chronic illness" (Loomis, Sorce, and Taylor, 1989, p.20) consideration must be given to the accessibility to service facilities within a senior's residential environment. Services may include such things as car attendants or special transportation for those physically disabled; domiciliary services so the elderly can stay in their homes to an older age - this may include the availability of house calls by doctors, nurses and social workers; meals-on-wheels, and; day centers and clubs. Shopping facilities should also be located a relatively short distance from elderly housing developments. Protective services are another necessary consideration as many older people are very fearful of crime. Older people in inner city neighborhoods (those typified by higher crime rates) tend to be older and more physically frail than older people in safer suburbs. The inner city elderly consequently become easy prey for street crime.

Although support services and social facilities are oriented towards the basic needs of the individual as determined by a professional assessment of need, it is left to community planners to resolve a few key issues regarding the needs of the aging society. These issues will be discussed in detail in Chapter Four. It is this fact which will determine the future development of appropriate services. The only adequate method of determining the true social needs of the elderly is to actively involve them in all relevant research and program development.

In regard to the future of community services and facilities, one theory holds that the demand for community services and residential care may actually increase at a far faster rate than the growth of the older population thereby creating a severe problem with the ability of the public sector to afford the increase in services. Several reasons are offered that may help to explain this phenomenon: the increase in the number of elderly is most rapid for the number of "older" elderly, those over the age of seventy-five (this is the population group that requires the most services); there is a trend toward the deinstitutionalization of mental hospital patients and specialization of hospitals for acute medical cases, therefore, a need for more community and service oriented housing; there is a rising incidence of childlessness or one-child families; there is an increasing divorce rate; there is a high rate of mobility among young adults and recent increases in the labor force participation of women who are the traditional at-home caregivers; there is a trend toward smaller homes that are not able to accommodate family members and a declining role of the extended family, and, finally; there is a rise in the proportion of older people who live alone. All of these trends tend to add to the probability that an older person in the future will have less opportunity for family support than present and previous generations of older persons (Fletcher and Stone, 1980, p.120; Moos, 1980, pp 76-77) thereby relying more so on public services provided within their communities.

Alternatively, McDaniel (1986, p.32) concludes "that continued demographic aging, if properly anticipated and planned for, will not necessarily have profound and dire

economic consequences". The basis of this argument involves a discussion of dependency ratios. Although it is true that Canada faces a tremendous increase in numbers of people over the age of sixty-five, it is also true within an aging population that the proportion, and possibly the sheer number, of persons under the age of eighteen will decrease. This means less money to be spent on services such as basic education and youth programs while more may be spent on government pensions. Moreover, of the countries experiencing much greater population aging than Canada, none are faced with the serious economic or social consequences that are often predicted for the United States and Canada as their populations age. In fact, there is very "little demographic basis for the recent economic difficulties faced by many countries in the Western world" (McDaniel, 1986, p.32).

2.10 Consideration of the Planning Environment

The demographics clearly indicate that Canadians over the age of sixty-five are an appropriate target population for study in community planning. Newman (1985, pp 8-9) summarizes five of the predominant characteristics to be expected in the changing elderly population. These points encapsulate some of those issues which will remain dominant for the remainder of the thesis. First, over 75% own their own homes and a large percentage of these seniors live alone. The proportion of older elderly and the proportion of those living alone will increase over time. Second, there is an increasing number of elderly females living alone and owning their home. Third, even those elderly person's with relatively low income often own their home. Fourth, when and if an elderly person does become 'poor' it is persistent, i.e., it is difficult to regain financial status. Finally, health will continue to limit elderly person's activities.

Most people who own their own home wish to remain in their own home after they retire. This explains the large proportion of elderly people who live either alone or with their spouse in single family dwellings.

In 1982, 75 percent of men and 50 percent of women aged 65 and over owned their own homes, and three quarters of these people owned single detached two- or three- bedroom homes. Sixty percent of people aged 65 and over have paid off their mortgages. This figure jumps to 95 percent for people over the age of 80 (Novak, 1988, p.222).

O'Bryant (1983) looks at senior citizen's subjective value of "home" and finds four factors which add a great deal of importance to homeownership for the elderly. The home is associated with traditional family orientation and this creates a feeling of stability and warmth. There is also a cost versus comfort trade off. Although home maintenance and taxes are often a substantial financial burden for older persons, they find the comfort of their own home most important in terms of security and familiarity. The elderly might maintain a much greater degree of competence due to the familiar environment. They also see value in the status that accompanies homeownership.

In order to remain in one's own home several parts of the house may require some physical changes. These include: the approach to the unit site; the entry; the room functions; furniture; hardware; plumbing and electrical fixtures; materials, texture and patterns; colour and light. (Gilbert in Canadian Housing Design Council, 1983, p.28). Not only is the location of housing a necessary consideration in planning for the elderly but the architectural design needs of an older person's home will, ideally, differ from average. "Studies of housing design show that seniors choose the kind of housing that gives them both security and freedom" (Novak, 1988, p.230). Ramps, wide doorways, large rooms with few hallways or corners, and sturdy hand supports in the bath are some features which are often included in the new senior citizen's developments. Kaill (1980, p.86) finds "a substantial disjunction between housing preferences of older people and present practices." CMHC has published design guidelines for elderly housing (CMHC, 1987) but it tends to focus strictly on the physical housing needs of the elderly with little or no consideration for the psychological or social requirements. Throughout these sorts of renovations safety, comfort and enjoyment must be kept in mind as well as accessibility, independence and control.

An examination of neighborhood planning must include a clear understanding of the distinctive characteristics and needs of our present and future older populations. The many changes that have been discussed that often occur with the natural process of human aging have included diminished sensory acuity, motor skills, sensory-motor coordination, financial capability, social context and societal status. The primary objective in developing environments for the elderly must be to relate the physical structure and the surrounding environments clearly and positively to the human characteristics, values and specific needs of old age. With today's aged population being better educated, more conscious of their rights, and more likely to be active in the community than ever before, it is important to create environments which will stimulate these people to live their lives to the fullest.

For the most part, older people are quite capable of living independently but their physical abilities, psychological characteristics and social needs may require special consideration in neighborhood facilities, services and design. Six basic categories of needs are outlined by McRae (1988, p.105): "independence and self-reliance; neighborhood life boundaries; social interaction; proximity to resources; personal space and privacy; and sensory stimuli and orientation." All of these areas of need can be met within carefully developed living environments but they do clearly encompass both the physical and social aspects of older person's lives. Adequate consideration must be given to both ends of this spectrum of needs and in practice a balance must exist between the two in order to provide older people the opportunity for fulfilling lives.

This review of Canadian demographics and some of the predominant characteristics of the elderly bring forth some serious implications within the realm of community planning. A greater absolute number of older people simply means there will be a much greater demand for facilities and services which are suitable for the needs of senior citizens. There are a large and increasing number of elderly persons living on their own in the community. If this is the case, as these recent trends have indicated, "a considerable market exists for the design of units, buildings, or even communities, that cater to the

needs of elderly people living alone"(Priest, 1985, p.37). "Planning, ideally, should entail not simply meeting the growing needs of the older population (although this must be done) but holistic planning for a society experiencing demographic aging" (McDaniel, 1986, p.117). Planning efforts cannot become myopic in planning for a generation of older people. The changes that must occur must also be adaptable to all possible future populations. Rebuilding the urban environment with the onset of each population trend is a reactionary approach to change. Like the concept of the *Grow Home* (codesigned and built by Witold Rybczynski on the McGill University campus) the ideal urban neighborhood would be easily adaptable to the changing needs of the original residents as they progress through the human life-cycle. Community planners must focus on anticipating change and *planning* for an entire spectrum of human residential needs. The remainder of this thesis will concentrate on the environmental needs of older people in existing communities but underlying comments will be included throughout to suggest the implications such changes will mean for the entire population.

CHAPTER THREE

URBAN NEIGHBORHOODS AND DEMOGRAPHIC TRANSITION

Perhaps no part of life has been so neglected by our
civilization - and so by the planner himself - as old age.
(Mumford, 1968, p.41)

Consideration of human characteristics and needs is fundamental to successful community planning. These characteristics and needs vary among cultures and throughout the human life cycle. Children, adolescents, young adults, middle aged persons and the elderly seldom have the same set of requirements for a comfortable living environment. Furthermore, it is an arduous task to attempt to respond to a variety of human characteristics when no planner can predict with certainty the exact location of these groups within urban (or rural) areas. Moreover, the location of people over space and time is seldom constant. Fortunately, several trends may become evident as one examines the implicit consequences of past neighborhood planning and the inevitable neighborhood transitions within a city.

The purpose of this chapter is to discuss how the national trend of an aging population is manifesting itself at a local level within urban areas in Canada. Moreover, it follows that planners must anticipate the ecological changes that occur within these urban neighborhoods in order to facilitate the development of a community environment that can accommodate all persons at various stages in the life cycle. The case of the oldest members of our population will be analyzed because, in the past, this group has tended to be the most ignored in community planning efforts. It is suggested that it is the historical foundations of neighborhood planning that have created many of the ill-fitting North American suburban neighborhoods found in virtually every city.

Mumford (1968, p.24-25) emphasizes how the importance of the planner's consciousness of the phases of life affects both the means and the ends of planning. He suggests that of all older people one may identify at least three stages of 'old age': liberation from reproduction; economic retirement, and; physiological breakdown (Mumford, 1968, p.45-46), although most people today would consider only the last two groups as senior citizens. Sclar (1976, p.275) explains that each stage of the family life cycle has implications for spatial location. In this case the stages of the adult life cycle are broken down into the following: marriage; birth of first child; birth of last child; first child leaving home; last child leaving home (empty nest), and; death of spouse (widowhood). Although few empty-nesters, today, would consider themselves members of a category dubbed 'old age', these stages of the life-cycle are significant particularly in regards to providing appropriate residential environments. The following discussion will focus on the latter part of the life cycle, those people over the age of sixty-five.

So far, not only have we failed in understanding and anticipating the needs of an older population but, unfortunately, the efforts and actions of the majority of people have created situations in which aging becomes a negative if not extremely difficult experience. This *predicament* of the aged has been recognized for some time now (Dahir, 1950, p.239) yet it remains a difficult problem to overcome. As a demand for their economic and domestic services has decreased their function in society has remained undefined. Fortunately, this appears to be changing with time as many seniors are choosing an active, leisure-oriented retirement.

One must avoid stereotyping all older Canadians into one homogeneous group. In fact, it is necessary to remember the infinite variety of personalities that compose a population of seniors and the particular stages of life each of these individuals will go through. In community planning practice it is helpful to keep in mind that "old age did not necessarily bring with it a common set of behaviors, experiences, roles, or physical and mental capacities nor did it eliminate the usual social, economic, racial, ethnic, and

personality differences of people living in a modern western urban society" (Golant, 1984, p.3). Rather, there is as much if not more diversity when planning for older people than when planning for the younger generations. Interestingly, the two longest stages of the life cycle are generally that of empty-nesters and retirement.

3.1 The Elderly and Their Environment

The general demographic trends discussed in Chapter Two indicate there is a growing number of older people living, working, travelling and socializing within Canadian communities. Therefore there is increasing concern about the interaction these people have with their environment. There is a greater emphasis on ensuring senior citizens have the opportunity to experience their surroundings in a positive way through their everyday life activities. Consideration and analysis of such demographics must remain a consistent component of the planning process. General trends are vital in anticipating future needs within communities.

Gerontologists use the term *senescence* to refer to "the body's decreased ability to cope with demands from the environment" (Novak, 1988, p.343) and this is generally associated with 'growing old'. According to Mumford (1938, p.429) the 'span' of senescence has also increased as youth is increasingly prolonged. Judging by some of the physical, sensory and cognitive impairments naturally associated with the aging process, senescence is a subject that should assist in defining many of our planning efforts for residential environments. It is this increase in the *span of senescence* and the increasing proportion of people reaching retirement age that reinforces the importance of understanding the environmental needs of senior citizens in our communities today and in the near future.

Just as it is necessary to recognize that an individual's development through stages of the life cycle has significant spatial, structural and social implications for community planning, one must also have an understanding of the effect of environment on people's

lives. Only then can the planning needs of a particular population be met. *Environment* can be a somewhat elusive term (particularly with the trendy nature of this topic in the 1990's) and it is therefore necessary to examine its meaning in regards to planning for older people. In other words, what does environment mean for an elderly individual?

Webster's dictionary defines 'environment' simply as "surroundings", or; "those external, conditions affecting an organism's development." Actually the human ecosystem is often explained in terms of several environmental components. Lawton (1980) defines five components of the human ecosystem in order to determine the environmental factors in the lives of the elderly. The various environments include: the individual; the physical environment; the interpersonal environment; the supra personal environment of spatially clustered individuals, and; the social environment, consisting of the norms and institutions operating in the individual's subgroup or culture. The literature generally defines the environment according to individual experiences and this depends to a large extent on the context in which the environment is experienced. "The effect of an environment depends on the person" (Lawton, 1980, p.9). "The environment for aging is a "symbolically constructed phenomenon" (Karp and Yoels, 1982, p.12). In other words, the elderly most often hold a mentally constructed subjective environment rather than an objective one. This environment is most often based on their personal life experiences. As Golant (1984, p.205) explains, the reality of the environment is in large part the reality of the "knower". Aging, then, becomes a contextual process and the nature and consequences of aging depend on the environment within which it occurs (Ward et al, 1988, p.201).

Two things might be concluded from this: it is very difficult for a planner to understand the environment an older person experiences, and; the quality of this environment can drastically affect an individual's aging experience. The idea that aging occurs in contexts that in turn shape the aging experience then places a great responsibility on those who are concerned with planning environments. The environment can determine the quality of life people experience as they age. Neighborhoods that are designed to

encourage and nurture all stages of the human life-cycle, including the elderly, will surely provide seniors with more opportunity to experience fulfilling retirement years. Alternatively, neighborhoods designed for a much younger generation with different values and needs in mind may offer little to an older community.

In planning for the specific living arrangements of older people the most pressing and most basic concern must be for the environment in which the senior undertakes his/her daily living activities. "One may make the case that every environment where an older person goes about her daily life is as unique as the person herself and therefore that there are as many environments as people" (Lawton, 1980, p.21). All planning pursuits are an integral part of the older person's environment: their housing; the social service structure they have access to; the availability of community facilities, and; the design and operation of public services and public spaces. "The basic assertion underlying the study of the environment and behavior is that *a person's behavioral and psychological state can be better understood with knowledge of the context in which the person behaves*" (Lawton, 1980, p.2). The focus of community planning is too often on the purely physical aspects of the environment. It is particularly important to consider the other aspects of environment especially in regards to environments for the elderly when issues such as loneliness have a considerable effect on their lives. In this case the availability and accessibility of social contacts and nearby relationships alter the aging experience.

Environmental barriers pose more of a constraint to seniors because of the increasing biological, social and economic limitations older people experience relative to that of younger groups (Lawton et al, 1976, p.330). Many of these physical, social and psychological characteristics were introduced in Chapter Two. From this, it can be generally stated that the older person is more subject to reductions in competence than the younger adult, competence defined in terms of biological health, sensori-motor functioning, cognitive skill, and ego strength (Lawton, 1980, p.14). "Although the study of aging people has shown clearly enough that most older people are far from

"incompetent" in the usual meaning of this term, the fact remains that chronic disease and disability are more frequent as chronological age increases" (Lawton, 1980, p.15). Ward et al (1988) outline at least three distinct features of the elderly and their environment: older persons appear to be more sensitive to environmental variation; the local environment for action and choice constricts with old age, and; the elderly are more likely to use modes of environmental experience, such as fantasy, that are underused in the general population. Whereas the elderly for the most part live lives characterized by independence and competent behavior the service resources of our country are increasingly being required for the assistance of the minority who are *not* self-sufficient. Indeed, this "*vulnerable* segment (most often the "old-old" segment of the population, age 75 years and over) is the fastest-growing segment of our society" (Lawton, 1980, p.15).

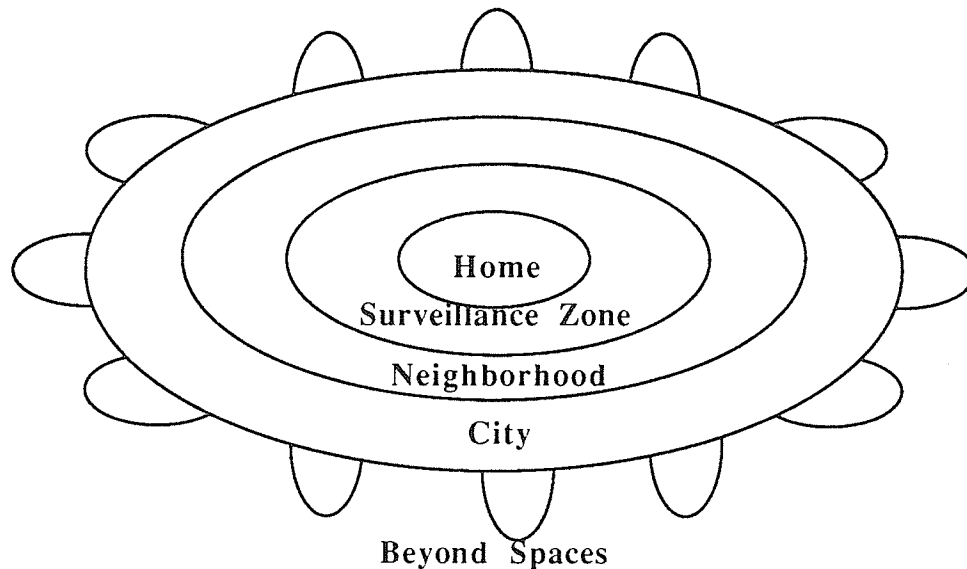
Creative alternatives are required in order to provide residential environments conducive to future senior citizens and their locational preferences. "The place where one lives may be critical to the satisfaction of a variety of human needs, from basic life-supporting needs, such as medical care, to the most complex social and self-realizing needs" (Lawton, 1980, p.22). It is this "place" we, as planners, must be most concerned with understanding, visualizing and helping to create.

In discussing the environment in which a person ages it is virtually impossible to separate the social spaces from the physical spaces. These two phenomenon are always interrelated. When we use the term neighborhood we often visualize the physical form of the local environment but the neighborhood also includes the social relations within an often undefinable physical area. It is the social environment in which the individual lives and works, as contrasted with the physical environment. It is important to keep in mind that the physical neighborhood as most often used in community planning is only one component of the environment for senior citizens. Throughout the literature, the term "neighborhood" remains difficult to define but it is meant to infer both social and physical planning concepts at a local level. *Neighborhood* planning becomes the obvious link

between the individual home and the abstraction which is city planning (Dahir, 1950, p.221).

It is hypothesized that the environment can be broken down into several different interactive areas within the urban environment. A theory that remains significant to the study of the elderly and their environment is Stea's (1970) *home range* (See Figure C below). The "home range" is an area of normal activity for an individual. The home space of an older person is likely to be more localized. Moreover, taking a cognitive - developmental approach the meaning and importance of "home space" changes with age. A child has limited experience and a very small home range and therefore a constricted environmental image. During adolescence there is an expansion of the home range through an increase in experience often to include large geographic areas. As an adult continues to age he retains an expanded environmental image through memories and reminiscence but due to sensory deprivation (loss of sight and hearing) and motor impairment it becomes difficult for the older person to reconcile the fact of his restricted actual home range with the memories of a more extended home range experienced earlier in life (Stea, 1970, p.146). Stea's "home range" might more commonly be called a neighborhood, a local residential area that has physical, social and economic dimensions. Likewise, Gelwicks (1970, p.149) defines home range as "an amoeboid signature whose pattern is formed by a series of behavior settings, oriented towards a predominant locus of activity, and connected by significant linkages." Gelwicks home range is defined in terms of three perspectives: the physical or spatial; the psychological, and; the social. Rowles (1978, p.202) also supports the idea that as a person grows older there is a change of emphasis within his/her geographic experience involving "a constriction in the realm of action which is accompanied by an expansion of the role of geographic fantasy." This is due, in part, to a reduced physical participation in the environment which is thereby compensated by increasing involvement in environments of the imagination. Rowles (1978, p.199) defines at least three levels of social activity (environmental involvement) for the elderly: the home;

the surveillance zone, and; the neighborhood. "The home, surveillance zone, and to a lesser extent, the neighborhood had over the years become progressively more richly imbued with emotional significances" (Rowles, 1978, p.199).



Source: Rowles, 1979, p.84

Figure 3.1 Rowle's Spatial Zones of Experience

The use of these spaces increases from childhood into adulthood and then diminishes again past retirement age (Rowles, 1978; Gelwicks, 1970; Stea, 1970). It is apparent throughout the literature that the "perceived size of one's personal space, his local area, and his total life space change intrinsically with age, or with the various factors associated with aging" (Lawton and Nahemow, 1973, p.628). Therefore, it is reasonable that the opportunity for choice and change within the home range could be vital to the health and well-being of older individuals (Gelwicks, 1970, p.155). Lawton (1978, p.199) emphasizes that "the way people perceive their neighborhoods unquestionably affects how they behave in the neighborhood and how they feel about their life in general." These ideas place a great emphasis on the local neighborhood environment as an indicator of quality of

life. In order to ensure this quality of life especially for older people community planning concerns should focus on improving the local environment the senior has *chosen* to live in rather than constructing environments in areas of the city where aging individuals have not necessarily chosen to reside.

It seems ironic that although these suburban neighborhoods are well equipped with services and facilities for community residents fitting into the 'young family' category of the life cycle the services that older people require are generally located centrally within the city (a response to the perceived high concentration of seniors in the inner city) and quite far away from the suburban neighborhoods where they are presently living and aging. It is interesting to note that as the spatial context of activities grows smaller as one ages past retirement the service delivery for the elderly group exists further away. While the local neighborhood has been designed to service young families, facilities and services for elderly people are seldom found within the same local neighborhood. Ironically, as one ages, particularly past retirement, his/her cognitive home space declines when, at the same time, he/she is required to travel further to find services which can accommodate her needs.

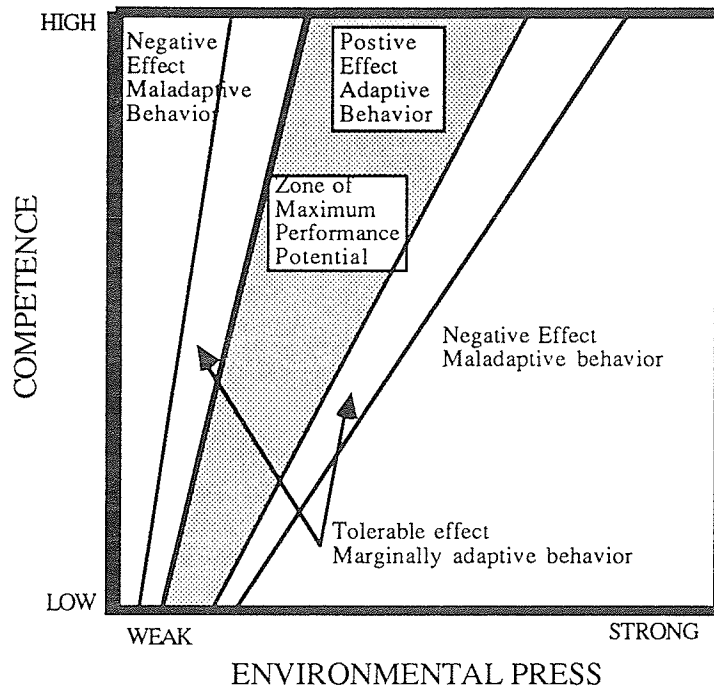
As it is often the resources used by the individual that become the important definers of neighborhood (Lawton, 1980, p.38) - and due to the seniors diminished cognitive home space - the elderly may be experiencing a very different 'neighborhood environment' than younger planners can conceptualize. "People, regardless of age, relate to their environment only to the degree that it contains information relevant to them" (Gelwicks, 1970, p.152). This may explain much of the difficulty planners encounter as they attempt to realize the needs of a different population. With the extensive relevant literature available regarding the physical, cognitive and sensory characteristics of older people together with some insight into their locational preferences, it would be reasonable to conclude that planners have the opportunity to retrofit many of these demographically aging suburban neighborhoods and create comfortable environments for seniors.

Much of the literature (Golant, 1984; Regnier and Gonda, 1981; Rowles, 1978; Lawton, 1980) supports the view that the local environment becomes a much more significant factor in the lives of older people rather than the younger generations. Several theories have been proposed with which to assist in more fully comprehending the older person and his/her environment. Lawton appears to be in the forefront of this particular research. In 1968, he and Simon suggested the *docility hypothesis*, a theory that emphasizes the importance of person-environment congruence to the well-being of the elderly: *the less competent the individual, the greater the impact of environmental factors on that individual* (Lawton, 1980, p.14) and alternatively, *the more competent the person, the less dependent on environmental circumstances that person is*.

Lawton's most commonly used description of the elderly-environment relationship is put forth through his and Nahemow's *environmental press* hypothesis (See Figure 3.2 below) which stresses that a given level of personal competence defines the range of environmental challenges that will provide the most appropriate situation. It is a theory of person-environment fit. The theory says that when a person's environment fits his abilities they report maximum life-satisfaction. This ecological model of aging suggests that "much of the time most people are minimally aware of the environment; in order to concentrate on important thoughts or behavior we tune out the environment" (Lawton, 1980, p.13). It is essential to provide acceptable opportunities for an aging population who may experience a somewhat lower level of competence. Oversimplified generalizations about the living space of older people must be avoided. An appreciation of older people's environments requires an understanding of their multidisciplinary nature (Golant, 1984, p.335). This, therefore means a continuum of residential opportunities should be made available locally to include a substantial proportion of less challenging environments.

It is interesting to refer back to the older suburban resident who must travel to the inner city to receive appropriate services and access senior's facilities. It would appear that increasing the distance to services increases the environmental press significantly, at a time

in one's life when it would be beneficial to live with a relatively weaker environmental press. Services and support in the immediate neighborhood would alleviate some of the press and increase the chances of a person-environment fit between a senior citizen and a suburban neighborhood.



Source: Lawton and Nahemow, 1973, p.661

Figure 3.2 Lawton's Environmental Press

This ecological model of aging suggested by Lawton and Nahemow posited that the outcome when a person of a given level of competence behaved in an environment of a given press level could be placed on a continuum from positive to negative and was manifested on two levels, as behavior and affect (Lawton, 1980, p.11). According to Lawton's environmental press theory, an increased familiarity of the environment can mean an increased predictability of the environment and therefore increased control and comfort for the elderly person.

Clearly, "many of the generally accepted theories of aging infer that the environment becomes more salient, more restrictive, and more influential as a person ages" (Regnier and Gonda, 1981, p.33). Golant's findings (1984, p.355) make clear that sizable numbers of elderly persons are currently experiencing unfavorable environmental situations in their residential living space. The inevitable conclusion becomes that it is "better, more

enjoyable, easier, and less adaptationally costly to grow old in some places than in others" (Golant, 1984, p.2). In summary, all aspects of the environment are key to the quality of life an older person may experience within his/her residential neighborhood. Not only is it necessary to plan with an older person's preferences and needs in mind but also with the knowledge of their changing characteristics and specific demands for environmental change.

...the first principle must be that there is no one best life style for the elderly but instead a rich variety; consequently, the goal is not to discover *the* ideal housing and living situation for old people, but rather to design and create the wide range of environments necessary to support the rich variety of life styles that are appropriate among older people (Carp, 1976, p.19).

3.2 Local Manifestations of National Demographic Trends

Relative to the research done on aging and the elderly very little attention has been paid to the locational behavior of senior citizens within urban areas even though this is key to planning environments for this population. If we are to plan environments appropriate for seniors we must also be aware of where older people live. Although an ultimate planning goal may be to create neighborhoods that exude a positive and comfortable environment to everyone, regardless of age, sex or ethnicity, this is, at the onset, an insurmountable task. To achieve a more immediate goal planners can anticipate where the population in question resides now and, more importantly, where they will reside in the near future. This is not a simple task but it is a necessary exercise in order to reduce the current reactionary nature of program provision for older people.

Residential location of the elderly within urban areas is a crucial indicator of where the demand for support services, transportation, and housing is most required. Without this knowledge one can do very little to prepare for the future residential needs of seniors. Andreae (1978) undertook a study of the location of seniors in the city of Toronto and found that location tended not to be a high priority in planning for seniors although even the

best housing designs and services would not be of great benefit if located in an area undesirable to the elderly.

It is generally accepted that a large proportion of the recent elderly population tends to reside within the inner city area. This is the area they migrated to and spent the family stage of their lives and this is, consequently, where they tended to stay. These migrants have now aged and many of the younger family members have moved on. While it is statistically and visually clear that the inner-city areas still have a high proportion of older people within their boundaries changes are rapidly occurring in the population and many of those individual's at or approaching retirement have little desire to live close to the central city areas.

The present situation of the inner city areas is one of aging and obsolescence of the existing housing, social services, infrastructure and industrial base (Gunn et al, 1983, p.45). An ever expanding Central Business District has increased the land use competition for the area. It has, in part, led to this demographic transition - an aging population and loss of family households. All of this has created an area with some of the oldest and poorest quality housing stock in the city. Although gentrification has also occurred to some extent, this has only resulted in renovation, renewal and therefore upscale, more expensive residences. Ultimately, those elderly (the original residents) who are left in the inner city are either near the end of their lifespan or being pushed out of their territory by a type of invasion/succession that is occurring.

Since the 1920's there has been a steady increase in the proportion of the total metropolitan population living in the suburbs. This is largely accounted for by suburban net migration gains resulting from the exodus of population from central cities. A large percentage of this suburban population passed through a family-rearing stage of life, so further growth was guaranteed by high fertility rates (particularly in the 1945-1959 period). It is the aging-in-place of these earlier migrating cohorts which largely explains the steadily increasing concentration of older people in U.S. suburbs. In turn, the declining growth of an older population in central cities reflects the smaller size of the population cohort that did not participate in the move to the suburbs (Golant, 1979, p.40-41).

Since there is presently an aging population in place in the suburbs it is necessary to turn our attention to the needs of these elderly individuals. It is a "poor assumption, implicit or explicit, to think that the elderly of the future will locate where the elderly of the past did" (Sclar, 1976, p.276). Although a significant proportion of seniors remain living in inner city areas this is not as substantial as in past years. In Winnipeg, for example, the proportion of inner city residents over the age of sixty-five years declined from 18% to 17% between 1981 and 1986. Furthermore, the mere number of seniors also declined from 20,510 to 20,185 within the same time frame (Institute of Urban Studies, 1990, p.9). Although this change is relatively small, it may be indicative of a more significant trend. It is a misconception that senior citizens will continue to prefer to reside in the inner city. "Although distribution differences are small, the elderly are still more likely than the total population to occupy central cities" (Golant, 1979, p.40) but if they have lived the majority of their lives in a suburban neighborhood then it is very likely they will choose to remain out of the inner city.

People of a specific class, income, culture or ethnicity may over time polarize themselves into identifiable areas of the city. This is not so with seniors. All of these groups maintain an older population within them. Although there are no certainties, a consideration of lifecycle transitions within urban neighborhoods should allow planners and program delivery agencies to more successfully determine concentrations of seniors within the city. These concentrations are dynamic and will relocate over time.

As can be noted from the following maps, the proportion of seniors within the city of Winnipeg is slowly increasing outwards from the city core. In 1971, senior citizens were quite specifically living in the inner city area. By 1981, high proportions of seniors are found in the west end, north end and in southwest Winnipeg. By 1986, parts of the inner city are beginning to show a decreasing proportion of elderly persons. For this reason, in particular, the increasing proportion of elderly persons in suburban Winnipeg cannot be entirely attributed to the general increase in the proportion of seniors.

Figure 3.3 Percentage Elderly by Census Tract: Winnipeg, 1971

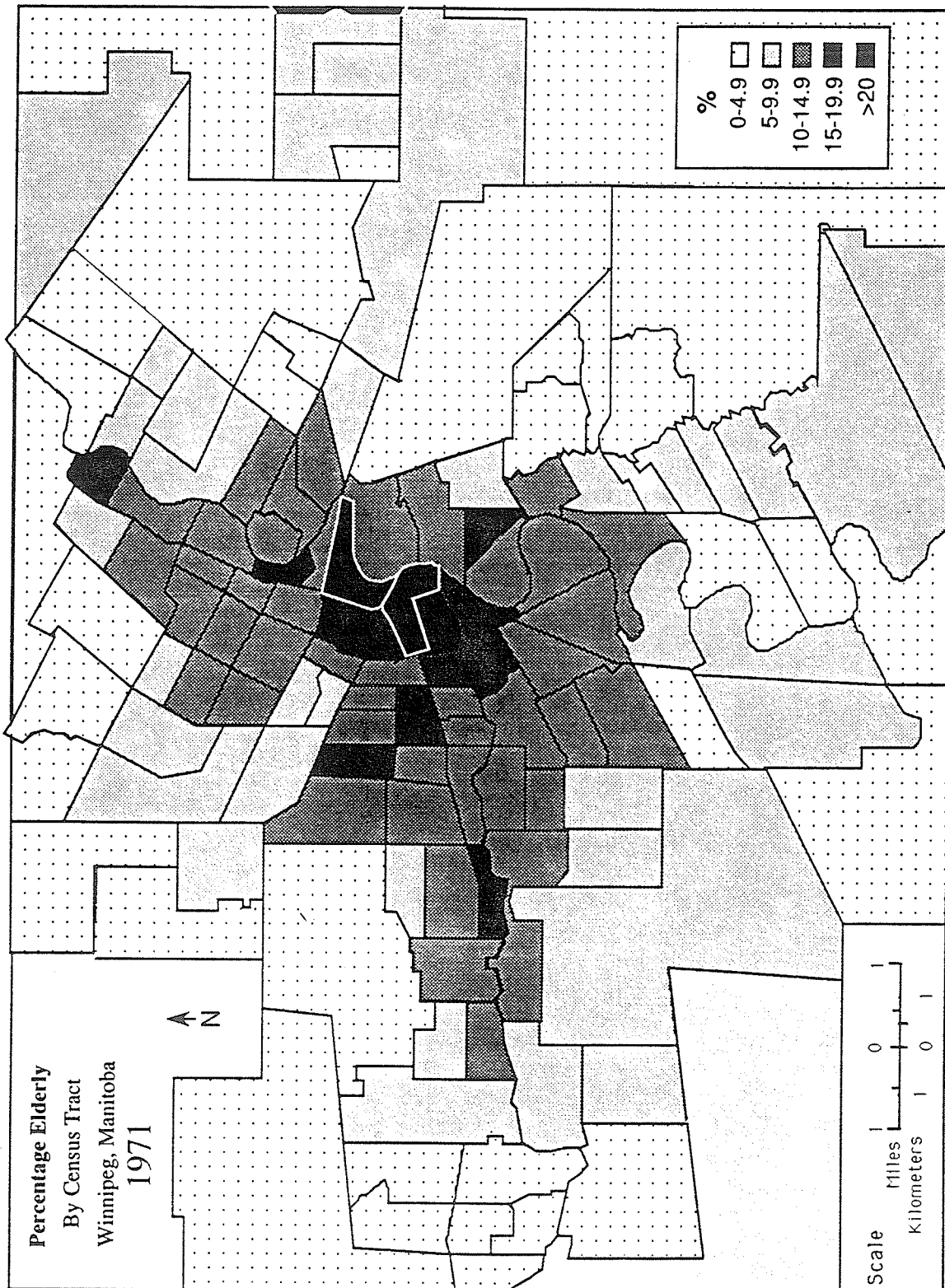


Figure 3.4 Percentage Elderly by Census Tract: Winnipeg, 1976

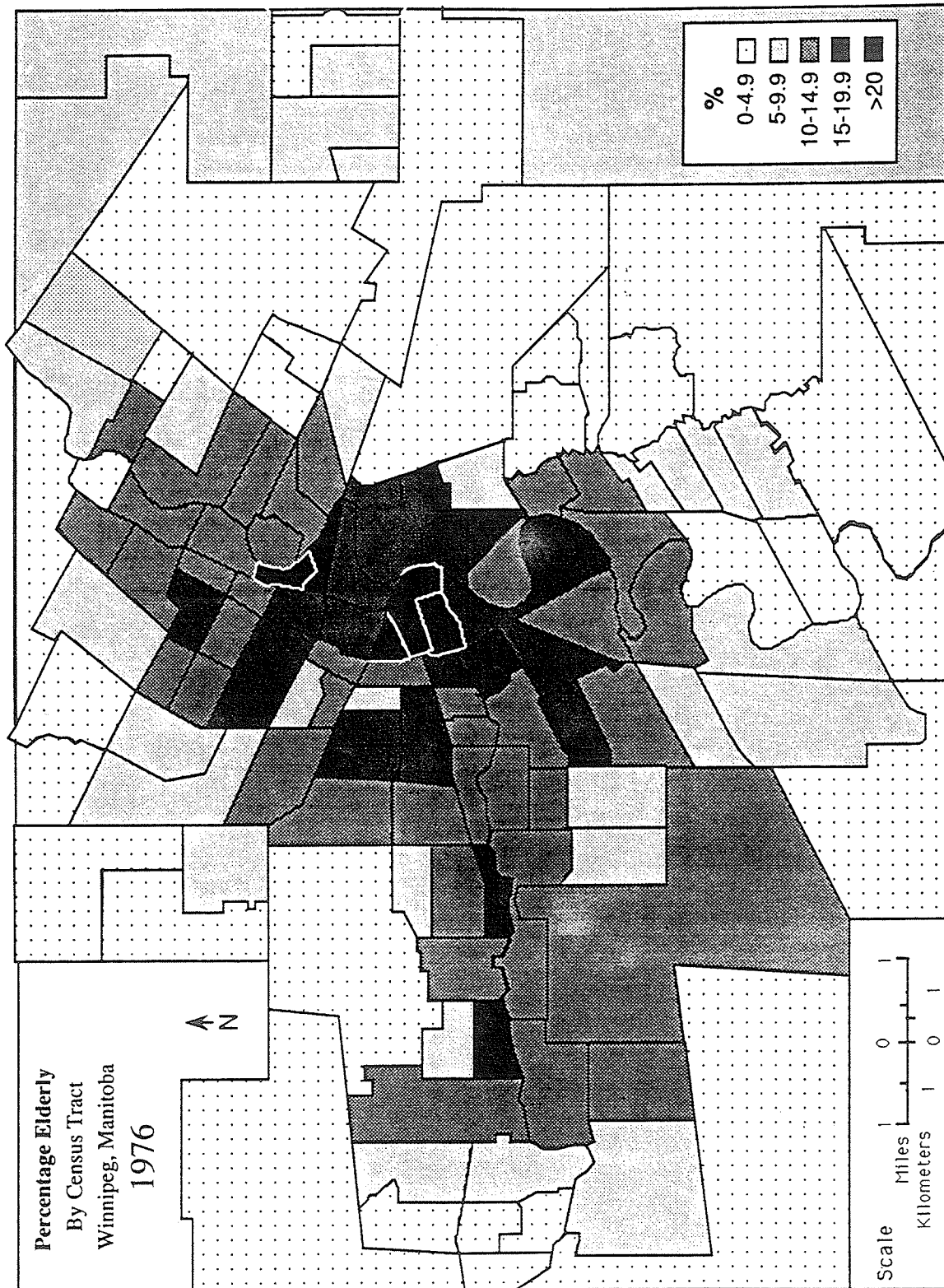


Figure 3.5 Percentage Elderly by Census Tract: Winnipeg, 1981

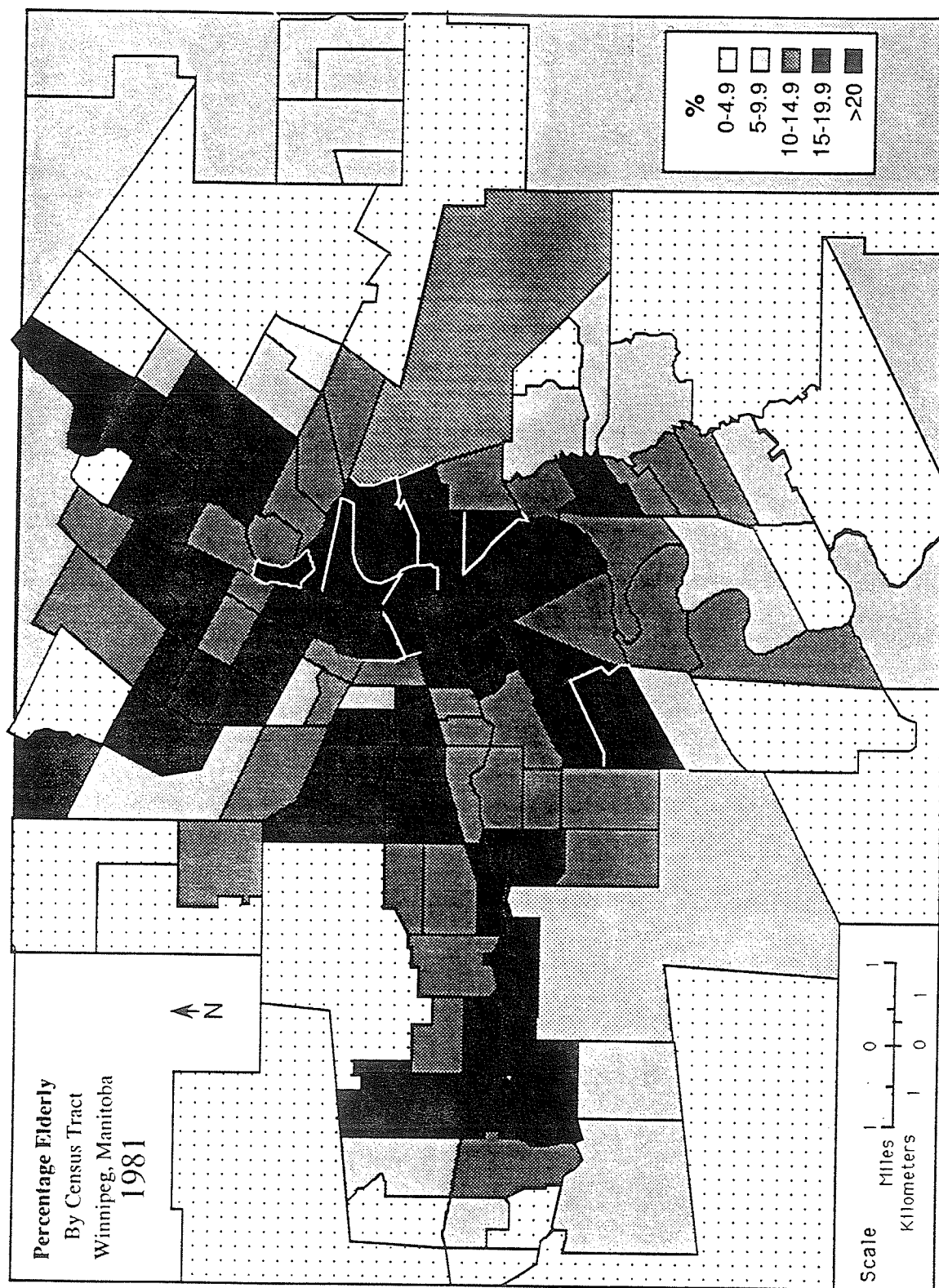
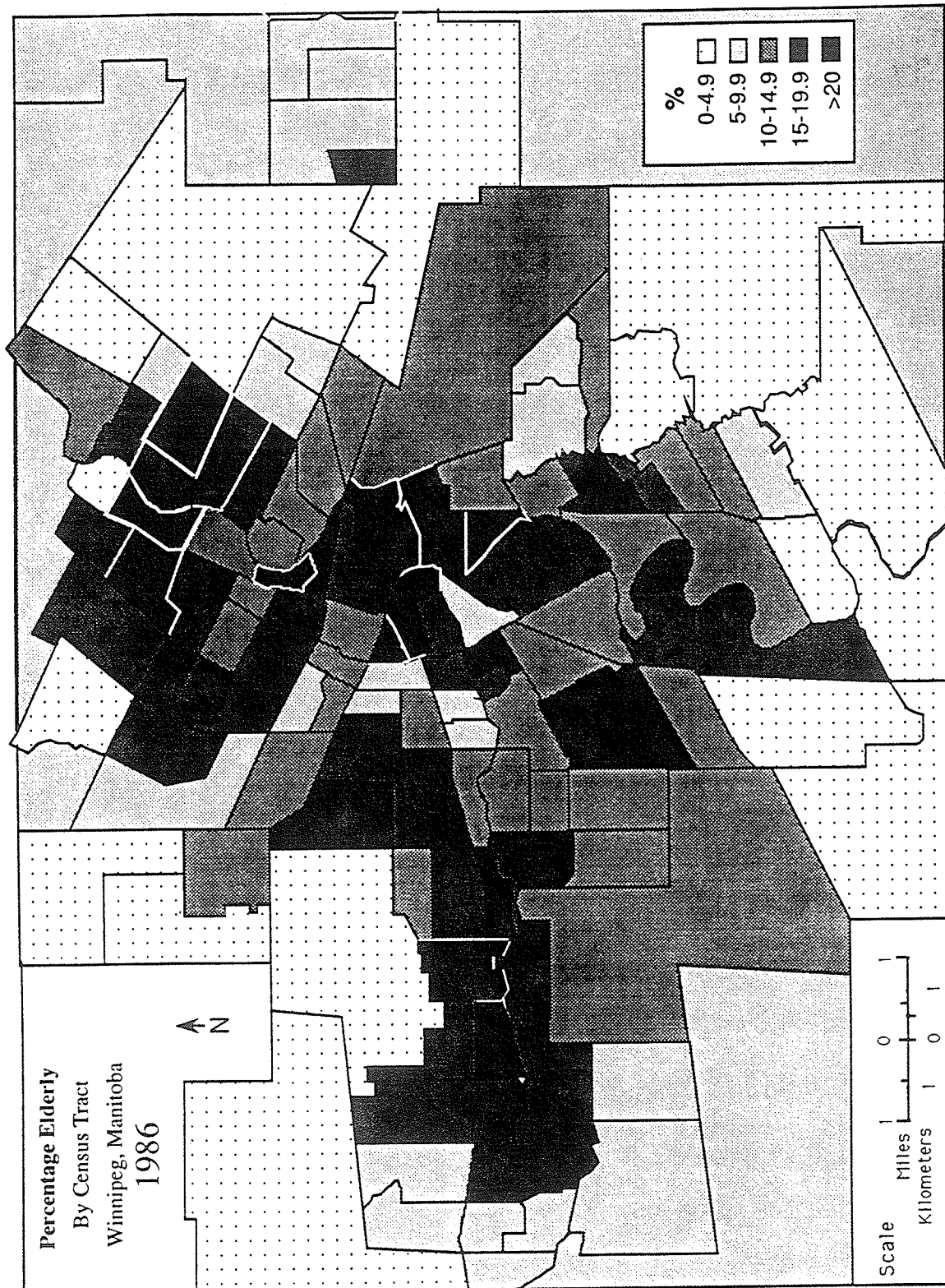


Figure 3.6 Percentage Elderly by Census Tract: Winnipeg, 1986



Moreover, by encouraging the building of senior citizen's housing within the inner city areas, public policy may have acted as a somewhat unnatural force that may have coerced seniors requiring subsidized housing to relocate to the inner city. In this case it is questionable as to whether the proportion of inner city seniors would have remained as high as it is today without this type of policy in place.

A similar conclusion is reached in a study of the elderly in Toronto. "Since 1966, the percentage of aged in the central areas (City of Toronto and East York) decreased...and increased in the outer suburban municipalities" (Andreae, 1978 p.34). Although Andreae (1978) also notes that some of these changes are probably a reflection of the overall population growth in some municipalities and that one must be careful in interpreting a trend specific to the elderly population, the elderly do tend to have some unique characteristics in regards to their locational behavior. Golant (1979, p.40) makes two generalizations concerning the changing locational distribution of the elderly population compared with that of the total population. First, like the total population, the elderly population has become increasingly centralized into metropolitan areas, though they are still more likely to occupy nonmetropolitan areas than the total population. Second, within metropolitan areas, the elderly population has become decentralized due to its greater occupancy of suburban residential locations. These facts serve as justification for an intense discussion of the aging of Canada's suburban neighborhoods.

Having reviewed some of the locational characteristics of the elderly it is also important to examine the mobility of older people in order to determine possibilities for the future residential distributions of this group within urban areas. It is well documented that seniors have relatively low mobility rates (See Table 2.3). In a study by Ward et al (1988, p.42), 82% of seniors sampled "say they would feel sorry or very sorry if they had to move away" from their current place of residence. Seniors tend to move as little as possible for a variety of reasons which may include their financial or physical capabilities, an emotional attachment to their neighborhoods and the withdrawal and loneliness they

might experience should they relocate to an unfamiliar neighborhood. Mathieu (1976, p.161) goes so far as to suggest, roughly speaking, that major environmental changes by the older adult can lead to physical deterioration and adverse psychological effects. "The emotional attachments and familiar qualities of even the most dangerous and substandard of neighborhoods combined with the uncertainty of change can discourage older people from moving" (Regnier and Gonda, 1981, p.35). More importantly, when they do move, the majority of elderly persons relocate within their same central city, suburban, or nonmetropolitan place of residence (Golant, 1979, p.46).

In summary, the older generation is much less mobile than their younger counterparts. A greater number of their moves are local and these local moves are mostly to the suburbs (Lawton, 1980). This explains the recently studied phenomenon of aging in place. People prefer to age in place for a variety of reasons and there are several benefits often associated with an older person's choice to remain living in his own home in his own community. It is extremely beneficial for seniors to remain as independent as possible for as long as possible in a familiar environment. Not only does this seem to be an optimal situation from a general perspective but One Voice - a Senior Citizen's Network agrees with this idea. One of their ten recommendations which resulted from the 1988 Halifax conference on housing for the elderly was:

SENIORS WANT TO BE INDEPENDENT AS LONG AS POSSIBLE.

The housing and service options available should enable us to take responsibility for ourselves **in our own homes and communities** as long as possible. Our ability to remain actively involved in **our own familiar context** is important to our sense of well being and is consistent with the way we have conducted our lives. When our capacity to remain independent is reduced by infirmity or financial circumstances we would like to support programs to be phased in to give us the option to hold onto as much independence as we can.(p.4-5, Habitat: Final Report and Recommendations, A National Seniors Housing Consultation conducted by One Voice - The Canadian Seniors Network, 1988).

Aging in place is a naturally occurring process that might be either inhibited or facilitated by public sector involvement. Aging in place may occur in three different

situations. First, it will include those persons who wish to remain in their own home as they grow older. Two-thirds of Manitoba's senior citizens are homeowners. In fact, seventy-three percent of Manitoban's over the age of 55 own their own home. A second group of seniors are those who will age in place within their own community or neighborhood. In addition to those who remain in their own home, this group includes elderly persons renting in mixed-age group apartments or residing in many of the other housing options that could be available to them (like home sharing, garden suites, accessory apartments, etc.). The third group of senior citizens will age in place within a senior's facility. This includes those living in a seniors-only apartment complex, a multi-level care facility, senior's condominiums, self-contained retirement community or any combination of the above. Clearly, aging in place is a phenomenon encompassing a broad range of senior's living options. It is the first two situations that this thesis intends to address through a discussion of the issues that affect the elderly as they encounter their local, familiar environment.

A simple assessment of the present location of the elderly population is an inadequate indicator of the future demand for services and support. A more insightful approach to planning for the residential needs of seniors is to take a dynamic view of the present and future senior populations. Therefore, planners must consider the next elderly population, those who are now at a younger stage in their family life cycle. Because older people tend to age in place, it should be possible to anticipate future senior residential populations by examining the locations of the present pre-retirees. Presently, the majority of urban late middle-aged persons live in suburban³ areas.

³"The term 'suburb' has been most commonly applied to "an urban place (usually an incorporated place) outside the corporate limits of a large city, but either adjacent thereto or near enough to be closely integrated into the economic life of the central city and within commuting distance of it" (Duncan and Reiss, 1985, p.45).

As Golant (1979, p.49) explains, in absolute and relative terms, the size of the elderly moving population is small and the size of the elderly moving population changing residential categories is even smaller. Consequently, with few exceptions the migration flows of elderly people are unlikely to influence substantially the future shifts in their metropolitan - nonmetropolitan locational distributions. The present locational pattern of the late middle-aged population (a high proportion of whom will survive and age in their existing residential locations) is likely to be a relatively effective demographic indicator of the need for specialized services for the elderly. Therefore, it is necessary to study these demographic indicators such as stages of the life cycle so residential patterns can be roughly predicted within urban areas. In North America, the present situation appears to be an increasing elderly population in suburban neighborhoods.

The suburbs are experiencing population aging and given the desirable features associated with 'aging in place' this implies a large suburban elderly population is emerging. This aging of the American suburban population has gone relatively unnoticed because in the past the absolute number of elderly people in the suburbs has been relatively small (Golant, 1979, p.39). This, in itself, has important implications for several planning activities. The focus of public policy pertaining to seniors should take serious heed to this aging in place phenomenon. Adequate services and infrastructure will be required to support this population. This also prompts further consideration of how this somewhat specialized or adapted housing, services and infrastructure will be dealt with following further population shifts and after the proportion of elderly persons in our population reaches its peak fifty years from now. Perhaps it is possible to build communities with future generations in mind rather than the present policy directions which tend to encourage a somewhat static approach to community planning.

Howell (1976, p.185) notes that "the development of many suburban areas in the United States virtually ignored the eventual needs of aging home-owners and non-drivers." Whereas the present generation of aged has lived most of its life in either rural settings,

small towns or central city areas, the next generation of elderly will begin coming in substantial numbers from the suburbs. The next generation of elderly will come from a more suburban rather than rural or inner city background. This implies a different set of values and a different set of residential demands. A significant proportion of this population will be oriented more toward health, wealth and leisure activities which is quite a divergence from past senior populations. So, not only are we dealing with a senior population in a different location than the past but one can also foresee a population with much different needs and demands.

As the population ages within these suburban areas many situations will arise that, objectively, may be seen as problems. The suburbs are generally not as well serviced as the inner city areas where the majority of seniors have lived in the past. Public transportation offers little more than feeder routes to many of these 'remote' neighborhoods. Similarly, many of the public community services and centers that cater to an older population also exist in or close to the inner city areas. These services have not been required in suburban areas before and there will be some transition time before facilities are adequate in the 'newly aged' areas. Another common concern is that of overhousing of the elderly within these communities. When a couple remains in the large, suburban home in which they raised their children, they may become over-housed (by a standard of one bedroom per person) when they reach the empty-nest stage of their life-cycle. "Given the cost of renting with a limited income versus the cost of being overhoused in the suburbs, in a mortgage-free home with little maintenance needed (thanks to automatic furnaces and the like) older families and individuals may continue to age in the "wrong" place despite declining income and family size" (Sclar, 1976, p.275).

"Despite significant changes in family status, the inappropriateness of a dwelling, or the declining physical and social status of neighborhoods or communities, many older people move only when severe health or financial difficulties make it impossible to maintain independent households" (Golant, 1979, p.40). "Housing is an extension of personality

and identity...and the loss of a home can mean loss of some identity and personality" (Ridell-Dixon, 1983, p.25). It has been argued that the majority of the elderly prefer to age in place. Most seniors prefer independent single family dwellings and community services are the key to enable this community living option. From these suggestions it is reasonable to assume that the present and future distribution of seniors should be somewhat representative of the future distribution of elderly housing and services. Therefore, if people past "middle age" tend to remain in the same residential locations, it gives planners an opportunity to anticipate the demand for specialized environments (or environments adaptable to the needs of older people) by examining demographics and determining the location of present populations of pre-retirees.

Because of uncertainties associated with moving to a new location, stressful community and neighborhood problems are not as likely to lead to anticipated relocations (Golant, 1984, p.337) although they are likely to lead to negative and unfulfilling residential situations. Birch (1979, p.6) explains that because people do not like to move if they can avoid it, particularly as they get older, they tend to tolerate the mismatch until the tension builds to an intolerable level. In this regard moves are like earthquakes. The tension builds over time, and is resolved with a sudden dislocation. The needs and demands of seniors must be addressed at the local, neighborhood level of the community. It is this immediate environment that most concerns the lives of older people.

The preceding discussions have yielded two main hypotheses. The first is that people's spatial context is related to their stage of the life cycle. The second is that they tend to stay put beyond middle age. This does have serious implications for the present and future planning of urban neighborhoods. These theories can also help to explain why older populations often become concentrated in definable neighborhoods. Howell (1976, p.185) summarizes at least three explanations for this age segregation: the retention of owned residences throughout the adult life span by people who purchased home thirty years earlier when they started their families; migration of younger families to more

suburban settings, and; the selection of newer neighborhoods by newly formed families. For these reasons, it often appears as though there is a definite correlation between the age of a neighborhood and the age of the residents, as one moves out from the core inner city. These age segregated neighborhoods are a product of ecological processes. Knox (1982, p.125) observes that it is dangerous to explain mobility exclusively in terms of changes in family status because it is often at these same times that they experience changes in income and social status.

Interestingly, there is no built-in incentive to construct a "community" and no structural facilitators for its emergence within these naturally occurring age segregated neighborhoods. Such neighborhoods lack the special design features, physical security, and congregate facilities (dining, activities, etc) found in purpose-built retirement communities and public housing for the elderly (Howell, 1976,p.185). While the debate will continue regarding the advantages and disadvantages of age-segregated versus age-integrated living arrangements, those benefits especially associated with planned, age segregated environments do not necessarily transfer to the maturing neighborhoods in question that arise naturally through ecological processes. Any perceived benefits are probably most often derived from the specialized amenities, services and joint activities associated with *planned* seniors' housing as opposed to the naturally occurring older communities that house the majority of seniors. It is quite likely that it is these features that account for the heightened moral often found in planned retirement communities and senior's housing facilities rather than the age concentration per se.

Just as Mumford (1956, p.152) wrote several decades ago, it is still a commonly held view that: "...age segregation is unfortunate because to normalize old age, we must restore the old to the community." In fact natural age segregation most often "exists primarily because people of similar social and economic backgrounds make parallel location and housing decisions, and only secondarily because of any desire to live near one age group or away from another" (Chevron cited in Ward et al, 1988, p.166)" It seems likely,

then, that normal residential age segregation is neither chosen as such nor forced but rather represents an "incidental" result of ecological processes (Ward et al, 1988, p. 166). It would be the arrogance of the planner who would attempt to ensure the "proper" proportions of each age group reside within each neighborhood. Natural human and ecological forces are powerful and it is perhaps time to help the environment suit the population rather than shuffling the residents to suit the environment.

"It follows from these observations that a marked residential segregation will emerge as households at similar stages in the family life-cycle respond in similar ways to their changing circumstances. So, the boundaries represented by residential segregation may be functional if the support and services available within those boundaries are superior to those available outside them (Ward et al, 1988, p.184). One thing that is important to keep in mind is that the "Life-Cycle Model" of mobility is more a North American phenomenon than, say, British, and not every household in North America is "typical'.

These are some of the problems that must be answered in working with the present generation of senior citizens. In summary, there will be substantially more elderly persons and a greater proportion of them will be well off and demand a complementary lifestyle that takes into consideration the desire to 'age in place' and the ability to live independently. This, accompanied by a need for well designed housing and more appropriate and cost effective community services, offers quite a challenge to planners whose job it is to anticipate and facilitate change.

3.3 The Potential for Change in Urban Neighborhoods

The national phenomenon of population aging is relevant and has been discussed in Chapter Two yet it deals with national statistics and on a more theoretical level. One may even define certain cities as having "older" populations than other cities. Even at the scale of an entire city it is impossible to define effective policies and programs to deal with the

increasing proportion of seniors. Instead it is necessary to find a comfortable setting in which to discuss some of the issues that arise often as a secondary result of population aging. A vast amount of research exists regarding senior's housing. Various issues again surround this topic but it tends to focus in on the individual at a personal level. Although this, too, is a vital accumulation of information, it is also an inappropriate setting for the practical development of programs and policies for senior citizens. Policies must be the result of a coordinated and informed effort at the government level but the delivery of these programs must be local in order to maximize the responsiveness to the individualized needs of seniors. Furthermore, much of the urban environment in North American cities is a collection of a multitude of much smaller entities - neighborhoods. Thus, one arrives at a study of the needs of the elderly at the neighborhood or community level. Typical urban neighborhoods may offer much potential as planners can understand how they have evolved and have knowledge of the infrastructure this evolution has created.

It is interesting to take note of traditional neighborhood theory that has provided much of the framework for the modern-day neighborhood, that neighborhood which is now facing the dilemma of an aging population. With a closer examination of Clarence Perry's neighborhood unit theory, one realizes the significant effect this planning tradition has had on urban neighborhoods and the possibilities these effects offer community planning in the future. Often considered inspired by Ebenezer Howard's Garden City Movement, Clarence Perry first formally proposed the concept of the Neighborhood Unit in 1923 in Vol. 7 of The Regional Survey of New York and its Environs. Although there was also a social welfare perspective being encouraged by the Settlement House Movement in the United States, the neighborhood unit theory evolved based on ideas of physical determinism, similar to those of the Garden City Movement. Prior to the introduction of the neighborhood unit concept planners were most concerned with improving the physical and aesthetic qualities of urban life, particularly transportation and beautification.

Community planning would be seriously influenced by Perry's convincing work on the neighborhood unit.

According to Perry (1939, p.50) a neighborhood unit is "that area which embraces all the public facilities and conditions required by the average family for its comfort and proper development within the vicinity of its dwellings." It is an attractive concept as it serves the purpose of many interest groups. It was an ideal concept to protect the investment of developers. It was relatively economical in design and construction and, it took a more local focus to urban planning in the face of criticism from schools of thought such as that led largely by Louis Wirth who condemned the inhumane nature of urbanism as a way of life (Wirth, 1938). On the other hand, neighborhood unit theory served the interests of only one group in society, the middle class nuclear family.

Keller (1968, p.125-126) outlined the main purposes that neighborhood unit theory was to serve. First, it was an answer to physical order in the midst of the chaotic, fragmented urban center. The neighborhood unit was an attempt to regain a sense of community and encourage local contact. Furthermore, it was to encourage local loyalties and attachments thereby offsetting social and recreational mobility. The neighborhood unit fostered values of identity, security, stability and rootedness. It was a local training ground for the development of larger loyalties to city and nation. Not only was it believed that the close social contacts between members of a local area are important for individual and social health but, in fact, there was an inherent belief that the proper design of residential areas would bring about these contacts (Rohe and Gates, 1985, p.28). In other words, the neighborhood unit idea is based very much on a belief in physical determinism.

The four predominant elements that came to characterize this neighborhood unit theory are: to make the elementary school the focus of the neighborhood; to eliminate through traffic from outside the neighborhood and to reform local streets to serve the residents; to localize and segregate the shopping center at the intersection of the through streets at the corner of the neighborhood, and; to provide minimum standards for open

spaces and neighborhood parks (Dahir, 1950, p.212). Many newer neighborhood theories have been formulated but the basic elements of Perry's neighborhood unit theory have remained fundamental to the design of urban neighborhoods throughout North America this century and can still be identified in the newest subdivision plans.

Although the neighborhood unit theory has remained basic to planning ideas in the twentieth century, it has not gone without criticism (Isaacs, 1958; Keller, 1968 et al). The neighborhood unit is a static approach to urban development. Rather than treating the city as a "dynamic, changing organism" (Rohe and Gates, 1985, p.31) the neighborhood unit considers only one phase of the human life cycle, that of the early childbearing stage at only one point in time. The elderly and single adults and most everyone else who does not fit the definition of a young nuclear family was not respected within the realm of this theory. The neighborhood unit has been a basic planning tool for about a century already. Unfortunately, accessibility was defined in terms of small children's travel to elementary school, Mother driving to the local shopping center and Father commuting into the inner city to work. Too much of this picture simply does not apply to today's society.

The basic elements of neighborhood unit theory take on a very different meaning in a neighborhood of aging adults. With the diminished use of the school facility, there becomes a lack of appropriate community facilities to serve the older local residents. Severe problems may be experienced with access to public transportation systems as driving becomes a difficult option. Also, local services and shopping become inaccessible to elderly community residents as they are centralized into commercial zones at the edge of the neighborhood. These areas are often out of walking distance and are not frequently serviced by suburban public transportation systems. "Neighborhoods may be designed for the limited mobility of children, but not for the social and logistic needs which affect an older population" (Regnier and Gonda, 1981, p.33).

3.4 Toward An Ecological Theory of Neighborhood Transition

One of the predominant and recurring themes throughout this chapter is the need to consider ecological trends as instigators of neighborhood change. One of the most significant ecological changes occurring now and in the near future is that of population aging. The recent growth of the senior portions of the family life cycle are having drastic impact on urban neighborhoods and have the potential of creating serious manifestations within suburban areas particularly in North America. Ward et al (1988, p.205) suggest that "age patterns emerge from ecological processes: the reduced residential mobility of the elderly and their disadvantage in the competition for space." Lawton and Newcomer (1976, p.335) understand the ecological perspective to be most relevant where physical and social planning overlap. Similarly, McGahan (1986, p.133) defines social ecology as "the spatial distribution of population characteristics". With the introduction of ecological theories of urban growth and transition the city was viewed as a biotic entity. The analogy was to a thriving organism, continually growing and changing in composition. This analogy seemed appropriate with the rapid urban growth and the large scale immigration at the beginning of the century.

The concentric zone theory described by Burgess in 1925 was possibly one of the first attempts to link residential segregation to the growth of cities. The theory suggested that socio-economic status is associated with a sequence of invasion-succession-dominance. He described that as urban areas grow and the competition for inner-city land increases there is a selective outward expansion of population groups. This decentralization process creates a change in the residential character of neighborhoods. Age segregation becomes a by-product of this process. Because the elderly experience relatively low mobility patterns, the youthful, upwardly mobile residents move out (to the suburbs usually) and leave the old people behind (Ward et al, 1988, p.166).

Urban models such as Burgess' Concentric Zone Theory (1925), Hoyt's sector theory (1939) and Harris and Ullman's Multiple Nuclei Theory all tend to treat the city in

isolation as if it were an independent unit without regard to greater societal changes. Shevky and Bell's (1955) model of social area analysis begins to focus on the relationships between the structural reorganization society experiences as a whole and its reflection within urban communities (McGahan, 1986, p.144). It deals primarily with population characteristics as opposed to the physical criteria of the other three models. Ultimately, the social and physical characteristics of an urban environment would have to be integrated in order to gain a more accurate perspective on cities and urban neighborhood changes in particular. Furthermore, these American models of neighborhood change stress neighborhood decline rather than stability or improvement. The traditional theories regarding neighborhood transition are based mostly on race and racial change as well as income. These theories tend not to look at current and predicted demographic changes. The relevance of these ideas has little significance in the present Canadian context.

It has been fairly well established that neighborhood change has much to do with the ebbs and flows of residential mobility. Moore (1972) and Bourne (1976) offer typologies to sort out the population movements that affect the composition of urban neighborhoods. Both Moore and Bourne include, at least implicitly, the demographic aging of neighborhoods as a part of their explanation regarding neighborhood transition in general.

Moore outlines a four fold typology which includes mobility characteristics and socio-economic and demographic characteristics of neighborhoods (Knox, 1987, p.199). (See Figure 3.7) Type I neighborhoods experience the classical invasion/succession phenomenon. This is often characterized by ethnic or racial minorities invading the territory of another. Gentrification and abandonment in the inner city is also a type of invasion / succession. Neighborhoods where a significant intrusion has occurred such as a motorway is put in or factories are built in an originally residential area falls into the Type I category, too. Type II neighborhoods are those which most often cater to the transient population, for example, small dense rental areas in or near the inner city area. Areas

receiving new in-migrants are also Type II neighborhoods, whether it is the slums receiving low income in-migrants or the newer suburbs receiving middle class in-migrants. When neighborhood change is found together with relatively low levels of mobility, a Type III neighborhood exists. There is a steady and selective in or out migration of residents. On one hand middle class neighborhoods may experience this change as socio-economic changes occur within the area and housing stock filters down the social ladder. Another occurrence of Type III neighborhood change is found when gradual demographic changes are experienced as a particular age cohort "ages in place". Type IV neighborhoods defined by very low mobility and very high neighborhood stability are only experienced in either the tightly knit ethnic neighborhoods or urban villages of the inner city or some of the most affluent white, suburban neighborhoods.

The neighborhoods of concern in this discussion are those such as described by Moore's Type III description. As in-migration declines and the demographics show the relatively wealthy baby-boom generation affecting the urban environment to such a significant extent in Canadian cities this Type III neighborhood should be dominant in the planner's mind, particularly as these baby-boomers have chosen the suburbs to age and it appears that they will remain in these suburbs to a large extent.

Many Canadian suburbs may lend themselves well to an interpretation based on Bourne's (1976) conception of neighborhood life cycles (Knox, 1987, p. 200-201) (See Figure 3.8). It may be possible to roughly define urban neighborhoods according to their particular age groups, reflecting the period of their original development. It is the suburbanization of the past that is affecting the lives of many senior citizens today. It is Bourne's "Thinning Out" of a neighborhood's life cycle that would be the subject of special consideration for its elderly residents. Unfortunately it is not enough to define these particular neighborhoods and react to their demographic composition. Instead planners must take these sorts of typologies one step further and attempt to anticipate how future generation will fit into such summaries.

	Neighborhoods Experiencing Change in Selected Population Characteristics	Neighborhoods Experiencing Stability in Selected Population Characteristics
Neighborhoods Experiencing High Mobility	<u>I</u> a) Rapid Change resulting from ethnic, social or racial conflict within area b) Change resulting from area being assigned high social value by specific subgroup c) Change resulting from rapid deterioration of physical environment (particularly due to location of public facilities.	<u>II</u> a) Inflexible housing catering to small range of household types b) Neighborhood is a transit point for in-migrants from rural and from other urban areas
Neighborhoods Experiencing Low Mobility	<u>III</u> a) Flexible housing catering to many household types. Slow aging of population and selective outmigration by age. b) Deteriorating housing with selective immigration by socio-economic status	<u>IV</u> a) Tightly structured social networks, particularly for ethnic communities, tie individual to neighborhood

Typical Situations Linking Mobility and Population Change at the Neighborhood Level
(Source: Moore, 1972, p.33)

Figure 3.7 Moore's Model of Neighborhood Change

The ecological model described in Ward et al (1988) takes neighborhood transition one step farther in order to explain reasons for age segregation. This is, ultimately, a theory of aging in place. In the competition for space, those families with comparable incomes choose sites of similar value. This makes 'ability to pay' a selective factor in the process of residential location. Furthermore new suburban areas will attract persons of similar stage of the human life cycle and of similar income. As these families progress through the stages of family structure, history indicates that the original residents (say, the parents) will remain as the younger members move on (ultimately, to new, most often suburban neighborhoods with families similar to themselves in income, social class and family structure). Ward et al (1988, p.167) surmise that the cost of housing has the most

Sequence (stage)	Housing and physical attributes			Social attributes		Other
	Dwelling type (predominate additions) and tenure	Level of Construction Activity	Population density	Household & family structure	Class, social status, income	
Suburbanization (new growth) homogeneity	single-family (low-density multiple), owner-occupied multi-family, rental	high	low (but increasing)	young families, small children, large households	high (increasing)	initial develop- ment stage; cluster development; large scale projects.
In-filling (on vacant land)	multi-family, rental	low decreasing	medium (increasing slowly or stable)	aging families, older children, more mixing	high (stable)	first transition stage - less homo- geneity in age, class, housing; first apts
Downgrading (stability and decline)	conversions of existing dwellings to multifamily; rental	very low	medium (increasing slowly) population total down	older families, fewer children	medium (declining)	long period of depreciation and stagnation, some nonresidential succession.
Thinning out	non-residential construction - demolition of existing units	low increasing	declining (net densities may be increasing)	older families, few children, non-family households	declining	selective non- residential succession
Renewal	(a) public housing; rental	high	increasing (net)	young families, many children	declining	the second transi- tion stage; may take either of two forms depending on conditions
or	(b) luxury high- rise apt. & townhouse	high	increasing (net)	mixed	increasing	
Rehabilitation & gentrification	conversions	medium	decreasing (net)	few children	increasing	low

Figure 3.8 Bourne's Neighborhood Life Cycles
(Source: Bourne, 1981, p.24)

significant direct effect on age segregation. The larger, growing areas with newer housing that have tighter housing markets and therefore have a greater degree of age segregation. Furthermore, housing age has a direct negative effect on age segregation and suburbanization has a direct positive effect on age segregation.

Ward et al (1988, p.167) postulate that the "degree of suburbanization indexes the processes of invasion-succession that are central to explanations of neighborhood change. Invasion processes generally occur in the inner city areas with the populations experiencing these invasions generally 'succeeding to' the suburbs. Therefore the more suburban a metropolis the greater the extent of recent successions and the greater the age segregation as the elderly remain behind in the older areas of the cities.



(Source: Ward et al, 1988, p.167)

3.5 Summary

The theoretical basis of the neighborhood unit together with the inevitable neighborhood transitions that have occurred promote segregation by income and family composition. This seems reasonable if one considers that the neighborhood unit was built for the young family - therefore the young family will move in. It is very likely that if a developer has been allowed to build a neighborhood of the same housing types that young families of similar income will purchase and move into this neighborhood at the same time. If we then consider that the majority of people prefer to remain in their own homes then the original residents in this neighborhood will continue to age along with their environment. Even if they choose to move they will most likely move to a similar neighborhood with

similarly aged families or they may not consider moving into a neighborhood that has 'aged' more than themselves given that schools may be near closing down and facilities may service a different aged population. If this neighborhood was planned with the inherent elements of the neighborhood unit theory (which most neighborhoods are, at least implicitly) the surrounding environment will slowly begin to no longer 'fit' the residents. This is the fatal flaw of the neighborhood unit theory and therefore of many neighborhood planning activities. The existing demographic characteristics of most suburban neighborhoods are indicative of this lack of foresight. At this point planners must rethink their actions and consider these implications. It makes more sense to accept the eventualities of the neighborhood unit and plan for life cycle transitions using the existing physical layout and service infrastructure as much as possible.

The 'fit' of a place (Lynch, 1981) is an important characteristic of the environment for everyone and particularly for older people. The goal of creating environments that 'fit' the needs of its aging population is particularly crucial in urban areas where there are high concentrations of senior citizens and anticipated concentrations of older people. Various urban planning issues will be examined in more detail in order to identify some tangible areas where action can be taken to modify the environment and create a more positive 'fit' for the large number of seniors who will inhabit these communities.

CHAPTER FOUR

COMMUNITY PLANNING FOR AN OLDER POPULATION: THE ISSUES

Chapter Three establishes the particular importance of the local environment to older people. The discussion also reveals that transitions take place within cities and no one environment can be defined for seniors. Furthermore, older people have a low residential mobility and therefore many people will remain living in their own homes and neighborhoods well into their retirement years. It is therefore the task of the community planner to understand the environmental needs of the elderly and to facilitate the implementation of these community living opportunities within identified demographically aging neighborhoods. Careful consideration must be made of the impending demographic changes throughout urban neighborhoods. Any new infrastructure and service delivery systems must over time accommodate the full range of the human lifecycle by being adaptable and flexible in nature.

This chapter examines four community planning issues that impact older people as they age within urban neighborhoods, particularly in suburban areas. It addresses some of the specific community planning matters that are relevant to providing safe and comfortable environments for senior citizens. The four general areas of concern are: transportation; accessible community services and support; neighborhood design, and; land use regulation. It is once again stressed that people beyond retirement age constitute an extremely diverse group of people. Four general ability levels of older people are roughly identified in order to provide future reference. Each level of competence⁴ demands a different set of criteria from the local environment. Therefore the components of the environment such as the

⁴ *competence* as defined on bottom of page 41 of this thesis.

design of public spaces, the accessibility of support services and the availability of appropriate housing must offer sufficient opportunities for everyone.

Active Older Consumers. Active retirees account for the majority of older people. Although the discussion will focus on other groups it is because these active seniors are living very healthy, active, independent, financially secure retirement years. The services of most concern for these people may be the local retail services (travel agents, shopping) and recreational opportunities.

Independent Elderly. There is a second diverse group of seniors who require some assistance even if it is only informational. These older people are somewhat more alone than the majority and with the availability of accessible information services they can access many of the local community and support services they find interesting and/or helpful. They can fully manage their own lives without personal assistance but may not be aware of the various services available that can enrich their retirement years. Senior's clubs, health clinics, government programs, doctors and other health professionals are all easily accessible if these people know about them. It seems as though some form of neighborhood information center would benefit a number of these seniors. In Winnipeg, Age and Opportunity Centers provide this type of service but their offices are few and remain quite central, as opposed to truly neighborhood-based.

Independence with Assistance. At another level of competence, seniors may require fairly intense, in-home services in order to remain in their homes. These older people are somewhat dependent and with some assistance they can be capable of remaining in their own house in their own neighborhood. Services such as home-care, local clinics for nurse visits, visiting services, emergency response systems and the availability of respite and overnight beds may allow these seniors the option of remaining in the community.

More localized services may also encourage use and personalize services. For example, one of the most frequent comments about Home Care services in Manitoba is the

impersonalized service in urban areas compared with a more compassionate service in the rural areas where neighbors and service providers know each other.

Institutional Dependence. The most dependent group of elderly persons make up a very small percentage of the entire senior population. These seniors require institutional care, that is, presumably, twenty-four hour nursing care. They make up only about 5.5% of the population of Manitoba seniors. A discussion of the institutional aged often creeps beyond the parameters of this thesis but in discussing community services through a continuum of care, institutions naturally have a place at one end of the continuum. Seniors faced with complete dependence and the necessity of twenty-four hour nursing attention should not leave the urban planner's mind. They, too, are a part of that complex community we are calling a neighborhood. Arguments can be raised from at least two perspectives as to the benefit of allowing even those seniors mentally and physically beyond the scope of normal community activities to remain as close as possible to their own homes and neighborhoods. It is unrealistic to think that all seniors can remain in their home until death, although it is reasonable to suppose that a proportion of the 5.5% of Manitoba's seniors who are currently living in an institutional setting do not require twenty-four hour nursing care. On one hand, if institutions could be somewhat smaller in scale and serve communities closer to a neighborhood level, even those elderly requiring the highest level of care could remain closer to familiar surroundings. Even some of the seniors facing the greatest degree of reliance may find some joy and solace in visiting (even if by attendant and wheelchair) a familiar park, shopping area, or the home of family and friends on a regular basis. More often than not, this does not occur because familiar surroundings are very distant from the surrounding communities of Personal Care Homes. This is not, of course, an appropriate option for everyone but it may be a possible situation in many cases.

Also, if one considers the family and friends who may wish to visit the institutionalized elderly, the institutions are often located a significant distance from families

and home communities within urban areas. On the part of the caregiver this lack of opportunity for visits can cause unbearable guilt and anxiety about the fate of the elderly person. On the part of the institutionalized senior, nothing can help them to fulfill their lives more than sharing as much time as possible with familiar friends and relatives. Even those suffering from some form of dementia often only respond to those who have been closest to them throughout their lives.

The predominant target population in the following discussions is the Independent Elderly and those seniors who can enjoy Independence with Assistance. Most active retirees will also benefit from any general policies and programs that follow in the direction of these discussions.

4.1 Transportation and the Elderly

Accessible and appropriate transportation is vital in planning communities to accommodate older residents. Although most seniors drive automobiles, the roadways, traffic signals and traffic routes often create problems for elderly drivers. Those seniors who must rely on public transportation find difficulty with the accessibility and convenience of city buses. Other seniors who must rely on taxis suffer from exorbitant cab fares. Pedestrian movement is also difficult for seniors living in neighborhoods ill-designed to meet their needs particularly in our relatively extreme climate. The literature regarding transportation for the elderly is quite extensive so the main focus of the following discussion is the transportation available to those people aging within suburban neighborhoods. Generally speaking, suburban seniors tend to drive and elderly persons living downtown can walk to many destinations. Those senior citizens who live in the older areas of the city often lack the driving ability of those in the suburbs and lack the downtown advantage of being in close proximity to shopping, services and specialized facilities (Senior Citizen's Provincial Council, 1987).

Table 4.1
Percentage distribution of trips taken by retired and non-retired persons
over the age of sixty-five heading their own households

	Retired	Non-retired	Total
Shopping	35.7 %	13.0	24.7
Social	22.7	10.1	16.6
Recreation	10.4	4.3	7.5
Other	4.7	1.1	2.9
Work	2.8	64.0	32.5
Personal Business	23.8	7.4	15.8

(Golant, 1972 cited in Senior Citizen's Provincial Council, 1987)

Senior's trips are of a much different motivation than the rest of the population (see Table 4.1). On average the literature finds that seniors make an average of between .9 and 1.1 trips per day (Senior Citizen's Provincial Council, 1987, p.22) and the most frequent trip is for shopping purposes. Low income seniors expressed that they made frequent shopping trips in order to alleviate loneliness, to get exercise and to reduce the weight of parcels for any one trip (Senior Citizen's Provincial Council, 1987). The study by the Senior Citizen's Provincial Council in Saskatchewan that examined the transportation behavior and needs of Saskatchewan's urban elderly found that with increasing city size there was an increasing difficulty of transportation for the elderly.

Transportation has a direct bearing on an individual's quality of life, particularly in old age when local mobility, that is, the ability to travel from place to place, decreases dramatically. As an active and satisfying old age requires the opportunity to engage in a variety of activities at reasonable costs in terms of effort, time and money, the critical question is not how much elderly people travel but whether or not mobility limitations restrict their freedom of choice and, hence, the quality of their lives (Wachs, 1988, p.185, 170). Planners must understand the real demands of the entire senior population and particularly that population of the next couple of decades.

By focusing attention on the stereotype of the elderly as a relatively carless, nondriving, transit-dependent group in a relatively car-owning and -driving world, we often fail to take note of the fact that old people are an incredibly diverse group with lifestyles and behavior patterns that are as varied as those of any age group (Wachs, 1988, p.175).

The following discussion will examine the effectiveness of the automobile, public transit and walking in regards to the actual and perceived accessibility seniors experience.

4.1.1 The Automobile

Although elderly persons are generally portrayed as transit dependent due in part to their declining vision and reflexes and increasing fears about the dangers of driving, the vast majority of seniors depend primarily on the automobile for their transportation needs (Wachs, 1988, p.172). The majority of people over the age of sixty-five are able to drive a motor vehicle and this is most often their predominant mode of transportation (Golant, 1976, p.287). In the Saskatchewan study, the use of the automobile was highest for trips to the hospital (72.5%) and to recreational activities (73.1%), while the lowest use of automobile was evidenced in trips to conduct business (53.5%), shop (54.2%), and visit the doctor (57.0%) (Senior Citizen's Provincial Council, 1987, p.42-43). Furthermore, "urban elderly's access to the automobile is increasing as population cohorts containing higher proportions of automobile owners and drivers reach their senior years" (Schmitt, 1979, p.133). The increasing majority of these people will live in suburban areas thereby reinforcing the necessity of personal automobile transportation. With the relative and inherent isolation of many suburban neighborhoods this is the ideal mode of transportation, allowing an individual optimum mobility and independence.

Unfortunately driving can become a somewhat more difficult if not altogether precarious task for many individuals as they begin to experience some of the physical characteristics of aging. "Although older drivers as a group do not contribute excessively to the overall number of automobile accidents or traffic violations, their rate of traffic accidents and citations per mile is higher than that of all but their youngest colleagues" (Kline et al, 1992, p.27). It might also be argued that a great number of senior citizens become a threat to themselves and others while driving on city streets that are convoluted with a vast array of lighting and signage. A recent newspaper article claims drivers over

the age of sixty-five are responsible for fifty percent of all traffic fatalities (Winnipeg Free Press, 1992). Golant (1976, p.298) finds the highest death rate from auto collisions occurs in the over seventy-five age group.

Much of the signage along urban traffic routes is difficult enough to decipher for the adult with average sight ability let alone an older adult who often suffers from diminished eyesight. "It has been estimated that 90% or so of the information used in driving is visual" (Kline et al, 1992, p.27). Sight is the most used sense in interpreting information from the environment. First, as the lens of the eye thickens and often yellows with age, color vision is often impaired. Colors such as violet, blue and green may be filtered out while yellow, orange and red remain easier to see. Second, with aging, depth perception may be affected. For example, older people may experience problems with perceiving a change in elevation. A third consequence the human aging process has on eyesight is the requirement for an increased quality and quantity of light. There may also be a delayed time in adapting from light to dark situations. A fourth problem seniors may face in interpreting their environment is increasing occurrences of tunnel vision. This can create problems with negotiating space and perceiving motion.

Kline's findings (1992, p.33) are consistent with other studies as well as laboratory research that shows that "older persons have problems with stimuli that are dimly illuminated, near to them, rapidly changing, or embedded in more complex arrays." It has been found that "five dimensions of visual function are relatively more problematic for older persons: visual processing speed, for example, reading speed; light sensitivity, for example, seeing in twilight or dark; dynamic vision, for example, reading scrolling TV displays or other externally paced displays; near vision, for example, reading small print; and visual search, for example, locating a sign" (Fozard, 1990, p.150). Other research suggests that it is around the age of 50 years that age-related differences in visual functions such as acuity, stereopsis, perimetric fields, threshold sensitivity, and visually evoked potentials begin to change noticeably (Fozard, 1990, p.150). "Given the types of visual

problems reported by older drivers for night-time conditions, it is likely that the reasons for their shift to daytime driving are based not only on changes in health or lifestyle, but also include the visual difficulties that they experience in poor illumination" (Kline, 1991, p.157). Kline's studies ultimately suggested that symbolic traffic signs are more effective than word signs to all age groups, particularly the elderly. Furthermore, many of the existing road signs could be improved with a more careful consideration of their legibility to older drivers.

Several difficulties older people may face when driving are described in the following graphs (See Figure 4.1). Clearly, all of these driving activities do become somewhat more problematic with age, largely due to diminished sensory processing, particularly vision. Aging is often accompanied by perceptual and cognitive difficulties in judging and responding to the speed of their own and other's vehicles (Kline, 1992, p.33) (See Figure 4.1: Graph A & B). There are also declines with age in retinal illumination, acuity in low illumination, accommodative reserve, and resistance to glare. (Kline, 1992, p.33). In the dim display dimension, "older drivers were more likely to report that automobile instrument panels were overly dim" (Kline, 1991, p.157) (See Figure 4.1: Graphs C & D). Windshield glare from the sun was also a common hindrance to vision, particularly of elderly drivers. Older persons need to be closer to signs to recognize them, during both day and night lighting conditions (Kline, 1992, p.33) (See Figure 4.1: Graph E).

Hearing impairment in the elderly is often mild or moderate, but it is widespread. "A significant, but as yet undefined, number of elderly people have decreased ability to tune out background noise and thus have more difficulty hearing in noisy settings than younger people with comparable hearing ability" (Fozard, 1990 , p.159). This may also affect some expected reactions when driving.

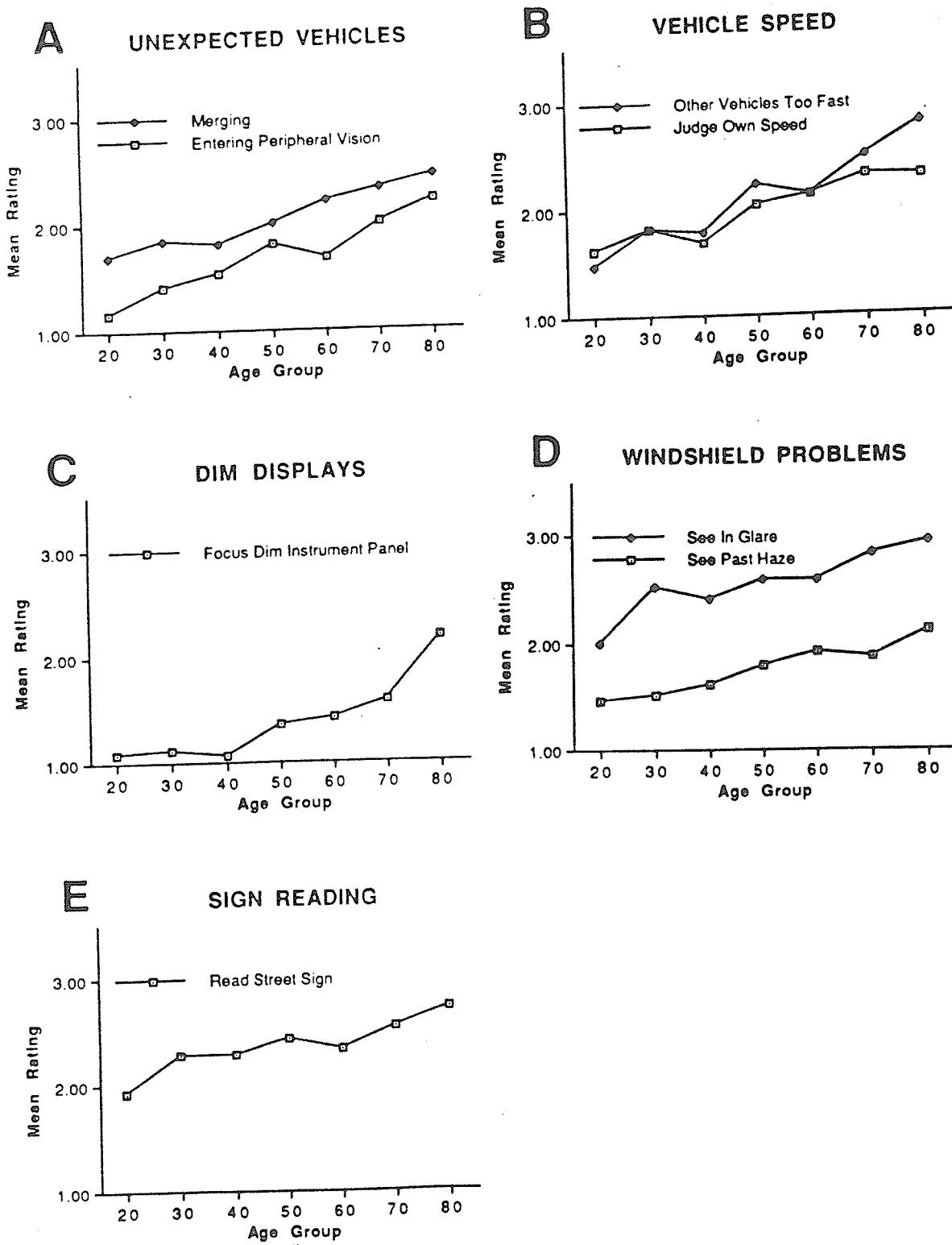


Figure 4.1 Mean reported difficulty on visual driving tasks as a function of age (Source: Kline et al, 1992, p.32)

Should the senior have the physical ability to operator a motor vehicle there is still the question of his/her ability to afford the cost of driving an automobile. The cost can become quite prohibitive to seniors with a fixed income. Gasoline, insurance and automobile upkeep make vehicle ownership an expensive investment.

Furthermore, it is often the increasing number of older women who may experience problems in accessing the automobile as a form of transportation. In the Saskatchewan sample, only 38% of women drove while 87% of men drove. In fact, only 9% of elderly men reported serious transportation difficulties as compared with 19% of elderly women (Senior Citizen's Provincial Council, 1987). This is due to the lower incomes of older women as well as the fact that older women are less likely to possess a drivers licence, coming from a generation who depended very much on their husbands. Although this particular situation should become less frequent in coming years as women will increasingly come from more independent generations there will remain a distinct portion of seniors who do not have this transportation option available to them.

Another option the senior has is to obtain rides with friends or family members. Unfortunately, this increases dependence on other people at a time in one's life when independence is of vital importance to a person's well-being. The ability to drive one's self was a very significant factor in their overall transportation satisfaction in the Saskatchewan study. Furthermore, many cases are apparent where the family member does not live in close proximity to the elderly person and a significant burden is placed on relatives due to a perceived reliance.

4.1.2 Public Transportation

In the Saskatchewan study (Senior Citizen's Provincial Council, 1987) only 9.3% of urban seniors depend on the city bus as their usual mode of transportation. Similarly, "only 7% of the trips by older people in Los Angeles were made on public transit. Although this is still twice the proportion that characterizes younger groups, it is still a

small percentage of all the trips made by the elderly" (Wachs, 1988, p.172). It should also be remembered that while the automobile provides the 'usual' mode of vehicular transportation for 80 per cent of urban seniors in Saskatchewan, in cities where a local bus service exists, there are still approximately 57 per cent of seniors who make some use of the buses available to them (Senior Citizen's Provincial Council, 1987, p.77). It is therefore useful for community planners to consider public transit as a necessary mode of transportation with the potential of serving the aging population much more effectively than it does currently.

There are several issues that evoke interest in the future of transit-use by the elderly. There are "few physiological or medical reasons to associate transit dependency with retirement status, but many public policy-makers often make this association" (Wachs, 1988, p.173). Many of today's elderly never learned to drive while many more of the future generation of elderly will drive. Although there is already high vehicle ownership in the over sixty-five age group (about two thirds own cars) many of the remaining one third who do not own vehicles in the present senior generation may very well own vehicles in future generations. Finally, many recent elderly populations lived in denser, inner-city neighborhoods and therefore do not drive. In the future more seniors will be from the suburbs where driving is an inherent part of their lifestyle. Moreover any reduced mobility these people may experience will not force aging suburbanites to relocate to inner city areas where transit service is most efficient.

The Saskatchewan study (Senior Citizen's Provincial Council, 1987, p.42) found an increased use of bus transportation that is consistent with those destinations which would be located in the downtown area of shops, business and doctors' offices. This is also an area which is easily accessible by all major bus routes and most threatening by car due to increased traffic and difficulty in parking.

Much has been studied regarding senior citizens and their usage of transit buses within urban areas. In the past, transit systems have been fortunate enough to have the vast

majority of elderly persons within a somewhat definable area, that of the inner city. In this case, transit seems to have been a relatively adequate transportation service. Many inner city seniors (and even outer, inner-city seniors) rely on buses to provide them with direct and inexpensive transportation from their neighborhood to the desired service areas for shopping, appointments and social activities. Even with this perceived success, the frailer elderly persons continue to have difficulty boarding buses (there is no physical assistance provided from transit operators) and maneuvering on the bus should there be sudden starts and stops and should there be standing room only. The physical design and operating characteristics of the system are often inadequate. A lengthy bus stop distance from the residence creates walking problems while the absence of shelters and/or benches makes waiting unbearable to some seniors. Other problems with transit include climbing high bus stops, insufficient time to reach exit doors, stopping at unsafe points of street exit, rapid acceleration of bus (and deceleration) "stop and go", and poorly placed, insufficient hand grips on shelters and seating. Moreover, there is little assistance given to passengers to warn them of upcoming stops. Without this prompting many older people with slower response systems have serious difficulty in signalling their wish to disboard at a particular location. This, again, may often be linked to poor signage and signals in dealing with persons with lower levels of sensory and cognitive awareness.

Some of the transit problems identified by Schmitt (1979, p.177) include inadequate vehicle design (causing problems associated with the ill health or physical limitations of seniors such as climbing the bus stairs); problems with on-board environment (safety and the availability of assistance); service frequency; number of requisite transfers, and; distance between the route and the trip's origin and ultimate destination indicating problems getting to the bus stop. Other complaints about service (Senior Citizen's Provincial Council, 1987) include bus scheduling, stops too far from home, fares too high, lack of bus shelters, drivers not being helpful, and dirty and uncomfortable buses. Seniors

also face a number of physical barriers and discomforts while waiting such as fatigue, loneliness, and fear.

Because urban transit operates on a fixed route system, seniors must walk to the bus stops. This often involves long distances, uneven topography, the lack of sidewalks in newer suburbs, exposure to adverse weather elements (particularly in Prairie winters) and the crossing of busy streets and intersections. Inadequate lighting and safety are also of concern after dark. Another problem sometimes experienced by elderly transit riders is crime and victimization. For many seniors a short walk is quite desirable and a short wait for the bus is tolerable but it is necessary to have shelters from extreme weather and seating to rest at least at every bus stop. Much of the physical deterioration associated with old age involves a weakening of the body and lower tolerance to excessive physical exercise.

Further to the specific physical and perceptual problems older people face in using public transportation, the present underlying assumption of transit departments is that they will serve major arteries to the downtown areas during rush hour. This priority is interesting to note because public transit should be available to serve low income persons and non-drivers but, alternatively, the transit system caters more so to the working adult. Seniors are limited to choosing a destination that local transit serves as well as being limited to the time of day they may travel. For instance, some suburban transit routes may not even offer service on Sundays or holidays. Route scheduling is based predominantly around the downtown work rush hours (Wachs, 1988, p.177). Unfortunately, as was discussed in Chapter Three, the future senior populations will not continue to be found in inner city areas. It is the suburban areas that will be home to most of the senior citizens at least for the next several decades. The transit services within these suburban areas is inadequate, particularly during off-peak times when most retired people will travel. These suburban areas were built specifically with the automobile in mind. During rush hour transit service is often available only in the form of feeder routes. This means direct bus service is not readily available throughout the day. Desired destinations are often not solely

to the downtown areas either. Shopping malls, hospitals and family and friends are all typically located in outer city and suburban areas (See Table 4.1).

In finding solutions to the problems with urban public transportation there are two types of transit systems, an integrated system and a parallel system. An integrated transit system is a 'mainstreaming' of transportation so that all transit facilities are fully equipped to be accessible to everyone, including elderly and handicapped individuals (for example all buses would have wheelchair lifts). The alternative view in providing transportation to mobility impaired groups is the development of a parallel transit service. This is a separate specialized service that is offered in addition to regular fixed-route transit. It offers door to door service. There has been a consistent and intense debate between the two perspectives. On the one hand, the transit industry perspective encourages cost effectiveness while the activist perspective supports full accessibility as a basic human right.

In Winnipeg, for example, a parallel transit system is in operation. Although the service is very inexpensive to users and even effective for some users, there are two main problems with its operation for senior citizens. First and foremost, the service is offered only to physically disabled persons who cannot, for physical reasons determined by a medical doctor, use the regular transit system. It is not offered for senior citizens (except those who are defined as 'physically disabled') who require consideration of their specific social and psychological needs. The majority of seniors must rely on regular transit with its inadequate scheduling, impersonalized service, and fixed routes. Furthermore the Handi-Transit system pick-up times must be booked two days in advance and must abide by a stringent scheduling system. This allows absolutely no flexibility for spontaneous trips shopping or visiting or unexpected delays at doctor's appointments.

Integrated transit systems that provided accessible facilities to elderly and handicapped persons were mandated in the United States. A 1970 amendment to the basic Urban Mass Transportation Act of 1964 (Public Law 91-453, "Urban Mass Transportation Act" - 1970 - 84 Stat. 962) declared that

it is national policy that elderly and handicapped persons have the same right as other person to utilize mass transportation facilities and services; that special efforts have to be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured (Wachs, 1988, p.180).

Unfortunately, this amendment gave no specific recommendations as to how the policy might be implemented. Very few cities have adapted this integrated-type system due to the high cost and inefficiency of operation. Furthermore, the statement was unacceptable because the elderly and handicapped persons were grouped into one policy statement. In fact, "the majority of elderly are not handicapped and the majority of handicapped are not elderly" (Wachs, 1988, p.181). A proper consideration of the needs of the elderly can hardly be limited to the removal of physical barriers. There are also several socio-economic variables involved. There are many problems associated with an integrated transit system: high cost; reduced seating capacity; slower travel for all passengers; very few passengers require the special services; lifts are unreliable, and; travel from home to the bus stop can be a problem (Wachs, 1988, p.182). Moreover, it still does not respond to the needs of older people, only physically disabled people. The social needs of seniors are an imperative consideration.

4.1.3 Pedestrian Movement

According to the Senior Citizen's Provincial Council study (1987, p.42) of Saskatchewan's urban elderly, walking is the mode of transportation for an estimated 25% of all trips taken by urban seniors with the exception of trips to the hospital and doctors. Walking is also a subsidiary mode of transportation in order for seniors to reach regular public transit. The choice of walking as the usual mode of transportation was much more prevalent with women than with men and almost one quarter of all seniors sampled had serious walking problems. Golant (1976) also describes decreased agility, endurance and strength as well as declining visual acuity and peripheral vision and hearing acuity as some

of the physiological changes with aging that may sometimes make walking a difficult task. Sixty-five percent of the Saskatchewan study subjects who experienced problems responded that it was the street conditions such as uneven pavement, snow and ice, curbs, traffic, hills, and lighting that created problems. Likewise Golant (1976) states that the quality of the "walking environment" often inadequately accommodates the pedestrian activities of older people: the unavailability of walking surfaces; poorly constructed walking surfaces; slippery and icy surfaces; steep slopes; lack of pedestrian traffic controls; lack of public rest facilities; paths crowded or otherwise occupied; adverse weather conditions; poor lighting on walkways. Problems are exacerbated as pedestrians have destinations that are too far especially when they have bundles and packages (Golant, 1976). Seniors also have realistic fears of falling, accidents and being attacked. Walking may also cause fatigue, soreness, and general weariness in older pedestrians.

Pedestrian access to services within the inner city is very good and improving in many cases due to the design of indoor pedestrian walkways connecting several blocks of retail and service outlets. Unfortunately, the safety of these inner city areas is often questionable for the elderly pedestrian and, as previously mentioned the senior population of these areas is actually decreasing even in some of the oldest cities such as Winnipeg.

The suburbs were not designed for pedestrians. These neighborhoods have been designed solely around the use of the automobile. It is expected that households will rely completely on the family car for trips to work, shopping and socializing. Not only has this phenomenon of the *automobile city* scarred the face of our cities with never ending concrete roadways and parking lots, it has helped many neighborhoods to lose their local flavor. Some may argue that this is quite conducive to the mobile lifestyle of many young families but it has created an isolated residential environment for many of the people who are now aging within these communities. In fact, many of the newer suburbs are being built entirely without sidewalks and with little or no seating areas along potential walking routes. Furthermore, the corner store has been eliminated from these neighborhoods as a result of

competition from the local shopping mall which is out of walking distance. This dilemma creates a real concern for older persons wishing to remain in their own homes in suburban areas. If they do not drive or have access to an automobile, given the scant service public transit offers to these areas and the impossibility of pedestrian access to many services, seniors may continue to become isolated and dependent upon others.

4.1.4 Private Transport Companies

The only alternative some seniors have may be private transport companies such as taxis with their exorbitant fares. It is very likely that many of the same elderly people who do not have access to an automobile will not be able to afford this mode of transportation. In the Saskatchewan study 7.4% of the urban seniors involved in the study depended upon taxis. This on-demand, uncoordinated transportation service is valuable to a significant number of senior citizens. It is the affordability of private transportation that is a problem for many older people.

Late in life lack of mobility may often result in necessary move. This is a more traumatic move because it is a forced move rather than a move of preference. The Senior Citizen's Provincial Council (1987) demographic review found that the most likely candidate for senior's transportation problems is an elderly widowed female, living alone, receiving GIS, and who does not drive (p.51). It was also found that the choice of transportation for the oldest seniors was also severely limited by their ability to pay. "Not only do GIS recipients have less chance of having a car at their disposal, but their poorer health status limits their mobility and independence when choosing an alternative method of transportation" (p.50). "Of the groups of seniors who have major transportation problems, only 13% drive, 74% have serious walking problems, and 38% are often lonely. Of the group of seniors who report no transportation difficulties, 75% drive, 12% have serious walking problems, and only 5% are often lonely" (Senior Citizen's Provincial Council,

1987, p.52). Clearly, adequate and accessible transportation can play a tremendous role in determining the quality of life an older person may experience.

The transportation difficulties experienced by an elderly person who has had to give up the family car are often more severe than those of a person who has always been carless. On one hand the person who has always been carless will have adapted to other modes of transportation and probably live closer to the inner city. Alternatively, those people who find themselves suddenly without the use of a car (while they have relied on the use of an automobile for most of their lifetime) may not live as close to services or transit stops. Furthermore their social network will probably encompass a larger geographic area.

Transportation problems have become more severe for the elderly living in low-density residential areas with decentralized health care, diversified regional shopping centers, and suburban office centers (Wachs, 1988, p.170). These modern urban anomalies work well for those who drive without difficulty. Unfortunately this is not always the case as people age and these particular problems will continue to increase as these people living in outer city areas continue to grow older. While most Canadian senior citizens both own and drive their own vehicles, those people who are currently aging in suburban areas will be faced with some unique situations. By the turn of the next century, "the number of suburban low-density, auto-oriented elderly will more than double and the number of transit-dependent inner-city elderly will decrease in absolute numbers and decrease even more dramatically as a proportion of the total elderly population" (Wachs, 1988, p.179).

When failing vision and increasing frailty make it impossible for suburban seniors to drive they will become, suddenly, relatively more isolated and dependent upon others than do inner city, transit dependent elderly who may never have driven automobiles and therefore feel little loss. The suburban senior's lifestyle is significantly more dependent on the ability to drive, therefore there becomes a greater void in their lives when they can no

longer drive. In the suburbs, medical care and shopping is harder to reach than in inner city and also more expensive for public agencies to operate transportation to these areas. "Services unavailable to the elderly by reason of transportation deficiencies are equivalent to services nonexistent for the elderly" (Senior Citizen's Provincial Council, 1987, p.24).

4.1.5 Summary of Strategies

1. Public Transportation

- A parallel public transportation system should be maintained (as opposed to attempting an integrated system) and expanded to offer appropriate services to their two main client groups - the elderly and the handicapped. In no way can all of the special needs of the frail elderly be met through an integrated regular transit service.

Regular Transit System:

- As suburban malls and downtown retail developments become increasingly concentrated and competitive, older inner city (but not downtown) neighborhoods will lose many of the services they can provide within walking distances. Good bus services to link seniors living in these areas to the needed services outside of their neighborhood will become even more vital (Senior Citizen's Provincial Council, 1987, pp 77-78).
- Municipalities having bus services should map seniors' activity centers, chiropody clinics, bingo halls, and all other nodes of seniors' daily activities with a view toward increasing bus access to these locations.
- There is a need for improvement in the display and accessibility of travel information.
- Route modifications should include: an increase in route miles on regular transit systems; an increase in the frequency of service on regular transit; a decrease in the number of required transfers. This would imply the need for more intersuburban route origins and destinations to respond to the trips older people take as opposed to the present route origins and destinations between suburban locations and the inner city.
- Lessen any and all physical barriers on vehicles and pedestrian routes to bus stops

- "Buses themselves have to be designed so that they are easy to get on to, but they also need to be frequent, cheap and above all reliable, to encourage the elderly to use them" (Ray, 1987, p.77).
- Attention must be given to the placement of city bus stops, particularly in older inner city areas. Many seniors cannot walk more than a block to a bus stop in the winter when that walk involves the negotiation of ice and snow or uneven pavement, or at night, a darkly lit route. A range of solutions must be examined including the feasibility of between-stop boarding and departures, and additional bus route coverage during non-peak hours (Senior Citizen's Provincial Council, 1987, pp 77-78).
- signs on the front of buses should be of sufficient size and illumination as to be easily visible.
- Bus routes heavily travelled by seniors should have priority for sheltered bus stops, snow clearance and sanding, and the inclusion of specially-designed features on buses, such as grab bars and lower steps, should be prioritized for these routes. These could be somewhat predetermined by looking at those neighborhoods that are reaching that stage of the life-cycle.
- Better design of buses would help senior passengers as well as others. Difficulty with boarding, reading signs and signalling to stop are all problems many seniors face.
- Transit bus operators could be much more helpful by understanding the needs of their senior passengers. Drivers could generally be more helpful to seniors. For instance, they could more effectively forewarn older passengers of their upcoming destinations.

Subsidiary Transit System:

- The existing Handi-Transit in Manitoba may answer demand from a particular target group of physically disabled persons but it is not adequate to serve the needs of many senior citizens who are currently not served by regular transit. There must be an additional or expanded subsidiary transit system, possibly including coordination with and support of existing non-profit and private systems.
- There should be improved coordination of existing subsidiary transit from private and non-profit sources.
- Special transit could be subsidized for specific clientele through the use of vouchers or grants as direct subsidy to the elderly to make taxis, etc. more affordable. Fare

reductions ultimately create larger economic losses and therefore discourages creativity in serving elderly markets. The most promising is funding on the 'user-side' or 'demand-side' subsidies.

- Subsidiary transit should operate on flexible schedules and variable route systems. The service could be areawide or it could serve a specific facility. Minibuses, vans or cars could be used.

2. **Private Transportation**

- As most elderly persons drive automobiles, careful consideration must be made in the issuance of driver's licences to older people. There should be frequent and mandatory testing for driving ability.
- Roadways can be modified to accommodate some of the deficits associated with the aging process. Traffic signs and signals can be improved. For example, the use of symbols is much more appropriate than the use of words and even then there is room for improvement in the use of symbols.
- Other private transportation options, such as taxis, could be subsidized to lower income seniors who cannot afford to drive or who are physically unable to drive yet cannot maintain an adequate level of mobility with the present public transit system.

3. **Neighborhood Transportation Initiatives**

- Develop a community transportation network. This might be run by a non-profit, volunteer or even private body. This transportation network could respond to the needs of the local community in addition to the city-wide service regular public transit provides. It would be a personalized local service and may also tap into a volunteer system in some cases.
- Transportation services through local private companies (for example, a grocery store) and non-profit agencies (for example, a recreation center) can be encouraged.
- Municipal churches should be reminded of the gaps in Sunday and holiday bus scheduling which make it difficult for seniors to attend services, and they should be encouraged to organize voluntary passenger services.

- Walking routes within neighborhoods should be frequent, clearly defined, safe and secure, and well maintained. They should have frequent seating available for relief for older pedestrians.
- Furthermore, the travel requirements of elderly people are further reduced when they are within walking distance of their service requirements from their *chosen* residence.

4.2 Community Support and Services for Seniors

It is presently unclear whether older people who live in suburbs or nonmetropolitan areas - whether recently settled or long-time residents - are experiencing difficulties in reaching services that address their functional or behavioral impairments, and the extent to which this accessibility is necessary for their well-being. An obvious question is whether the services and facilities to satisfy their needs can be found in their immediate geographic locations, or whether they must be accessed in more distant locations - perhaps only in the central city. We need to establish whether these concerns are unfounded; perhaps developing service systems which will address the needs of all age groups including the elderly. Perhaps, too, the older people who have chosen to live in less service-accessible locations will have less need for the organized social welfare environment because they will be able to depend on personal or family resources to a greater degree (Golant, 1979, p.50-51).

Although agencies are beginning to take on a philosophy of serving people in place and offering community living options (Elderly Services Branch, 1989), an awareness of the geographic location of seniors is also imperative when distributing services throughout the city. Most of the facilities and organizations that service older urban residents are located in or near inner city areas. This has been in response to the large proportion of the seniors who have resided in this area in the past. Although it is true that a significant proportion of seniors still live in these traditional areas many are living in suburban environments.

"... Many services for elderly persons - financial aid offices, health clinics, senior centers - are found in fixed locations, and in spite of increasing mobility problems, elderly "clients" are expected to gain access to them" (Birdsall, 1979, p.173). This problem is increasingly exacerbated by the fact that older populations are being found farther and farther outward from the inner city. Service delivery becomes an even greater task as more

diverse locations are served. Ultimately, services must be located closer to these seniors or transportation must be improved to adequately move seniors to the present service locations. Most likely a combination of both concepts must be implemented.

One of the most common concerns expressed by seniors is their inability to access the support system they require in order to live comfortably through their retirement years. Loneliness, lack of understanding of available information and the unavailability of services within close proximity to their residences are some of the problems older people face. The recreational facilities within urban neighborhoods have catered to a much younger population. With some adaptation these existing community facilities could begin to answer some of the recreational and social needs of seniors within the community. A better understanding by the community as a whole of the needs of their older neighbors will begin to create much needed informal support systems.

Providing support and services to older people in suburban areas can be a much more difficult task than making support services accessible to inner city seniors or even rural seniors. Inner city services are often adequately accessible due to more efficient transportation and short distances that allow for pedestrian access. Within smaller rural towns many of the services and support are readily understood and accessible by community members. Although there may be problems of service availability, rural seniors are less likely to experience difficulty in communication and access to those community services which are available. In a rural community virtually everyone is aware of service availability and resource persons or offices. Although services exist more frequently in urban areas, this ease of access does not replicate itself in suburban neighborhoods. Friends, relatives, doctors, drop-in centers and public health information centers may be widely dispersed throughout the city forcing seniors to rely on an already discussed inadequate transportation system to visit other unfamiliar neighborhoods. Whether it is for a doctor's check up, accessing home care services, respite beds, or senior's drop in centers urban seniors are justified in their concern over the location and availability of services,

finding out where they are located and ultimately travelling to the prescribed location. Moreover, Chappell (CMHC, 1988B, p.51) maintains that the availability of community services, as well as informal support from family and friends, is often the deciding factor in determining whether or not an elderly person can live independently within a community.

4.2.1 Developing a Continuum of Residential Services for Seniors.

The idea of a continuum of housing alternatives "draws its theoretical base from the Ecological Theory of Adaptive Behavior, which presents behavior as an interaction of an individual's competence and environment" (Anderson et al, 1985, p.42). The idea is to increase the number of elderly housing options in order to reflect the varying levels of support for a diverse and increasing elderly population. Altholz (1988, p.79) stresses that provision for a continuum of competence may be just as essential to life satisfaction as the provision for a continuum of care. Lawton et al (1980) also suggest that the variety of specialized living environments might best be described along the continuum "from full independence to the dependence of institutional care." In between the two extremes, several housing options exist, each offering its own unique set of services, facilities and living arrangements.

It should also be noted that a continuum of care is much more readily available and feasible in urban areas than to rural elders (Marshall, 1987, p.89). Most senior citizen's living in rural Canada (particularly those towns with a population less than 2500) live in private households. For the most part, the only alternative may be a nursing home, although some small seniors apartment units may also be available. It is also true that the rural areas benefit from a very successful informal support network that urban places do not enjoy. One of the most important findings by Kaill (1980, p.86) is that the elderly, regardless of where they live want to "be in a position where genuine alternatives will continue to be open to them, as is the case for other members of our society."

In response to the residential service needs and demands from a variety of senior citizens a continuum of community services is required to respond to varying levels of service and care requirements. Older people clearly wish to remain in their own homes for as long as possible and beyond that they wish to remain in their own neighborhoods with the familiar environment it offers. Strategies must be developed to help older people remain in their communities. These strategies will include programs to meet the needs of active retirees through to those seniors who require a much more supportive environment.

The availability of leisure-oriented activities and socialization opportunities will serve the majority of the senior population. Furthermore, at the most basic level, information services are of vital importance to senior citizens in order to access the assistance they require. Some of the health-related services include homemaker services (like HomeCare - cleaning, laundry, meal preparation), Meals on Wheels - type services, personal services (for personal tasks such as bathing, dressing, grooming, toileting), in home nursing care (dressings, blood pressure, medications, etc.), occupational and physiotherapy, podiatry and chiropractry, day centers, day hospitals, respite beds/care, dentistry, pastoral care, counselling and social work. Many of the more extensive community services are associated with several innovative community housing options. These opportunities are not always available to our suburban seniors. A continuum of residential services for seniors can, ideally, respond to a full range of competence, from living on one's own with some supportive service and recreational opportunities to some small scale form of institutional care. All of these services can clearly fall within the realm of social planning. A community planner who turns a blind eye to these social service issues will not experience success in his/her physical planning projects. The following discussion will focus on independent living in one's own home or apartment, congregate living and enriched housing opportunities.

4.2.2 Independent Living at Home

According to the Proceedings of the Fourth Conference of Aging (Department of Health, 1985) about one third of the increase in the number of elderly who live alone are due to demographics. Other reasons include the greater financial security of senior citizens due to Old Age Security and Guaranteed Income Supplement. This, in itself, opens up more housing options and a greater chance of living on one's own satisfactorily. There has been a preference for privacy and independence shown by the elderly and the supply of housing suitable for living in a private dwelling has increased. Health of senior citizens has improved and the services and modern conveniences have become more readily available. There is also a decrease in the number of elderly living with their children. This may be a result of differing of lifestyles across generations and therefore a natural segregation of the elderly has emerged in some neighborhoods of the city. Due to lower fertility rates there are also fewer children with whom the elderly might live. Services to help seniors remain living independently in their own home should be in relatively high demand. Some of these service options are discussed below.

Communication is fundamental to increasing the quality of life for senior citizens. Some form of community information and resource center that targets the local elderly population could be extremely helpful. It would assist local senior citizens to make informed choices and provide advice regarding the multitude of services and resources they might access (such as how to improve or repair their homes or access a meal delivery service or home care and financial assistance). Ideally, reliable program and resource information must be available locally at the neighborhood level in order to provide a non-threatening approachable source for older people to easily access. In many cases, basic services may already be in place but if the majority of older people are not aware of this availability then there exists some uncertainty as to the "accessibility" of the community services.

In terms of financial assistance low income seniors often benefit from government income supplements. For the homeowner, the concept of home equity conversions has been developed in response to the problem of decreased income as one retires. This option may be the answer for some elderly homeowners while others have different sorts of income problems. With an effective financing scheme that allows older people to maintain homeownership and remain in their own homes, planners will be faced with a significant segment of the older population who will not require alternative community housing options. Annuity and home income schemes may work to add cash to low income elderly households and provide extra cash to use on repairs and improvements to existing housing. It has already been discussed that elderly homeowners are often cash poor and asset rich due to the fact that most of their resources are tied up in their home. The program, which is used very little in Canada can turn the home into an income-producing asset. CMHC (1988C) outlines three basic approaches to home equity conversion. The first is the reverse mortgage which may be in the form of either a Reverse Annuity Mortgage (R.A.M.) or a Rising Debt Loan (R.D.L.). In both cases an investor "advances money to a homeowner in return for a share (sometimes 100%) of the equity in the home or as a loan with the home as security"(State of Connecticut, 1982, p.9). The second approach is called a sale-lease back plan. "An investor buys the home and then leases it back to the former owner for life"(CMHC, 1988A). The investor (new owner) is responsible for all expenses such as taxes, insurance and major repairs. The third home equity conversion plan involves deferred payment loans. The money is used to upgrade the elderly person's home but it does not have to be repaid until either the house is sold or the owner dies. Most of the time, the homeowner is guaranteed lifetime residence. "In a time of low interest rates, R.A.M.'s could solve the economic and housing problems of many older people" (Novak, 1988, p.224). A program such as this would enable an elderly homeowner to both remain in his/her home and maintain their existing standard of living. It rarely disrupts their lifestyle and requires little or no government subsidy.

There are also disadvantages to home equity conversion (State of Connecticut, 1982,p.11): it cannot be available to renters; it is difficult to implement if the houses are not seen as good investment (for these two reasons it is not available to two categories of the most needy elderly - renters and low-income homeowners with inadequate housing); high interest rates lessen the feasibility of the program - as the investors need a high rate of return on their money, high interest rates would mean a reduced amount could be paid to homeowners per dollar equity; uncertainty exists in regards to the amount of money to be paid to the homeowner as no one knows for certain how long he/she will live; the idea is new and complex and there is a great deal at stake for the homeowners - particularly those who wish to leave their home to children or grandchildren. It is extremely important in implementing this program to ensure that both the investor and the homeowner understand the concept and are satisfied with the conditions.

One reason that continued home ownership is looking even more attractive in the future is the introduction and enhancement of home care services. These services may include meals-on-wheels, shopping assistance, domiciliary services, transportation and companionship to name a few. It is "obvious that health care in the home is the wave of the future" (Pastalan, 1989, p.114). Both the pressures on the hospitals and the cost of nursing homes reinforce this idea. It can prevent the premature or unnecessary institutionalization of the elderly. Recent policy statements by several provincial governments support the idea of an increasing community based health care system.

Some disadvantages of Home Support services include the fact that they may be temporary and costly. These services are becoming rare to find for those who cannot afford them in the private market. Government cut backs for health care programs in general have been substantial. Another problem expressed by some older people is the impersonality of the service, particularly in urban areas where home care workers and homemakers are most often strangers to their clientele.

Meal programs are another community service that can respond to the needs of many elderly persons in order to assist them to remain in their own homes. Many seniors become frail as they continue to age and the preparation of a nutritious meal can become an arduous task. In the interest of the senior a healthy diet is of paramount importance to his/her overall well-being and ability to live independently. An accessible, local, friendly and affordable meal program (such as Meals-on-Wheels) can be extremely beneficial to those who wish to remain in their own homes and live their lives as independently as possible.

The availability of in-home nursing services could be of tremendous value to many seniors who cannot easily travel to a clinic for routine check-ups (for example, blood pressure tests) or routine procedures such as changing dressings or weekly medication reminders. Furthermore, safety checks are important to ensure emergencies are noticed as well as to give the seniors peace of mind. Emergency response systems have been quite effective when they are linked to the assistance of family, friends and neighbors. Visiting services are also important in helping lonely seniors enjoy their so-called "golden" years. With the impending anonymity found within urban areas (particularly suburban places with their inherent *congregate isolation*) human contact is vital for many older suburban residents. Neighborhood activities that promoted a concept such as Jane Jacob's "eyes on the street" would offer much support to aging community residents. At least two organizations are presently in place in Manitoba which can assist in keeping in touch with older neighbors. There is a Victoria Lifeline that operates through a Response Center at the Victoria General Hospital in Winnipeg and its surrounding communities. It is a 24 hour non-profit emergency response program. Also, Canada Post has a service called the Letter Carrier's Alert Program in which a letter carrier while making his regular deliveries, will watch for any signs that a program participant may need help (Manitoba Health, 1990, p.86). It seems as though a more community based organization such as Neighborhood

Watch could also provide greater community awareness of the specific needs of older neighbors.

Recreational opportunities are important for many retired people. Local groups and clubs are an asset to any neighborhood environment. Programs must include local day centers for more frail elderly persons. Manitoba has an Adult Day Care Program that provides recreation and socialization for frail, at risk or disabled adults who wish to remain in their own homes. "Most programs are sponsored by personal care homes, however, specialized programs and programs sponsored by non-institutional organizations are making a significant addition to the range and nature of service available" (Manitoba Health, 1990, p.89). Age and Opportunity in Winnipeg also offers a program of "Friendly Visitors".

Although these services appear to fall under the auspices of health care professionals the involvement of urban planners or at least urban planning concepts is of vital importance in making these valuable services **accessible** in every sense of the word. Financial, physical, locational and emotional accessibility are all crucial in providing optimum opportunity for all people to have choice and fulfillment in their lives. Community planners can facilitate and encourage the coordination necessary to see this support made available locally. It is often the planner who has the opportunity to interact with the local community when new uses and changing uses are proposed and discussed within a neighborhood. With knowledge of the needs of older community residents and an awareness of a wide variety of resources, the planner himself/herself can act as a resource to the community. Community services are a significant component of many residential options.

4.2.3 Community Housing for Seniors

Innovative forms of community housing assist older people to remain in their own community when looking after their home becomes too great a task. Residential units

specifically adapted for the elderly within the local community can be made available so seniors might remain within their own neighborhood. According to Brody (1978, p.121), "the goal of community housing for the elderly is to provide an innovative option for older people who require a new living arrangement but wish to remain in their community." It is to fill the gap between independent living in their own home and institutional care.

It has been noted that the fastest growing segment of the population are those people over the age of 75 years and therefore there is an increasing demand for services and housing arrangements that will allow them to remain in the community in spite of constraints due to poor health, low income and limited opportunity for social interaction (Department of Health, 1985). By providing this individual autonomy and integrating unobtrusive support systems, "these sort of housing environments will lengthen independent living for the individuals who would, in time, require nursing home care" (Quinn, 1989, p.92). The majority of elderly people "seldom move and those who do tend to remain in the same area of the city" (Gunn et al, 1983, p.44). Strong emotional ties with their own neighborhood and the fear of experiencing loneliness in a new area reinforce this issue.

4.2.4 *Congregate Housing*

Congregate housing is a term used in the literature to refer to a variety of housing accommodations. The International Center for Social Gerontology defines congregate housing as

an assisted residential living environment offering functionally impaired or socially deprived elderly, though otherwise in good health, the housing and supportive services necessary to maintain or return to a semi-independent life style and prevent premature or unnecessary institutionalization as they grow older. (State of Connecticut, 1982, p.13-14; Heumann, 1976, p.398).

Lawton (1976, p. 237) offers a similar definition of congregate housing referring to housing "that offers a minimum service package that includes some on-site meals served in a common dining room, plus one or more of such services as on-site medical/nursing

service, personal care, or housekeeping." These definitions should encompass the entire range of seniors who cannot remain independent in their own homes yet do not require institutionalization. There is an inherently close connection between housing and support services and congregate housing is a viable alternative to institutionalization and social isolation. At least three basic support services are usually common, to varying degrees, within this housing options: meals; housekeeping, and; personal services which may include counselling, recreation, preventive health care and transportation. It helps to fill the gap created between hospitals and nursing homes on one hand and traditional housing with little or no support services on the other.

Two types of congregate arrangements are that of a *constant* model and an *accommodating* environment. In the constant model, management of a facility plans the admission and termination policies. Tenants are asked to leave when their initial independence degrades to the point that extra services are necessary. The accommodating model has services and facilities available in varying degrees so a tenant may remain as long as twenty-four hour nursing care is not required (Lawton, 1980). Ehrlick et al (1982, p.399) undertook a study of the feasibility of a constant or accommodating environment. Their conclusions support neither, but instead a balance between the two.

An interesting characteristic of congregate housing is the dichotomy between who requires congregate housing and who desires congregate housing. (Heumann, 1976, p.403). The elderly most likely to need the environment offered by this housing option are those elderly people who suffer from many different needs that are not adequately met by the other alternatives. They probably live in inadequate and expensive housing that does not offer the support and services necessary to overcome their functional limitations.

On the other hand, those seniors who choose to live in a congregate setting are generally middle income elderly who are used to, and desire, the comfort of having social services nearby (such as meals and housekeeping). For the most part, the lower income elderly have never had such services and are quite used to looking after themselves. A

second group of senior citizens who are more acceptable to congregate life are those "whose past lifestyle or occupation involved human association" - like teachers, social workers, club members, and civic workers, etc. - rather than farmers, artists and housewives without children who led very individualistic lives (Heumann, 1976, p.403).

Clearly, an advantage of this housing option is that it can easily combine shelter and support in order to avoid the institutionalization of the frail elderly. Further to this, congregate housing can provide a continuum of care within itself. A suggestion from a study Lawton (1976, p.241-242) undertook is that the maximum number of choices should exist for tenants along this continuum of care, ranging from housing with no services to housing with very high levels of services. With greater choice, there is a greater probability that personal preferences will be fulfilled. It can allow for aging in place. To take this concept one step further it is argued in this thesis that continuum of housing options should exist at a local (neighborhood) level as much as possible.

Another advantage of congregate housing is that it prevents social isolation and psychological alienation. A study, again by Lawton (1976, p.237) of the tenants of both congregate and traditional housing conclude that the congregate housing tenants showed "relative improvements in morale, housing satisfaction, and available social network," compared to traditional housing. Fishbein (1975, p.128) also found that patterns of social isolation broke down rapidly and there was much interaction among residents. Also, congregate housing is typically specially designed for elderly person's physical limitations in mind. Therefore the environment in these facilities would be compatible to the mobility of the elderly.

Many members of the public do tend to question the justification behind segregation of the elderly in facilities such as those of congregate housing. It is becoming more and more common to hear about new seniors residences with a minimum age restriction of 55. Lawton's study (1976, p.237) of congregate housing shows "decreases in two measures of the elderly person's involvement with the external world, compared to traditional housing

tenants." Alternatively, Chappell (CMHC, 1988B, p.52) claims that "subsidized age-segregated housing does not cut the elderly off from the community at large. In fact, she cites research which indicates that seniors living in this type of environments not only maintain their friendship and family ties with people in the community, but "experience increased social interaction and mutual support with their peers who live in the same building." The most important challenges of congregate housing according to Havens, Provincial Gerontologist, Manitoba Health (CMHC, 1988B, p.69) "is to provide sufficient options in settings, services, and locations to satisfy individual preferences and to ensure maximum independence over time."

Congregate housing will remain an important part of a continuum of housing options but the traditional highrise version of congregate housing projects does not fit the ideal of small scale, neighborhood based community living options. Moreover, congregate housing facilities bear significant capital costs. Smaller scale congregate living arrangements would be an asset to many older people who live in suburban neighborhoods. Although economic limitations may remain a significant factor to their implementation, innovation and creativity may allow some form of congregate housing on a neighborhood scale. Press (CMHC, 1988B, p.72) claims that about 85% of the residents of a facility come from within a five mile radius and therefore the facilities which are constructed should answer the needs of those elderly within the immediate community. It is arguable as to whether or not a five mile radius may be considered the immediate community. Within an urban area five miles can constitute a significant distance in terms of time travelled and the routes to get to any particular destination. A five mile radius will encompass several neighborhoods and can mean hundreds of thousands of people. If congregate facilities could be developed at a smaller scale they could be located in a variety of neighborhoods and could become more responsive to local seniors, their families and friends. Furthermore, these facilities could provide outreach services to other neighborhood seniors, such as congregate meals, recreations and social opportunities.

4.2.5 *Supportive Housing Options*

There are several innovative housing initiatives that offer supportive living environments on a smaller scale than the typical congregate housing arrangements. Pastalan (1989, p.111) has taken congregate housing one step further and calls it 'Ecogenic Housing'. The basis of ecogenic housing is the development of a family-type environment. The

purpose of ecogenic housing is to provide opportunities for companionship and socialization; safety and protection from crime; enhanced productivity in terms of cooperative efforts regarding activities of daily living; privacy and autonomy; and provision of home health services all within a family lifestyle at an affordable cost.

Ecogenic housing responds to a range of elderly housing needs as can congregate housing.

Along the same notion of providing service-rich residential environments for older people is enriched or sheltered housing. This housing option differs from the true congregate housing in two ways. First, meals are not automatically provided but are often available if a resident desires not to cook in their own kitchen. Second, care is not always available on-site. It is similar to the group home concept but there is a focus on offering the services in an independent apartment setting. It is a non-institutional environment with a limited number of units and an informal network of mutual support. Enriched housing in Canada exists in many different settings (Novak, 1988, p.231). These range from converted hotels which rent rooms and offer hot meals to single men to campus like settings with high and low rise housing and many levels of health care. Enriched housing may mean a lounge with a television in an apartment building or it may be very elaborate with lounges, shopping facilities, and clinics with activity workers and program planners.

Harper (1984 cited in Novak, 1988) states that "all enriched housing includes a resident warden and an alarm system, and that most also include communal facilities like a dining room and laundry rooms." This type of enriched housing most replicates the familiar sheltered housing popular in Great Britain, known as A.I.L. (Assisted Independent

Living). It has existed in Britain for almost 30 years but is quite new to North America. Heumann (1981, p.164) describes its purpose as "to keep the semi-independent elderly out of total care nursing institutions in specially designed independent apartments supported by visiting services." "It consists of purpose-built apartments, or groups of small single-storey homes, in developments of between 20 and 50 dwellings" (CMHC, 1988A, p.14). Phillips et al (1986,p.28) list three essential components to sheltered housing: independent living with each resident having a kitchenette, but also, access to a full meal, and social activities in a shared area; a sophisticated call system; a compassionate, sensible homemaker/housekeeper (who is often referred to as a warden).

According to CMHC (1988A, p.15), sheltered housing is currently the fastest growing segment of the private housing market in Britain. Approximately 5% of U.K. seniors currently reside in a sheltered housing facility (CMHC, 1988A, p.29-30). Heumann (1981, p.178) "suggests that an increasing proportion of the total sheltered housing units are required at the more supportive end of the continuum" in order to allow for a longer life outside of an institution. Phillips et al (1986, p.28) contend that if sheltered housing were accepted as a service, it may accommodate another two to three percent of the Canadian elderly population. Elderly who move into a sheltered housing facility hope they will not need to move again (CMHC, 1988A, p.15).

Brody (1978, p.121) looks at an example of a supportive community housing facility and program in Philadelphia. Nine one-family semi-detached homes were located on two residential streets bordering the college campus. Each house had been converted into three private apartments (bedsitting room, bath, kitchen) with a shared living room. After six months the tenants of this facility were surveyed and it was found that they were much better off than two equivalent groups of elderly people: those who moved elsewhere, out of the neighborhood and those who did not move at all.

Enriched housing is one housing option that combines housing and services in order to provide an amenity, care and service-rich environment for elderly persons. There

is a need for more serviced apartments and supportive housing initiatives and this has been identified as one of the missing gaps in a housing continuum, at least in Manitoba. Enriched housing is a much more attractive option for an elderly person whose daily activities are becoming limited. The senior maintains his/her independence yet enjoys the comfort of planned activities, on-site resources and services, and companionship. These qualities are increasing in importance and may be a necessary component of senior's congregate housing. They are certainly required in order for people to continue to age in place. Furthermore, enriched housing options are rarely available in one's own neighborhood where they would be most suitable.

There are several smaller scale kinds of supportive housing. They are usually owned and operated by a public or non-profit agency. Cooperatives and group homes respond to very much the same sort of elderly housing demand except a co-op is a non-profit organization which is owned and operated by the member residents, while a group home would more likely be owned and operated by an external non-profit organization. In a housing cooperative, the members create a board of directors and each member has one share and one vote. This housing option bridges the gap between ownership and rental. In both co-ops and group homes the residences have shared communal areas and privacy is limited to the individual dwelling unit. A very supportive community can develop out of this arrangement because everyone has a stake in the facility whether by actually owning a share as in a cooperative or by actively participating in the general running of the home in both cases.

Friendship and community support are two valuable characteristics of cooperative housing or group homes. Isolation is overcome by the close proximity of peers. There is the possibility that certain services may be exchanged among the residents so everyone maintains a purpose in their home but duties are matched with ability. Cooperative living arrangements could also answer the needs of older people who require a more supportive environment but wish to remain living in their own community in a true *home like*

situation. Small cooperatives or group homes could be developed in urban neighborhoods using existing housing stock.

People with serious health problems may have difficulty in a group home or co-op situation because of their greater reliance on the other members although the mutual hiring of nursing care or a homemaker would not be out of the question. Furthermore, for an elderly persons who takes pride in home ownership and/or desires a great deal of privacy, the cooperative or group home would not be an attractive option (State of Connecticut, 1982, p.13).

4.2.6 *An Informal Service Network*

Of course, gaps will inevitably occur in this continuum of community service availability. Some of the greatest potential for filling these gaps can be found within informal community service networks. Neighbors helping out neighbors is one of the most effective measures in helping seniors remain living comfortably in the community. Unfortunately, these opportunities are difficult to organize and it is even more impossible to measure successes. Some of the vital ingredients in creating a neighborhood environment for senior citizens can only be found within the personalized approach informal support can offer.

Loneliness is one of the most common problems seniors face, particularly within urban areas. With an urban society on the fast track, little time is available for time spent with elderly family members let alone older neighbors. Protection from crime is also an important aspect of community life particularly for the older community members. Tapping into this informal network could be most advantageous but it is also extremely difficult, particularly in suburbs that have been designed to serve a value system based on "aggregate anonymity". Although suburbs are made up of a number of neighborhood units they are also designed to maximize the privacy of the nuclear family unit. Awareness of the issues of aging in local community groups and neighborhood watch programs could be the most

effective device in increasing the quality of life older people will experience in these urban areas.

4.2.7 A Role for the Private Sector

Undoubtedly the private sector is already involved in and will begin to respond more and more to the increasing number of senior citizens and the increasing number of elderly home-occupiers (many whom own their home outright). A decreasing role of the public sector in financing capital projects may be reflected in an increased demand on the private sector for services relating to specialized housing environments for seniors. In Great Britain, Tilley (1987, p.78) notes that a central government policy that has encouraged home ownership, individual independence and consumer choice has also created opportunities for a private sector role. As Canadian policies are also evolving in this direction these opportunities may also begin to increase here.

Often private-sector community services such as retail outlets, coffee shops, and others relying on the business of their older community members are numerous, found relatively dispersed throughout the city and serve as accessible local services. The faces of shop workers may become consistent thereby providing familiarity in the environment which is so important to older persons particularly at a neighborhood level close to their own 'home space'.

The demise of the corner store and the popularity of suburban shopping malls has made retail outlets less accessible to seniors and others with lower mobility and limited access to automobile transportation. The smaller grocery stores associated with the corporate chains are located in strip malls along major transportation routes but even these locations can be several blocks away from much of the residential part of the neighborhood. These retail areas were designed on the outskirts of neighborhood units in recent planning efforts to provide a convenient stop for those commuting in and out of the suburban residential neighborhoods and to segregate the commercial from the residential

areas. It appears as though it was never anticipated that someone with less than ideal mobility would be expected to walk from their home on one side of the neighborhood to the store on the other side of the neighborhood. For this reason, supposing the senior has been able to remain in his/her own community past retirement, friends and family when available are often relied upon to pick up groceries or transport the elderly person. Accessibility to services such as a grocery store, banks, a coffee shop, a drugstore and a department store is vital to the elderly residents of these communities. The challenge remains how to improve this accessibility.

At most the school and/or community center remains somewhat central within these communities with the large shopping mall serving as regional focus. These structures offer potential space that may be a significant part of a successful community support system.

4.2.8 *Summary of Strategies*

The opportunity to age within one's familiar neighborhood can lead to a positive living environment for the majority of older people provided adequate and accessible support service are available, the elderly person's immediate environment is modified to his/her individual requirements, and innovative financing options and financial assistance are available where necessary. Ultimately, the most promising strategies can only occur at a local level, at what has been previously discussed as *the neighborhood level* - within or near the *home space* of senior citizens. A resource center within this environment could be most enabling to older people as they reach retirement and age beyond that milestone. In Manitoba, for example, much of the service and support infrastructure is in place. Unfortunately, these resources are only fully "accessible" by those seniors who are mobile and aggressive enough to seek out the information. Surely, at some level it seems more appropriate to create a locally-based, human-scale resource place in order to adequately disseminate the information. In this way, services will be much more utilized and more seniors will have the direct opportunity to live fulfilling retirement years. Four strategic

areas can be identified: the availability and accessibility of all necessary support and services; the coordination of service delivery systems; the adaptation of existing physical structures, and; an emphasis on information, communication and awareness.

1. **Availability and Accessibility**

- There must be an awareness of the location and future location of demographically aging neighborhoods. Only then can services be directed to a particular target population.
- Community living options must be encouraged.
- Home Equity Conversions can be made more readily available by financial institutions.
- Home Care services need to be enhanced, not cut back. This will require much ingenuity given the present situation of decreasing government funding.
- Other special projects could be initiated including health promotion, nurse-managed clinics, community education programs and congregate or life care housing. (Quinn, 1989, pp.88-89).

2. **Coordination**

- One of the consistent themes that has come out of the research is the need for coordination of services, especially housing, health and social services. "But coordination is complex, inadequate and there are barriers to its implementation" (Tinker, 1987, p.75).
- The "development of a real inter-agency approach is essential to provide effectively at the level of the neighborhoods" (Harman and Joy, 1987, p.299). "Agencies responsible for shops, clinics, sub-post-offices, day centers or clubs and other services need to act in concert" (Harman and Joy, 1987, p.299). There must be COORDINATION among the various service providers in order to COMMUNICATE with the local senior population.
- In Manitoba, the existing Senior's Directorate seems to be in a position to take on this type of coordinating role although there seem to be several barriers to its effectiveness.

3. **Adaptation**

- Community centers and/or elementary schools could be more accommodating to senior community residents. They are central to most neighborhoods and within walking distance for many people. Information and resources could be available from these locations as well as a more comprehensive support system than currently exists.
- Existing neighborhood recreational facilities can be adapted to serve a more mature population.
- Regional suburban shopping malls could be more wisely used as a service, support, leisure, recreation center for seniors providing adequate transportation is available. Besides, in this day and age, the viability of the sole retail component of these structure is coming into question.

4. **Information, Communication and Awareness**

- The development of a local, neighborhood based "community center" that would act as a communication device, a gathering point for socializing and would be easily identifiable and accessible by the local senior population. It would disseminate information regarding a continuum of community services and perhaps offer some services itself. It could be a mix of public, private, non-profit and it would be the link to and among the existing service infrastructure.
- Coordination of a block nurse program in which the nurses living within the community would form a volunteer service to assist senior citizens with minor and preventive health care (Quinn, 1989, pp.88-89).
- A mutual help plan can be formulated where community workers from each neighborhood are trained in order to organize the various neighborhood groups that will make plans to meet the needs of the elderly. This would result in a 'neighbors helping neighbors' concept. Assistance could be provided for shopping/transportation/just to check in or say *hello*.(Quinn, 1989, pp.88-89).
- A base of volunteers such as peer counsellors and befrienders could be developed and offered the appropriate training (Quinn, 1989, pp.88-89).
- There is a great potential for networking and association through active community organizations such as the Neighborhood Watch Program.

Whereas transportation, neighborhood design and land use regulation are traditional areas within community planning, these issues cannot be addressed without an awareness and understanding of other matters such as the availability and accessibility of community support and services. Not only is this a legitimate social planning concern but the delivery of a support service system for seniors is an integral part of all other planning activities. The community planner can play a significant role in this area by encouraging and facilitating a coordinated effort at the community level.

4.3 Neighborhood Design with the Elderly in Mind

In a well-designed neighborhood unit, the aged should be able to go to any part of it, including the shopping area, the library, the church, the community center, without crossing a traffic artery; indeed, without, if possible, climbing a step" (Mumford, 1968, p.50).

Accessibility comes to assume more subtle dimensions involving psychological as well as physical definition. Acknowledging the role of specific schemata within orientation refines the issue of creating barrier free environments. We can recognize the need to identify sensory cues - visual, auditory and tactile - which facilitates making the environment cognitively as well as physically traversable for the individual in diminished capabilities (Rowles, 1978, p.212).

Mobility, sensory and cognitive deprivations are some of the general impairments often associated with the aging process. Many products and in-home adaptations have been developed that assist many older people in living a more comfortable life. These design initiatives can and should also be carried over to the external or neighborhood environment that is also a part of an older person's 'home space'. "Currently, little attention is paid to the contribution that public spaces may make to the well-being of the elderly" (Lennard and Crowhurst, 1990, p.29). In fact, these public spaces are an inherent part of the daily lives of most senior citizens. It is the lack of foresight in the design of these spaces that often inhibits full accessibility and therefore the enjoyment older people

can experience within their environment. "...Equal access, development of a sense of community and well-being, and the prevention of social pathology in cities - are of utmost importance for populations largely ignored - children and the elderly" (Lennard and Crowhurst, 1990, p.28).

Neighborhoods have been designed for young people, in particular for the "young family". The safety, security, accessibility and legibility of many neighborhoods are not conducive to the lifestyle and personal characteristics of many older persons. Specific neighborhood design elements must be rethought so that communities can be designed for everyone and so that the environment will more often appropriately fit the inhabitant. "The fit of a settlement refers to how well its spatial and temporal pattern matches the customary behavior of its inhabitants. It is the match between action and form in its behavior settings and behavior circuits" (Lynch, 1981, p.151). A more secure, accessible and legible environment for older people will surely be a better environment for everyone else. "Well-organized, productive living space is a resource for humanity, just as are energy, air, and water" (Lynch and Hack, 1984, p.12).

There is a great deal of literature available that stresses the importance of designing interior spaces for the elderly. Whereas it is generally accepted that the exterior environment is of equal importance to the health and well being of senior citizens, very little has been studied specifically in this regard. Moreover, many of the studies pertaining to outdoor spaces for seniors relates to those seniors living in institutional or congregate housing environments. In fact, the majority of seniors live in the community in their own homes. It is reasonable, then, that urban designers should take heed of the physical characteristics of the suburban neighborhoods where seniors are currently aging in place. "Suburban housing is matched to affluent, middle-class, North American adults" (Lynch, 1981, p.151) and so, is unsuitable for most other social and cultural groups. Of particular importance must be the brand new subdivisions where it is not too late to build with these

considerations in mind, but that particular discussion is not within the realm of this thesis. The following discussions focus on existing, demographically aging neighborhoods.

In the case of many suburban areas the design of the residential environments has virtually ignored the eventual needs of aging homeowners and non-drivers. If environments are not adapted to the full range of disabilities that are found in the population one is planning for, it is then evident that a large population of users will find difficulty in using these environments. Furthermore it is impossible for a planner of a younger generation to fully comprehend the environment older people are experiencing. At the very least a successful formula for a fully accessible neighborhood must combine the social and physical aspects of the area with the present and prospective residents.

Lying behind this concern with present occupants is a more difficult issue, one endemic to planning and hardly soluble within the site planning domain: how are the interests of the occupants of the place, or of the neighbors of a place, to be balanced against the interests of future residents (Lynch and Hack, 1984, p.12).

Rather than continuing to force human beings to adapt to their environment, it is perhaps more appropriate for environments to begin to conform to human physical capacity and behavior. "Site planning, then, is the organization of the external physical environment to accommodate human behavior" (Lynch and Hack, 1984, p.12). Neighborhood design becomes an important component of a comprehensive approach to community planning for aging neighborhoods.

Byerts (1979) describes three environmental criteria for planning for the elderly. The first is *legibility* which is the environment's ability to communicate messages to the older people by a method of reinforcement. The messages are repeated in different ways or combinations in order to adapt to the sensory losses common to elderly persons. In planning, color and texture may be important factors in developing communities that are comfortable to the elderly members of an aging population. An example is a signal which has a flashing light and a bell, thereby encouraging the stimulation of an alternate sense should the first fail to alert the individual. The second environmental attribute is the

accessibility/usability of a neighborhood, building, or room. The issue of barrier-free access has been generally accepted throughout society. Although many adaptations have been made to the environment, it is discouraging to continue to find streets, sidewalks and buildings difficult for older persons to manoeuvre. The application of barrier-free access allows many older people, often disabled, the right to venture to and from their desired destinations. A third criteria is the *adaptability* of the environment to a changing individual or group of people in their later years. This is often accomplished through a building's or neighborhood's architectural features and furnishings. This element is perhaps the most significant consideration given the fact that the majority of people desire to remain in their own communities as they age. The message Byerts relays is that the physical environment is not only part of the problem but also part of the solution. On a larger scale, Lynch (1960) uses similar concepts in describing elements for legibility which include paths, edges, districts, nodes and landmarks.

Clearly, understanding the specific characteristics of older people (as well as others) is an integral part of the planning process. Only then can planners "begin to incorporate consideration of more subtle components of the older person's orientation within, and feelings for space" (Rowles, 1978, p.213). The following will examine some of the neighborhood design issues associated with the physiological changes, sensory deficits, cognitive impairments and social and psychological requirements of many older people. The discussions are limited and very general but may serve to initiate some awareness the role community planners must play in designing neighborhoods beyond the young nuclear family.

4.3.1 *Physiological change*

"Muscular strength, agility, and fine motor control may diminish with age. The reduced resiliency of the skeletal system requires attention to safety, security, and environmental negotiability, as injury may be more devastating for older people (Carstens,

1985, p.13). In response to the physiological changes associated with the aging process, special consideration must be made in the design of streets, sidewalks, distance to social interaction and consideration of topography and seating and shelter. "The designers of towns and transport systems seem to give little thought to elderly people's restricted movements or even to their safety" (Green, 1991, p.127). All neighborhood residents should have physical access to community facilities and services, such as grocery shopping, churches, libraries and community centers. Public transportation should be close and convenient.

Opportunity for social interaction must be in close proximity to the residences of retired persons. This is a time of life when loneliness can take its toll and mobility is restricted. For these reasons some aspect of neighborhood design must consider the walking route and distance to some place of social interaction. The topography of this route is also vital to ensuring full accessibility. Uneven ground surfaces and changes in elevation can be especially detrimental to a frail pedestrian. On a somewhat larger scale,

more often than not, the housing, commercial and industrial areas are each located in separate parts of a development that in its entirety may cover hundreds of thousands of acres. Isolation is magnified by the typical street network - a curvilinear maze with nearly countless dead-ends. Often it's difficult for a person to get from one area to another except by private motor vehicle (Langdon, 1989, p.72).

Long distances between destinations can also become problematic for an older pedestrian. The topography and the distance of planned walking routes are important considerations if anticipating use by older people. Even a long walk to the bus stop can drastically inhibit the ultimate mobility of seniors and, consequently, the accessibility of various services. Many of the newer subdivisions have been designed so much for the automobile that sidewalks are not even included in the plan. It is imperative that sidewalks are available. With slower reflexes and diminished hearing the safety of elderly pedestrians on roadways cannot be ensured. Often, even existing sidewalks are not a safe option for elderly pedestrian movement due to unevenly paved surfaces and lack of maintenance and

snow removal. Sidewalk design is also important. For sidewalks that are built, uneven surfaces can create problems not only for less agile pedestrians but particularly for persons confined to wheelchairs. Even the joints in the sidewalk are an uncomfortable and annoying feature to anyone riding in or pushing a wheelchair. Most urban areas claim to provide for wheelchair accessibility but curb cuts are often unfinished or misplaced so they aim directly into the middle of an intersection. Another vital addition in neighborhoods with a large senior population is the availability of frequent seating along formal and informal walking routes. Even frail senior citizen may enjoy a walk with the assurance of rest stops along the way.

In all of these cases, more detail must be paid to the design elements within urban residential neighborhoods. There must be a variety of activity options available for those people with various levels of energy. Attention is also required to ensure that public spaces are associated with carefully chosen routes and facilities with consideration of the limitations older people often experience in fine motor control and gross muscular movements (Carstens, 1985, p.13). For instance, Archea (1985) studies the special environmental factors associated with stair accidents by the elderly and suggestion three design considerations (detection of the edge, shadows, glare, and the use of handrails) to improve stairs.

Moreover, a study in Ontario entitled *The Mobility in Winter Project*, sponsored by Health and Welfare Canada (Creighton, 1990, p.34) found "it's not Canada's cold winters that bother seniors, but inadequate removal of snow and ice which hinders their freedom of movement." There is a definite plea for safer sidewalks and roadways. Icy sidewalks become a major concern for seniors particularly in the winter. If "the sidewalks are taken away and seniors become housebound, boredom and passivity may set in" (Creighton, 1990, p.34). Security and safety are of prime importance to the elderly resident as they will not venture into situations they deem unsafe. They will become too worrisome to enjoy the space. Factors such as exposure to weather are also important considerations in

developing various types of social spaces for the frailer elderly person who becomes more susceptible to the elements.

4.3.2 Sensory Processes and Perception

Many older people also experience slower sensory processing and diminished perception as they continue to age. Visual and hearing acuity and smell and taste sensitivity commonly decline with age. Also, "perceptions of change in body position and of orientation in space become less accurate with age" (Czaja, 1988, p.51). These characteristics translate into other particular design criteria that can be included in neighborhood planning activities. Slower sensory processing results in the reduction in the amount of environmental information received as one ages. Sensory stimulation and environmental comprehension are also important concepts involved in urban design that can act to improve a neighborhood for its senior residents. Lighting, signage and noise should all be taken into consideration. "One possible and practical design response to these losses in vision, hearing, taste, touch and smell is to load the environment with redundant sensory clues" (Carstens, 1985, p.13).

A general feature of the numerous studies of context effects and the quality of auditory and visual information on stimulus recognition is that older persons suffer relatively more than younger ones from stimulus impoverishment whether achieved by altering the temporal or the spatial aspects of the signal. Conversely the elderly appear to benefit as much or more than younger adults from good context or stimulus familiarity. Perhaps by necessity, resulting from poorer sensory functioning, older persons are forced to become relatively greater experts at inferring the meaning of stimulus events. Many interventions based on this principle have been proposed and require research evaluation (Fozard, 1990, p.165).

Kosnik et al's (1988, p.67-68) surveys showed that healthy adults experience a decline in vision as they get older. Older adults reported more difficulty performing a variety of everyday visual activities compared to younger people. "They took longer carrying out visual tasks and had more trouble with glare, dim illumination, and near visual tasks. They had more trouble tracking moving targets and extracting information from

those targets, and they had more difficulty locating a target in a cluttered visual scene" (Kosnik et al, 1988, p.68).

Some sensory clues that can be emphasized throughout the neighborhood environment are: the quality and quantity of light; the use of color (brighter colors and those in the orange-yellow-red spectrum are easier to distinguish); contrasts of light and dark shadows and advancing and receding colors as they distort depth perception; the intensity and pitch of sounds (lower-pitched sounds are more easily heard), and; tactual cues that may be more easily "read" (Carstens, 1985, p.13).

4.3.3 *Cognitive Functions*

Cognitive ability describes the process of knowing information and it sometimes changes as a function of age. "Although many cognitive functions do not change with age, concept formation ability and reaction time may be reduced" (Carstens, 1985, p.13). "One of the most reliable findings regarding the aging process is a general slowing of behavior with increased age" (Czaja, 1988, p.54). With a decrease in cognition and diminished cognitive styles, environmental information appears to be processed at a slower rate as age progresses. Older people can easily become disoriented. Elderly persons often require a more constant environment due to reduced cognitive functioning. They experience increased difficulty dealing with complex or confusing stimuli (Czaja, 1988, p.54). "While cognitive functioning shows some decline with age much of the decline can be remedied by environment or task modifications, such as increased time to respond" (Czaja, 1988, p.54).

To facilitate orientation for older people, special attention must be given to the comfort and coherence provided by neighborhood design schemes. Moreover, the design of neighborhoods should facilitate orientation within the community. Streets and sidewalks should follow particular *paths* through the neighborhood keeping simple, straightforward routes in mind. "The line of motion should have clarity of direction. The human computer is disturbed by long successions of turnings, or by gradual, ambiguous curves which in the

end produce major directional shifts" (Lynch, 1960, p.96). With the exception of those neighborhoods designed around the grid street system, alternative designs may prove to be quite disorienting to seniors with cognitive impairments and lack of spatial perception. A comfortable environment that encourages ease of use for all residents is most appropriate.

The slower reaction time of many people as they age may affect their safety in many common situations within the neighborhood. Their safety can be enhanced by avoiding rapidly occurring signals (for example, a vast collage of signage at an intersection) and adapting other elements such as pedestrian walk signals to a slower response time.

Due to a change in cognitive abilities, older people may experience difficulty in distinguishing and interpreting background noises from foreground sounds. This may lead to related loss of orientation and subsequent confusion (Carstens, 1985, p.12). Again, there are design elements that can act to ease the burden of these cognitive changes. For example, most services are located on major traffic routes and often at major traffic intersections. Even the background roar of automobiles can pose a problem to an older person attempting to go about his/her daily business.

The neighborhood might also be designed in such a way as to provide enhanced opportunities for participation in the community. The neighborhood environment can only be fully enjoyed if its residents are able to fully comprehend the various entities within the community. For instance, "buildings with more direct street access [pedestrian access] and buildings that have important symbolic, especially historical, significance are remembered more easily by elderly urban residents" (Evans, Smith and Pezdek, d.u., p.241). Landmarks such as this are necessary to facilitate comprehension throughout a neighborhood particularly by its senior population. A central location could house bulletin boards or a community information center to notify residents of services, clubs and events. In this way, older residents might easily identify with and benefit from another particular neighborhood location other than their own homes.

4.3.4 *Psychological well-being and Social Roles*

Although seniors spend increasing amounts of time in their home (La Buda, 1988, p.41), their well-being often still depends on the external environment and the various social opportunities that are available. "The aging process also brings many changes in social and functional roles. These changes tend to reduce older people's sense of security and control over their lives, diminish self-confidence, and reduce social networks"(Carstens, 1985, p.13).

At a time in the human life cycle when social networks begin to diminish and lower mobility takes its toll on the frequency of travels to distant friends and relatives, spaces must be available that are supportive of social interaction. This may include particular recreational options or attractions such as parks or an indoor community center or shopping area. "The elderly also need peaceful areas for quiet and contemplation and a good network of neighborhood and town parks can be very useful" (Ray, 1987, p.77). In acknowledging the significance of the surveillance zone (a realm within the general schema including home space), Rowles (1978, p.213) notices that seniors prefer to monitor scenes of "bustling activity instead of the dull tranquility of bucolic vistas". Most important, there should be choice available to the community resident as to the scale and activity level of public spaces. A large open park may be just as desirable at one time as a small park bench may be on a street corner at another time. A recreational option helps to create a positive community environment particularly when devices or elements are included to encourage participation by some of the less able residents.

4.3.5 *Summary of Strategies*

There must be a consideration of all aspects of the human life cycle in the design of residential neighborhoods. Furthermore, there should be some attention paid to who the future residents of the neighborhood might be.

... Designers must take a developmental view of design and consider the current characteristics of user populations and how these characteristics may change with time. In other words, environments must be planned to allow for the developmental changes which occur over the adult life span (Czaja, 1988, p.50-51).

1. Neighborhood Comfort and Orientation

- "Define a target population and design for that group" (Czaja, 1988, p.50).
- Avoid curvilinear street design as much as possible. Coherent neighborhood design schemes should be encouraged. The gridiron street system is the most legible.
- Enhance environmental stimulus through the use of lighting, the use of colors, especially bright colors, and the intensity and pitch of sounds. "Auditory signals in the higher frequencies and ranges should be avoided" (Czaja, 1988, p.53).
- the neighborhood (or the 'home space' of the older person) should remain relatively constant with simple and straightforward messaging.
- Streets and sidewalks throughout a neighborhood should work together to form definable *paths* (Lynch) through the community. They should be quite directional with turns being close to 90 degrees.
- rapidly occurring signals should be avoided but "redundant cues such as visual and auditory signals should be used whenever possible" (Czaja, 1988, p.53).
- The requirements for slower response times should be included in neighborhood design. For example, at intersections the walk signal should have a greater time lapse.
- A central focal point for the neighborhood (such as a multi-use community resource center) would enhance comfort and orientation for residents.

2. Social Spaces

- The neighborhood should offer a variety of opportunities for social interaction as well as different options for different personal activity levels.
- "The optimal home environment should accommodate individual differences in behavior ... and should promote independence of activity" (Czaja, 1988, p.50)
- "Many of our physical facilities are congested while in use, and yet are grossly underused. Here is an obvious opportunity for increasing fit without increasing

cost" (Lynch, 1981, p.161). This implies the potential for neighborhood schools, community centers and shopping centers to be integrated into a neighborhood environment to provide services, support and social opportunities.

3. **Pedestrian Access**

- There must be physical access to all community facilities by everyone in the neighborhood.
- The resurgence of the corner store among residential zones would offer a great deal to mature urban neighborhoods. "to encourage additional development in existing small-town business districts rather than in brand-new shopping centers at the intersection of major roads" (Langdon, 1989, p.72).
- Sidewalks are imperative in residential developments. Ideally they will have evenly paved surfaces, regular maintenance, attention to wheelchair accessibility, and frequent seating.
- Although the planned shopping center serves as a community focus, it is isolated and internalized. A nearby resident cannot nip out to the store or slip down to the corner to see who's there. To walk to a shopping center is to cross a hostile desert" (Lynch and Hack, 1984, p.320). Langdon (1989, p.72) offers one suggestion: placing the community's commercial center toward the edge of the community offers two faces - one oriented toward the road and supplied with ample parking, and the second facing the pedestrian scale community.
- "Of course, many designers have yet to be convinced that the public harbors any great desire to live in mixed, compact, walkable communities" (Langdon, 1989, p.73) but for many senior citizens taking the car to the mall is not always a viable option and walking is often their prime source of physical exercise.

4.4 **Land Use Regulations for Aging Neighborhoods**

Land use planning "is generally viewed as the process that formulates on a coordinated basis a community's basic policy decisions regarding physical layout and the distribution of land uses" (Hopperton, 1986, p.229). Generally speaking, much of the land use planning of the past has determined the extent of suitability and adaptability that

present neighborhoods and housing stock can offer present and future populations. The inherent purpose of land use regulations is to protect and preserve those qualities within an environment that are desirable for a particular area. Zoning is a fundamental tool used in land use planning. It is the means to carry out planning ends.

Regions of the city have been zoned residential, commercial or industrial. These general categories are broken down further to respond to varying intensities of residential, commercial and industrial uses. The least intensive of these uses and the most coveted residential use has been in those areas zoned R1 or single family use. The original purpose of this zoning category was to ensure that residential densities remained low in particularly areas of the city. This responded nicely to the lifestyle demands of the nuclear family - mother, father and two children. The predominant zoning category in the suburban areas remains R1.

As this aspect of community planning is so basic to all planning activities it is essential that one considers the impact it can have on neighborhoods in transition, particularly a demographically aging neighborhood as discussed thus far. It should be clear that zoning may both inhibit and encourage activities that affect the environment so crucial to the senior residents of urban communities. "...A land-use control such as zoning, which is a very effective device for conserving existing land uses and lifestyles, operates to protect the elderly just as it protects the lifestyle and property values of nonelderly residents of a residential area" (Hopperton, 1986, p.229). Zoning should promote public health, safety and general welfare. Zoning is a collective property right of the residents of a community environment. "The fundamental significance of zoning is that it creates a collective property right attached to the community environment that is proposed, held, and exercised by its residents" (Papp, 1983, p.232).

What has not been anticipated, or at least formally anticipated, was that neighborhood transition was inevitable. These neighborhoods would not remain constant forever. Many neighborhoods have matured demographically. Although the same

residents may live within these neighborhoods these residents now have very different needs than when they first located themselves in that particular residential community. We should not expect the land use regulations formulated to preserve the needs of the initial population to adequately meet all of the needs of the present population.

Zoning has helped to create large homogeneous neighborhoods which, later, cause small communities to become 'old' at one time. Zoning, particularly in the 1950's and 1960's when the larger families of the baby boom entered the housing market, favoured large lot development, and consequently the development of large single family homes on those large lots. There were frequently minimum dimensions for both dwelling units and lot sizes. The building of a smaller home would not be economically wise as the property value of the lot alone was relatively high. Zoning generally favoured large lots and therefore large homes to cover the expense of the lot. Alternatively, many older residents may begin to prefer smaller lots with less yard work and more secure, perhaps clustered housing.

Although the homogeneity of these suburban neighborhoods is largely income related it has also become age-related (Papp, 1983, p.232). The 70's brought about more compact housing developments but also more dispersed housing. All of these zoning anomalies resulted in a decline in residential densities and this goal succeeded in responding to the nuclear family. This, in turn, increased the distance from the home to services and consequently increased dependence on the use of the automobile for transportation. Furthermore, the single family unit residential zoning practice clearly prohibited mixed uses and encouraged services to be located in commercial zones separate from residential zones. "Zoning practices that encourage the segregation of urban functions create residential suburbs and residential zones that fail to support a truly urban city life" (Lennard & Crowhurst, 1990, p.29). This has created accessibility problems for those community members with mobility impairments.

The aging suburban neighborhoods discussed in this thesis might be characterized by empty elementary schools, a shifting priority in community services, an increased tax burden despite the decreasing school population, and overhousing of the community residents. This situation has to a large extent been created by land use planning and particularly the zoning practices of the fifties and sixties (Papp, 1983, p.233). One of the consequences of these land use regulations has been the exclusion of a variety of alternative living opportunities, many which could become innovative and successful housing options for many of the older people who are aging within these neighborhoods.

So far the discussions have focused on enhancing the neighborhood environment in order to accommodate our aging population. Much of the emphasis has been on creating more of a community within these residential areas. There is certainly a call for a rethinking of the concept of community particularly in suburban areas. For instance, perhaps the bungalows could be replaced by more townhomes in some situations thereby encouraging a more coherent neighborhood. A successful, but probably unrealistic goal would be to inject some 'small town' characteristics into suburban areas. A smaller scale residential neighborhood should serve its inhabitants throughout their entire life cycle. "But the stumbling block that has prevented the real revival of small towns in suburban America likewise lurks in life care. Contemporary codes rarely permit the complex mix of functions that is the very essence of small town life" (Boles, 1989, p.88) and similar land use regulations restrict the development of a variety of residential and community living options that may begin to respond to people of all ages. Seniors often find they must relocate to a different neighborhood in order to access the support services and housing options they require. "Thus regulations conspire to keep the elderly isolated, in spite of substantial research that urges the opposite" (Boles, 1989, p.88).

Several alternative housing options could be more readily available to senior citizens through a more creative use of zoning practices. This would encourage community living housing choices so older people can enjoy the option of remaining in their own

neighborhood. "Indeed,...the development of the law is in the direction of whether a community must rather than can accord the elderly (as well as other categories of people possessing special needs) special treatment for zoning purposes." (Gillan, 1976, p.100). A study by the Ontario Ministry of Senior Citizen's Affairs concludes that elderly people express a wide variety of interests in housing alternatives. This should reinforce the significance of considering all possible factors in the planning process and attempting to make available different options for different interest groups. Often zoning tools for a maturing population are the same as those which will encourage affordable housing. Rental structures to accommodate fixed incomes as well as safety and ease of communication are other important aspects of planning for the elderly. "The fundamental issue is to define clearly the nature of the housing needs of the elderly population"(Anderson et al, 1985, p.34) and provide the environmental supports necessary to make a variety of housing options possible.

4.4.1 Zoning Constraints

Through this evolution of neighborhood land use planning, a few zoning obstacles can be identified that directly affect senior citizens. Although existing zoning may benefit the elderly by generally giving stability, protection and predictability to the neighborhood and to lifestyles and property values of the elderly who live within it (Hopperton, 1986, p.230), there are specific zoning problems that often confront senior citizens and their advocates. "Parking requirements, density allowances, and exclusion of board and care homes through narrow definitions of "family" are three widespread examples" (Hopperton, 1986, p.231). "...Zoning which tends to isolate the mature person within exclusionary zones or in special projects by exception or variance may meet with resistance as the mature population increases" (Papp, 1983, p.235). Clearly, a new and adaptable approach to land use regulation is necessary so that inevitable demographic changes can be accommodated particularly in residential neighborhoods. Three major zoning constraints which are

experienced in attempts to implement innovative housing options in single family residential neighborhoods are considered. They are density allowances, definitions of 'family' and community conflict.

One of the more basic zoning requirements that has become a problem for older homeowner and for developers considering new subdivisions has been the control of density allowances. It is difficult to build more clustered or low maintenance senior housing when a low maximum density is required. Some municipalities have been able to allow more units per acre for senior's developments in particular but this, again, assumes a static residential community which, according to earlier arguments, is an unrealistic assumption. There is often conflicts between the concept of an accessory apartment or garden suite and the permitted land uses in an R1 zone which does not allow more than one dwelling unit on a single dwelling lot (Ramserran, 1990, p.48).

A second zoning obstactle is the narrow definition of family which often defines single family dwelling zones. "Typically, ordinances that create residential zones define single-family dwelling units in terms of blood or marital relationships among the occupants" (Gillan, 1976, p.103). The City of Winnipeg defines family as:

"family" means one person, or two or more persons who have voluntarily associated together, plus any dependents, living together as a single housekeeping unit as distinguished from persons occupying an institution, a boarding house, rooming house, lodging house, club, fraternity, sorority, group foster home, neighborhood care home, neighborhood rehabilitation home, care homes, day care center, family day care home, group day care home, or occasional day care centre.

There is also a problem with community conflict in attempting to change or alter the prescriptions and exclusions of R1 zoning.

... it is generally believed that everyone will eventually aspire to living in a single family neighborhood. Because of the deeply felt belief that single family neighborhoods must be maintained at all costs, then all decisions that are made by a local municipality regarding its' neighborhoods serve not only to reinforce strict adherence to zoning regulations in single family neighborhoods, but also to ally the fears of residents in these neighborhoods that changes will be made to their *sacred* environment (Ramserran, 1990, p.48).

Any changes to the zoning in most residential suburban neighborhoods will amount to a perceived disruption of the quality of life.

... Numerous [American] communities accord elderly housing special treatment in zoning ordinances with respect to building characteristics, parking and density measured in terms of room areas, lot area, and height requirements....In addition, the concept of special treatment for elderly housing in terms of site selection, design and the provision of ancillary support services is deeply ingrained in federal housing legislation (Gillan, 1976, p.100).

Beyond these initiatives, though, and in addition to the provisions for Elderly Person's Housing Projects, land use regulations must also allow for the enhancement of the quality of life for that majority of older people who choose to remain in their communities and deserve a similar variety of living options.

Some examples which will be discussed in terms of zoning restrictions are garden suites, accessory apartments, and homesharing. With these options available and accessible, individuals are then able to select an environment most appropriate to their psychological, social and physiological well-being. "People have frequently observed that no matter how healthy the original population of tenants in a housing environment may be, those tenants will age and their service needs may change in a major way" (Lawton, 1980, p.57). This translates to the neighborhood environment as well. The necessity of making available such a continuum of options has been supported by many professionals in the field (Department of Health, 1985; Altholz, 1988; Kaill, 1980; Lawton et al, 1980; Anderson et al, 1985, to name a few).

4.4.2 Accessory apartments

Accessory apartments are one option that may serve the needs of some older people so they might remain in their own homes and neighborhoods. This option is in response to the unsuitability of larger single family dwellings later in life. The older couple begins to live on a fixed income and live in a home with much more living space than they require.

Should they decide to convert a portion of their home into an accessory apartment, they would use the empty housing space and create a supplement to their income.

An accessory apartment is an independent dwelling unit installed in a structurally remodelled, existing single-family home. This may often be against zoning regulations but in many situations these regulations are not enforced. The new apartment is responding to the current housing market in a positive way and as long as the zoning does exist, the owner of the house is quite discrete in renovating thereby not disturbing the residential character. Accessory apartments not only provide an additional income source for the homeowner but also serve to make economical living units available.

The elderly population may take advantage of this housing option in two ways. First, he/she may be the homeowner and may create a suite to utilize unused space in a large home and rent it out. Second, the elderly person may live in an accessory apartment created by one of their children and family. The suite is self-contained for privacy and independence yet provides close proximity to family (or a renter) therefore increasing sense of security and, possibly, companionship. (CMHC, 1988A, p.12)

Some of the disadvantages of the accessory apartments include the concern that the conversion will harm the character and property values in the neighborhood; the increased demands on public services such as parking and sewer; it usually requires the homeowner to spend several thousand dollars in renovations; it may violate the zoning by-law, and ; to restrict occupation only to the elderly will cause 'human rights' problems. (State of Connecticut, 1982, p.8-9).

It can be argued that this type of accessory apartment changes the aesthetic look of the neighborhood very little and traffic will probably be the same or less than when the house was inhabited by a young family with teenagers. Although many accessory apartments exist 'underground' at this time government programs cannot assist these conversions until the use is legalized. The zoning constraints as described previously are the main stumbling block to the legalization of accessory apartments in many communities.

4.4.3. *Garden Suites*

Garden suites are another creative alternative that may allow some senior citizens to remain in the community close to family and friends for a longer period of time. The small one or two bedroom structure is meant to be temporarily placed in the backyard of a family homeowner. Many of the neighborhoods that have a current high concentration of seniors are older and therefore have very concentrated housing development with little excess yard space. This is, perhaps, one reason this housing option has not been popular in Canada to date. There are also the inherent problems with zoning in single family unit neighborhoods. It is understandable that many residents of these neighborhoods express concern with the maintenance of present neighborhood character but both the design and usage of a 'granny flat' could be strictly controlled to ensure their use is not abused. This remains a potential housing option for future seniors particularly when they or their family live on large suburban lots.

Garden suites originated in Australia for elderly people on pensions who were fairly independent, mobile, and in relatively good health. They were built with room for one or two occupants and were placed on someone else's property, separate from the main house and movable. A garden suite is about 500 ft², approximately the size of a two car garage. In Australia, they are rented from the municipality for 20% of the senior citizen's income. The unit contains a living room, kitchen, bed and bath with furnishings optional. It is usually insulated and the utilities are hooked up to the main house. The foundation is made of wood piles or concrete blocks. (Lazarowich in Canadian Housing Design Council, 1983, p.33). The use of these structures in Canada has been relatively limited. A significant advantage of the garden suite is that it can be moved in response to demand. Other housing options, such as accessory apartments, are permanent.

From a household questionnaire by Lazarowich (1983, p.5), 84% thought the garden suite was an attractive option for housing elderly persons. Garden suites may be a

very successful housing option for those seniors who do not wish to be a burden to their children but, at the same time, they would like to retain independence and support from their family. The garden suite appears to offer a solution to this dilemma. Garden suites cost little (compared to a house), do not involve renovations of an existing house and provide the setting for mutual support between the older person and the relatives. (Novak, 1988, p.237).

According to Lazarowich (1986, p.29) living in a garden suite was seen by many elderly as more than just accommodation. Access to services is one of the more important considerations as is the role of the family. Corke (1986, p.11) questioned some senior citizen's organizations about their attitudes toward garden suites and found it disappointing when their reaction was that "they would not much care to be put out in a dog kennel in their child's backyard." One pilot project in Waterloo, Ontario (Lazarowich, 1986, p.29) looked at the various reasons that host applicants for garden suites withdrew their applications. The list includes: many families found that the parent who lived with them was already quite independent; the rent of the garden suite or the property tax was too high for the parent; one of the people involved was not in favour of the concept; they wanted to see a garden suite before actually moving into one. Corke (1986, p.11) also notes that many of the applicants for garden suites were not even senior citizens but often an adult child. There was a great response to the demonstration project but not to the target group expected.

An important difference between the Canadian and Australian concept of garden suites is that in Australia, the flat is a form of public housing in which the rents are geared to income. In Canada, the garden suites are not being proposed as a subsidized housing alternative and therefore may not address the issue of affordability in elderly housing. A lesson from the United States regarding this issue is that "there must be a strong government role to absorb the developmental costs and the initial risk regardless of whether the concept becomes the property of the government" (Corke et al, 1986, p.5). For the

most part, garden suites have also been viewed as positive both by the community and the politicians. The concept is very socially acceptable but communication and public participation have also helped to develop this attitude. (Romanick in Corke et al, 1986, p.24).

4.4.4 *Home Sharing*⁵

A home sharing arrangement could range from a few unrelated seniors sharing a larger home in order to share costs and upkeep to several seniors living in a large home with some informal (or formal) care available. Home sharing can be defined as "a situation in which at least two unrelated persons live together in a dwelling unit, where at least one is over 60 years of age, and each has a private space and shares common areas such as kitchen, living and dining room"(Blackie, 1983, p.79).

The first situation (of two or more seniors sharing a home) is a somewhat alternative housing option that is not very popular in urban Canada today but is a simple housing solution that should be better accessible to those who require a solution to their housing problems. In this form of this housing option, the living arrangement is often comprised of a homegiver who owns or rents a dwelling unit which he/she wishes to share with another person and a homeseeker who wants to live with someone else. The idea is to have compatible needs and desires between both parties. This form of homesharing is the result of three main goals in creating a suitable living environment. First, affordability is an important aspect of this arrangement. On one hand, the homegiver will gain a supplementary income to help with expenses and on the other hand, the homeseeker will have relatively inexpensive accommodation. The second important issue is that of companionship. The two or more people sharing one unit will provide extra security and

⁵ I've used two different terms in this discussion. Home Sharing is a generic reference to a residential situation where two or more people share the same residence - this may include homesharing, a cooperative arrangement or a group home. The term homesharing refers to the specific Home Sharing model where a homegiver shares his/her accommodation with a homeseeker who pays rent to the homegiver and the homegiver remains the homeowner.

combat loneliness. Third, homesharing may result in a exchange of services. For an older person in relatively poor health, homesharing may allow them to either find someone to live with them and assist in home maintenance or to move in with someone who can assist them with their daily activities. For instance, a single parent may move into a homesharing arrangement with an elderly person and be able to assist with housework in exchange for some childcare. "There is a growing interest in homesharing and a variety of public and non-profit agencies are now offering matchup services" (CMHC, 1988A,.p.10).

Baldwin (1990) reveals several problems with this particular model of home sharing that have been experienced in several homesharing programs in Canada. In referring to a study undertaken by Health and Welfare Canada in 1989, Baldwin explains that there is often a problem with compatibility between the homegiver and the homeseeker (p.30). In this case any benefits of companionship and comfort cannot be realized. Furthermore, in addressing the affordability of a homesharing arrangement there has been some problems with the homeseeker paying a nominal rent yet being expected to offer housekeeping services or home maintenance assistance (p.31). A third problem Baldwin found with homesharing in Canada has been the lack of any formal service or agency and the inadequacy of secure funding (p.32).

Novak (1988, p.238) outlines three different variations found in home sharing arrangements: (1) People in a homesharing situation may hire a housekeeper and/or cook, or they may do all the work themselves. (2) One person can move into another's home or two or more person's may purchase or rent a new home together. (3) People can put together a homesharing arrangement themselves or they may go through an agency that will match, set up a trial stay, and often continue counselling. Moving away from the model of a homegiver and a homeseeker, cooperative arrangements and informal group home arrangements can be considered other forms of home sharing. The point that distinguishes home sharing from some of the other options is the family qualities such as shared

decision-making, resident ownership, and a sense of participation by the residents as opposed to being just a purchaser of senior's shelter. (Blackie, 1983, p.79).

An advantage of the home sharing option is that it is, like the accessory apartment, a more intensive use of existing buildings but without the requirement of renovation. It uses the people's own resources and government subsidies do not have to be relied upon. As previously mentioned, it can ease the affordability problem and help some people to overcome the social and psychological isolation. A disadvantage may be the desire of an individual to have "a place of his/her own" regardless of their economic status. More people are willing to be a homegiver than a homeseeker. (State of Connecticut, 1982, p.7). Also, the medical and physical problems of one individual may be difficult for the other to handle and therefore put strain on the relationship. In this case, the availability of counselling and support services would be a great benefit. A third caution that participants should be aware of (CMHC, 1988A, p.10) is that "in some locations, zoning regulations may restrict the arrangements under which unrelated people can live." The most significant problem with this housing option is a problem in land use regulations with the definition of 'family'. These zoning problems will relate to much more of society as time goes on and the nuclear family is no longer the norm.

Foster care is very much like home sharing in that two (or possibly more) unrelated adults will share one dwelling. The difference is that the 'homegiver' also becomes a 'caregiver'. The homeseeker is usually in poor health, needs personal care and has no relatives available. In this case, institutionalization can only be avoided should the foster care option be implemented. There is a great deal of work and responsibility required on the part of the homegiver and this situation should be closely linked with medical and social services in their communities.

Foster care consists of intense one-on-one emotional situations between homegiver and seeker and it is obviously not the option for everyone. Because of the additional demands on the homegiver, he/she usually receives higher compensation from the

homeseeker. This may create a somewhat higher cost to the client although it is still a low-cost alternative to institutionalization for senior citizens with poor health and the family-like atmosphere of foster care makes this a desirable alternative.

Co-operative housing and group homes are more formal home sharing arrangements and respond to a similar sort of elderly housing demand. This type of home sharing would fit the void left when hostel programs were recently omitted from the health care budget in Manitoba. It seems that some level of care is missing from the continuum between living on one's own and being institutionalized. A home sharing option seems much more cost effective and humane for those seniors designated Level 1 or Level 2 care in the health care system. This type of housing option, unfortunately, takes on many negative connotations by communities. The thought of 'group-home' housing does not fit in with the perceived character of their neighborhood.

Unfortunately, "and not infrequently, the zoning ordinance will define "family" in such a way as to prohibit more than two or three unrelated adults from living together in a single unit in a desirable residential area of a city" (Hopperton, 1986, p.232). This can even be seen in the definition of family that the City of Winnipeg uses (see p.128). This is often because the terms rooming or boarding houses carry negative connotations. This type of housing is forced into commercial, industrial or rapidly declining multifamily residential areas. In fact, "such small group homes for senior citizens, which serve a stable, nondisruptive, and contributing segment of the population merit discerning zoning treatment" (Hopperton, 1986, p.232).

For all of these homesharing arrangements, if they were more formally accepted as legitimate housing options and made clearly available within the single family zones that characterize much of suburbia, it is likely they could fill a large void that exists in the availability of a continuum of housing options for older people within these communities.

4.4.5 Adaptive re-use of community structures

Mathieu (1976 p.169) considers that morale and satisfaction, degree of independence, activities engaged in, and social patterns of the elderly are influenced by factors such as climate, transportation, location, safety, nearness to family and relatives, type of neighbors, and accessibility and availability of community facilities, such as food markets, drugstores, shops, parks, and recreational centers, churches and temples, and health, medical, welfare and senior's counselling. This suggests that another possible solution to help keep seniors in their own communities is by adapting or re-using present community structures, particularly the elementary school that often closes as the neighborhood matures or the community center. A mixed use concept for this center would serve to alleviate many of the accessibility problems older people encounter in suburban neighborhoods. For example, supportive housing, support services and a leisure / information - oriented community center are all options for these buildings. The location of the elementary school is probably the only truly accessible building in most neighborhoods as it has been located to serve the young children walking to school. Many existing community centers (*the hockey rink and social hall-type community centers*) are also potential resources that can be retrofitted for an maturing neighborhood. Opening up these areas to more of the surrounding community like a mini town center may offer a few regulatory problems including zoning for mixed uses and parking requirements. Should this center become a form of life care facility it could offer innumerable services to the neighborhood. Integration of such life care facilities into the community has been advocated on this basis. Daycare, Meals on Wheels and meeting rooms are only some of the possible uses of this center.

As with other elderly housing options, the congregate housing aspect of this concept may also be limited by restrictive zoning practices. It usually requires large lot size requirements and these may be unavailable in a residential neighborhood. Mangum (1988, p.329) undertook a study to determine whether suburban neighborhood concern over the

construction of congregate housing for the elderly was actually due to ageism (discrimination against the elderly) or to a general antipathy towards a dense housing or group housing option. Fortunately, he was able to conclude that ageism was not "as influential a factor in community resistance to housing for the elderly as has been previously supposed." So enriched housing as a part of this multi-use facility is also a possibility.

4.4.6 *Summary of Strategies*

"Clearly, flexible zoning tools, like zoning itself, can be used fairly or unfairly, can further legitimate community objectives, or can be subverted to further special interests not benefitting the public weal" (Papp, 1983, p.233). Planners must also be careful not to zone explicitly for senior citizens (or any other interest group for that matter) but to include their interests within land use regulations. The key is to zone for everyone and to zone for change.

Zoning for the Transition

- Local planning authorities must identify their main client groups - including the elderly - and state how their policies and proposals will affect each group (Green, 1991, p.127). "A development control code should be introduced to help authorities and interested parties examine major proposals from different client perspectives. Such an approach has already achieved improvements for the disabled" (Green, 1991, p.127).
- The definition of family should be generalized even further or eliminated to allow for changing values in society.
- There is a need for more proactive zoning practices. Although the use of *proactive* within a discussion of land use *regulations* is somewhat of an oxymoron, changes are necessary and inevitable. Zoning must be formulated to encourage not discourage (or even ignore) options such as accessory apartments, garden suites

and homesharing arrangements. For the most part it is definitions of 'family' and community misconceptions and attitudes that inhibit these developments.

- Keeping safety and security in mind, land use regulations should allow greater leeway in favor of mixed use development. *One-stop-shopping*⁶ for many older people is an attractive option for their neighborhood.
- Other creative zoning practices should be used more frequently. For example, cluster zoning would build higher density residential developments in certain areas and preserve natural features in other areas thereby increasing the unit proximity which improves security and reduces walking distances (Papp, 1983, p.237).
- Spot zoning that allows an isolated parcel of land to be subjected to more or less restrictive zoning than surrounding properties (Gillan, 1976, p.103) could be used to allow for a multi-use community center within a maturing neighborhood.

Development of land and buildings might better be aimed at a more balanced population, and management of growth should seek to ensure that targets are met effectively. In any case space for future development should be sufficiently flexible to allow for easier change of use over time as populations evolve (Harmand and Joy, 1987, p.299).

Planners must not repeat mistakes of the past where environments have been designed to suit one particular age group. Urban neighborhoods of the past and present have been designed according to the needs of the young nuclear family. Even with an aging population we cannot narrowly focus on building environments strictly for an older population. Transitions occur within urban areas and if environments are constructed to meet the demands of a full range of competence and physical abilities, then planners would not find themselves scrambling to react to these demographic changes.

According to Gillan (1976, p.103)

under the legal doctrine of "preemption", a subordinate political entity, such as a municipality, may not enact legislation inconsistent with existing statutes promulgated by higher political entity, such as the state...It has been held that state statutes providing for the creation of housing commissions, either state or municipal, which are empowered to construct elderly and low-income housing preempt municipal zoning ordinances and that such a public body can disregard the ordinances in selecting sites for construction.

⁶ This is not referring to extensive retail stores but to a concentration of community services and supports.

If the macro-policies of the federal and provincial governments offer clear and concise direction for planning for an aging population then local decisions would follow the same ideals. Chapter Five will examine the active policies in this regard as well as the various policy and program initiatives relating to transportation, neighborhood design and community support and services that presently affect Manitoba seniors.

CHAPTER FIVE

POLICY DIRECTIONS AND PROGRAM INITIATIVES FOR AN AGING SOCIETY

Generally speaking, government policies have had little success in providing any clear or definite direction that programs for an aging population may follow. Although some levels of government appear to be taking a bold stance in regard to senior's issues, no coordinated effort has yet been defined. The lack of direction is obvious in examining many of these issues from a community planning perspective. The urgency for initiative in this field has also been demonstrated. "The problem of individuals aging within aging neighborhoods is of significant concern to policy makers and planners because of the effect this recent phenomenon has had on the democratic profile of metropolitan districts" (Regnier and Gonda, 1981, p.29). The following discussion will focus on some of the directions policy may take in order to address concerns that arise in planning for an aging population with reference to some examples of relevant federal, provincial and municipal policies.

5.1 Federal Policies and Programs

In Canada in the 1960's and 1970's policies favoured institutional services as a means of caring for the needs of the nation's elderly. "While it is accepted that there is a need to provide skilled nursing care for some elderly people in institutional environments, the dominant viewpoint in Canada is shifting from the previously institutional-based care setting to a community-based care setting" (CMHC, 1989B, p.1). Fortunately, two main policy themes can be identified in Canada that directly influence our aging population and focus on community-based initiatives. The first, "that the elderly have choices concerning the nature of their living accommodations" (Gunn et al., 1983, p.65) is clearly expressed

by seniors themselves (One Voice, 1988). The second policy direction, that older people be allowed to remain in their own homes for as long as possible (CMHC, 1989B, p.17), can help to preserve dignity and quality of life for many older people.

Maintaining independence is extremely valuable as one ages and the majority of older people wish to remain in their own homes and/or in their neighborhood communities for as long as possible. "This preference, which is evidenced in the findings of various recent research studies in Canada, will be a determining factor of the type of housing and support service options elderly people will demand in the future" (CMHC, 1989B, p.1-2). It is clear that in order for seniors to remain independent in their own homes they will require innovative housing options as well as accessibility to appropriate support and services.

At the federal level of government in Canada a Minister of State for Seniors has been established to ensure the needs of older Canadians can be met. Beyond this ministry, very few federal mandates target the specific needs of seniors. A National Advisory Council on Aging (NACA) has been developed under Health and Welfare to support and promote the needs of older Canadians. "Two priority concerns of NACA include encouraging the provision of appropriate and accessible services to help seniors remain in the community for as long as possible and promoting gerontological education" (CMHC, 1989B, p.21). Health and Welfare Canada also designed the Senior's Initiative in 1988. Its aim is to assist in maintaining senior's independence in the community. It has four components (CMHC, 1989B)⁷: (1) Seniors Independence Program (\$20 million program): to "fund projects aimed at improving the quality of life and independence of Canadian seniors"; (2) Seniors' Independence Research Program: Research fund of \$4 million annually to focus on diseases affecting seniors' independence (particularly Alzheimer's and Osteoporosis); (3) New Horizons Program: offers start up funds for groups of seniors in order to provide activities and services to seniors, and; (4) an increase

⁷ The existence of these programs was confirmed with Health and Welfare Canada in June, 1992.

in the operating budget of the National Advisory Council on Aging, to enable it to expand its research and policy advisory roles.

Federal programs also exist which promote income security. Old Age Security and the Canada Pension Plan are administered federally. Under Old Age Security, Health and Welfare Canada has developed an Old Age Security Pension, the Guaranteed Income Supplement and the Spouse's allowance.

Seniors are also one of the target groups in the Health Promotion Contribution Program which provides funding to community-based organizations to undertake projects that enable seniors to maintain or improve their health (CMHC, 1989B). The New Horizon Program aims educational, recreational and service-oriented activity projects for the needs of senior citizens. The money is designated for capital costs only and one condition of a group receiving this assistance is that at least 70% of those assuming responsibility for the project must be over the age of sixty. Through the Seniors Independence Program the federal government also provides funding to voluntary, non-government, non-profit organizations for projects aimed at improving the quality of life for seniors. It promotes community-based initiatives that actively involve seniors and promote independent living.

Canada Mortgage and Housing Corporation under the mandate of the National Housing Authority has administered and funded extensive research and program initiatives in the area of housing which often includes innovative housing options for seniors. Some federal housing programs do not specifically target senior citizens but older people may benefit from these programs. The Non-Profit Housing Program offers financial assistance to public, private and cooperative housing ventures for low income renters. There is also a Rent Supplement Program that subsidizes rents according to ability to pay. The RRAP programs made financial loans available for homeowners and disabled persons to repair homes and renovate for accessibility, respectively. The Emergency Repair Program makes funding available to eliminate immediate health and safety threats in homes. All of these

social housing programs have recently come under drastic budget cuts. This year the federal social housing budget will be decreased by 21% and 31% by next year (Canadian Housing and Renewal Association, 1992). An even more drastic measure taken by the federal government was the elimination of the Federal Cooperative Housing Program early this year. This particular program offered the most potential in working toward more supportive community living options for older people. In the past few years of the operation of this program there was an increasing number of cooperatives specifically for seniors.

Transport Canada has attempted to affect the lives of seniors through policies in the National Transportation Act. The Act ensures that transportation is accessible for seniors and people with disabilities. The department is also in the process of preparing legislation to ensure accessibility standards for all transportation services and facilities. On a more local level, the National Transportation Act

provides funding to local volunteer organizations to assist in the purchasing of accessible vehicles in small urban and rural communities. Funds are also being provided for an accessible taxi demonstration project, where accessible mini-vans operate in a designated taxi service area (CMHC, 1989B, p.18).

Many of the general themes can be identified within the federal policies in Canada but "the maintenance of the elderly in their own homes through the provision of health and social services is primarily a provincial responsibility" (CMHC, 1989B, p.18). So, although little direction may be gleaned from federal initiatives, it is left to the provinces to more specifically address relevant issues that are identified in Chapter Four. Responsibility for the specific needs of older people to remain in their own homes is left to provincial authorities of health and social services. The following is a brief discussion of the general situation the government of Manitoba has created in an attempt to deal with seniors issues. Some of the most relevant policy initiatives are reviewed with reference to some examples from other provinces.

5.2 Provincial Policies and Programs

In Manitoba, the Provincial Gerontologist works under the Department of Health. The Department of Health is clearly mandated a move to more community-based health care for the entire population. This is a particularly welcome move in light of the issues that have been presented and how they affect seniors within our communities. Although Continuing Care administers a Home Care program, this program has not yet been effective enough to provide adequate opportunity for a significant portion of seniors to remain in their home and out of institutional care. The Health Promotion Directorate of Manitoba Health has implemented the Services to Seniors Program which has a goal of providing community-based services to seniors. This program has operated in the rural areas of Manitoba particularly within the smaller rural communities. Only a few projects have been initiated in Winnipeg.

Although federal programs are developed and administered by CMHC, the provinces also develop and deliver their own housing services. Manitoba Housing tends to focus assistance for senior citizen's housing in four general areas: Public Housing; Assistance to the Third Sector; Shelter Allowances and Tax Credit Programs, and; Housing Rehabilitation programs.

Public housing has been developed through housing unit subsidies, the rural and northern housing program and public non-profit housing. Housing unit subsidies were developed under Sections 43 and 44 of the National Housing Act (NHA). The rents are determined on a geared-to-income basis. There are over 14,000 social housing units for seniors in Manitoba (Badiuk and Carter, 1988, Table 3.3). The majority of these units are provided relatively equally under Elderly Persons Housing (EPH) and the Elderly and Infirm Person's Housing Act (E & IPH) while almost 800 units have been made available to seniors through the Rural and Native Housing Program (Badiuk and Carter, 1988, Table 3.4). Seniors may be benefitting from other social housing programs such as the Special and Non-Profit housing programs but the exact number who benefit is unclear. Public non-profit housing has been developed under Section 56.1 NHA and Rural and

Native Housing is funded under Section 40 of the NHA. CMHC subsidizes the mortgage and the province subsidizes the tenants rent.

Assistance to the third sector in the form of capital and operating assistance for housing built under Section 56.1 NHA and ongoing grants for housing built under Manitoba's Elderly and Infirm Persons (E & IPH) Act and rent supplements. The assistance to the private non-profit sponsors features mostly rent subsidies of between 5% and 10%. E & IPH works with housing sponsors under Manitoba's E & IPH Act. Older non-profit projects are either privately financed or financed through Section 15.1 NHA.

The rent supplement program for those residents living in elderly non-profit housing is provided for through Section 44-1-b of the NHA Rent Supplement Agreements. In the United States, congregate housing often refers to a specific federal government program which provides "funds to local public housing agencies and some non-profit groups for meals and supportive services for their frail or impaired elderly, non-elderly handicapped or temporarily disabled residents in need of such services." (Goldblatt et al, 1986, p.6) A program like this does not exist in Canada although section 56.1 of the National Housing Act which is the current social housing program in Canada has developed a "similar shelter package for modest income elderly (Goldblatt et al, 1986, p.6).

The third housing assistance program for elderly is the Shelter Allowances and Tax Credit Program. SAFER (Shelter Allowance for Elderly Renters) helps to ensure senior citizens can afford adequate housing. Cash assistance is provided which will cover up to 90% of the eligible rent over 25% of their income. The property tax credit program works similarly in that it subsidizes costs but this time to homeowners. All elderly homeowners receive a minimum of \$325 credit. A maximum of \$625 is credited for lower income seniors. Elderly persons can also receive a school tax rebate under yet another tax program. Property tax credits will make remaining in one's own home more affordable.

The efficiency and effectiveness of some of these programs is questionable. The property tax credit program is a dubious expense to the Province as the credit is awarded on

a universal basis. All senior citizens, regardless of ability to pay, received the rebates. The rehabilitation programs are available only for emergency repairs and not necessary for an elderly person to renovate their home with special features that will allow them to remain in the home such as special design features or an accessory apartments. Moreover, although Gutman and Blackie (1986, p.117) maintain that "approximately 65-70% of rental households where the head is aged 65 or older are beneficiaries of social housing and shelter allowance programs", this proportion is quite high much due to the fact it specifies rental households. Of all senior citizens (including homeowners) approximately 87% do not access any portion of the system of service, care and housing programs for the elderly.

It is arguable as to how effective such programs have been in responding to an aging population aging within aging neighborhoods. The housing situation for older people is generally changing from an affordability problem to an availability-suitability problem. The main thrust of housing programs has been to alleviate the financial burden of housing. Older people choosing to age in place require more than just policy regarding the affordability of elderly housing. Accessibility, availability and appropriateness of the dwelling unit may be even more important given the recent changes in incomes, resources and lifestyles. Support services, land use regulation, neighborhood design and transportation all play very important roles in encouraging or discouraging people to remain in their own homes. Manitoba housing has not adopted any policy that might directly facilitate aging in place although they do suggest that they would tend to encourage the facilitation of support service delivery in their EPH projects but services clearly fall under the auspices of a different department, that being the Department of Health. Much of the problem with the provision of community-based residential living in Manitoba has been the dilemma of under whose responsibility these community living options fall. Housing needs the cooperation of Health and Social Services departments while Health and Social Services often view these residential options under the auspices of the Department of Housing.

There is a dire need for innovative approaches to utilizing the existing housing stock. With modern building technology, the majority of the housing that exists today will still be useful several decades from now. New construction is not necessarily the best and most efficient means of developing suitable housing for the elderly. Retro-fitting homes and apartments is a desirable alternative for some seniors. Excerpts from a Winnipeg Free Press article (1990) illustrate this point.

Determined not to leave the Grosvenor Avenue residence they'd called home for 50 years, the Robsons had their foyer remodelled to include a three-piece bathroom and turned their former ground floor den into a bedroom. Cost of their remodelling was about \$7,000 (p.29).

Longtime River Heights homeowner Bill Thomas, 67, took another route to remaining at home rather than moving into a retirement residence after his wife Evelyn had a stroke which limited her mobility. He had a \$7,000 chairlift wall elevator installed. Now his wife can get upstairs without worrying about falling or needing help when she is finally released from hospital...) (p.29).

The technology already exists that is necessary to retrofit a home for a frail older person. Changes like general housing and appliance design as well as features like electronic door openers and emergency alarms are all available now. The cost of these products and the uncertainty of seniors in renovating their homes are the main drawbacks to retrofit housing and other facilities.

A policy to facilitate the aging in place process would include programs to encourage home improvements and complete renovations to allow people to remain living where they are now. The fourth set of provincial programs are Housing Rehabilitation Programs. The Critical Home Repair Program is in the form of a grant to low-income homeowners for emergency repairs. CHRP (now EHRP) and CAIHRP focus on emergency repairs and do not cover the costs of renovating homes in order to be more physically accessible to their owners. RRAP provides assistance for structural, electrical, plumbing, heating and fire safety. It also has special provisions for alterations to accommodate the disabled but no policy exists that assists in actually retrofitting a home. A comprehensive policy should encourage the use of existing housing in existing

neighborhoods and would have to include resources to help elderly persons remain aware of the programs, the available products, and the recommended renovation businesses. The Manitoba Society of Seniors (1992) has recommended in their MSOS 1991 Position Paper that a "program of renovations and repairs to seniors own shelters that is congruent with the age and state of the resident, the building and the neighborhood and is less limited and speedier in action than at present" (p.6).

Another group that has become a significant influence on government policy in Manitoba is the Manitoba Society of Seniors. MSOS has been a powerful lobby group to the provincial governments. It is currently represented on a provincial housing advisory council that has been established in conjunction with CMHC (MSOS, 1992, p.6). Furthermore, "the Minister Responsible for Seniors has established a transportation committee whose members include representatives from the City of Winnipeg, Department of Urban Affairs, Age and Opportunity, Inc., Ethos, The Council on Aging, MSOS, Handi-Transit and the office of Services to Seniors" (MSOS, 1992, p.6). The purpose of this committee is to survey and assess current transportation services and seniors' needs and to make recommendations for the provision of affordable, accessible transportation services for seniors in Winnipeg. These recent advances in provincial attention to seniors issues are the result of the 1991 Position Paper that MSOS presented to the government.

An example of a somewhat more coordinated effort by a provincial government to satisfy the needs of seniors can be found in Ontario. Ontario has developed a strategic plan that outlines policy and program development for Ontario's seniors to the year 2001, entitled "A New Agenda" by Ontario's Minister for Senior Citizens' Affairs (CMHC, 1989B, p.17). This plan identifies five strategies: to improve the health and functional status of seniors; to keep the elderly living independently in the community; to enhance geriatric hospital care; to enhance institutional care for those who cannot continue to live independently, and; to introduce comprehensive planning and management of services at both the provincial and local levels.

In Ontario, as elsewhere, there has been an increased awareness of the importance of developing strategies to assist people to remain in their own homes in their own communities for as long as they so desire. "It is the mandate of various provincial ministries, including the Ministry of Health, Community and Social Services and Senior Citizens' Affairs to ensure that services provided to seniors are appropriate and effective in promoting their independence" (CMHC, 1989B, p.17-18).

Other innovative housing strategies to assist senior's to remain in their communities can be identified throughout Canada (CMHC, 1989B). Prince Edward Island's Housing Corporation and Department of Industry has developed a program called Helping Hands for Seniors. This is an annual summer project that employs students to provide free labour to seniors to undertake minor maintenance and painting of their homes. The senior must only provide materials, supervision and transportation if necessary.

The Nova Scotia Department of Housing makes loans available to homeowners to create an apartment for seniors who are related to the homeowner. The addition may be up to 550 square feet and the loan may be between \$1000 and \$15,000 at 6% interest with a repayment term of not more than ten years.

Ontario supports the concept of homesharing by providing a matching service for older people who wish to share their accommodation. There also seems to be somewhat more coordination in Saskatchewan among various groups and levels of government. A program of enriched housing has been developed that combines non-profit housing for senior citizens with support services from volunteers or other agencies.

Alberta provides grants to low income seniors in order to upgrade their homes through the Seniors Independence Living Program. British Columbia with its recent focus on the implementation of community-based health care and with a combined Minister of Social Services and Housing may lead the way in the provision of community-based living options for seniors.

Support service programs are generally delivered by provincial health and social service ministries with different names in different provinces. While there are provincial programs such as Home Care and Homemaking that "are delivered by the authorizing ministry, most federal and provincial programs are predominantly funding programs which provide financing to community-based, non-governmental, non-profit, voluntary groups to carry out local projects" (CMHC, 1989B, p.37).

Across Canada many programs have been established locally in order to meet the demands of older people living in the community. A long list of some of these initiatives is as follows: Visiting Nursing Services and Home Care Programs; Footcare Programs; Homemaking Services; Meals-on-Wheels; Wheels-to-Meals; Geriatric Mobile Units; Respite Care Programs; Special Transportation Services; Public Transportation; Library Services; Income Tax / Legal Aid; Day Care Services; Senior Citizen Centers; Outreach Programs; Postal Alert Program; Home Help Program; Friendly Visiting Programs; Counselling Seniors; Entertainment and Shopping Services for Seniors; Senior Citizens Councils; Senior Citizen Support Services Centers (CMHC, 1989B). CMHC (1989B, p.25) identifies the best practices that evolve out of public policy as being those innovative approaches "which integrate living arrangements, specialized services and facilities to enable the elderly to *age in place* in the community" (CMHC, 1989B, p.25). This is the key requirement that governments must pay heed to in developing effective policies that can respond to the needs of our aging population.

5.3 Municipal Directions in Winnipeg

The municipality holds the most potential for implementing policies that can address the specific needs of maturing neighborhoods. Given that federal and provincial reinforcements are in place, only municipal policies can react to local idiosyncrasies. Most of the community planning ultimately takes place at this level. Issues of transportation,

land use regulation, neighborhood design and many community services are all responsibilities of the municipal planning process.

At the level of the municipality, Plan Winnipeg proposes to improve upon the city's community services and facilities by providing a wide range of services and facilities, eliminating physical and communication barriers, encouraging barrier-free structures and facilities, providing transit services for the physically challenged, removing financial barriers, recognizing cultural characteristics, and addressing illiteracy (City of Winnipeg, 1992, pp 62-63: Policy 4C-01 through 4C-07). This range of policy statements can be construed to imply some positive direction for seniors as well as the general population.

Although the City of Winnipeg is not directly responsible for provisions of shelter the municipality can influence housing through the approval of new subdivisions and through zoning and building by-laws (City of Winnipeg, 1992, p.59). "While increasing home ownership and home repair serves the needs of individuals it can also help to stabilize and revitalize older neighborhoods" (City of Winnipeg, 1992, p.59).

4B-02 Encourage Home Ownership

The City shall encourage home ownership to promote neighborhood and personal stability by supporting innovative housing strategies which encourage home ownership for individuals and families on low or limited incomes. See also 5A-01, 5A-02.(p.60, Plan Winnipeg)

While these policy themes clearly encourage people to remain in their own homes, there has been no strategies offered to address the consequent issues that arise as people choose to age in place. This responsibility lies with the City government.

The municipality is in a position to play a vital role in directing community planning action within urban neighborhoods. Some of the policy in place may eventually serve to acknowledge some of the issues discussed within this thesis. Unfortunately, no specific strategies have been proposed and this step is fundamental to realizing any real changes in local community planning efforts. These planners have direct contact with the community and should have insights into the population compositions of the neighborhoods they serve. An understanding of transitions and the ability to pinpoint target areas for attention

to senior's issues is vital information for a number of professionals and organizations who attempt to address the specific needs of an older population. Furthermore these planners can be invaluable resources to the local community due to their particular field of expertise. The key is that planners must acknowledge our aging population, understand the needs of the elderly and maintain an awareness of these particular manifestations within urban neighborhoods.

The following discussion reveals five general directions that public policies must consider in order to effectively address the needs and demands of older people. These concepts will require some major changes in the underlying philosophies of several government departments at various levels. These changes are imperative as they preclude the successful implementation of the strategies suggested in Chapter Four that may improve transportation, neighborhood design and community living options for seniors. The five directions are: coordination and communication; neighborhood-based approaches; planning for change; a broad perspective of accessibility, and; action through community development and empowerment.

5.4 Coordination and Communication

Traditionally, the residential concerns of older people came under the auspices of provincial housing departments backed by the financial and research initiatives of CMHC. Health care for older people was the responsibility of provincial health departments. Alternatively, the needs and demands of the senior portion of the population (and the population as a whole) must be regarded in a much broader perspective. No one department or discipline can fully comprehend and react to such a unique set of environmental criteria. Education, health, social services and housing are the main players that must share the responsibility of accommodating an aging population in a progressive and dignified manner. Moving toward effective strategies to help people remain living in their own communities will require a great deal of cooperation, coordination and

communication among a variety of government departments, non-profit agencies, and private sector groups.

Politicians are responsible for their particular departments and, ideally, they should answer to the public in regard to the business of their particular portfolios. It becomes very convenient then to brush off issues as the responsibility of a different department. Because there is no *Department for Senior's Affairs* within the Manitoba government, many valid senior's issues and the strategies that may respond to those issues fall through the system. For example, supportive housing for seniors is a difficult initiative in this province because it is not strictly a housing problem as Health or Family Services would like to believe nor is it strictly a health concern. Projects that are out of the boundaries of responsibility of any one particular department can cause conflict and problems for the Minister responsible. The politics of this situation have pressured departments into clearly defining the limits of their actions. In this way, problems associated with demographically aging neighborhoods seem to fall into the hiatus that is created by these delimitations, in this case, somewhere between the Department of Housing and the Department of Health and Social Services.

Although the Department of Health is most concerned with senior's issues, they do not consider the 'built' environment or the physical design issues. The delineation of the boundaries of responsibility will continue to inhibit effective and efficient program initiatives. For the Ministers, it is politically safer to clearly define their realm of responsibility. The predominant question that arises to this point is: under which department should issues of maturing urban neighborhoods fall? It clearly encompasses aspects of housing, health, transportation, municipal regulation and social services and this is probably one reason why the Interagency Committee on Services for Seniors was developed.

Manitoba created (in 1983) an Interagency Committee on Support Services for the Elderly. Within the Department of Health the committee is made up of representatives from Health, Housing, Transportation, Family Services and the federal New Horizons Program.

They do have the capacity to initiate projects (in 1989/90 they had a budget of \$1.2 million) but the concept is to encourage community initiative. They acknowledge the need for government involvement but also the need for private initiative. The program is intended to complement the Home Care program through the provision of 'services' to the elderly (whereas homecare provides 'care' for the elderly). Only 31 of the 141 Interagency Committee projects have been in Winnipeg. This seems contradictory given that the majority of seniors (55%) live in Winnipeg. It appears that the urban areas have not picked up on the services offered by the committee to the extent of the rural areas. This committee would be one likely group to assist in helping people to age in place if only because they have representation from the major relevant government departments. This committee cannot deal with all of the widespread effects of aging in place.

The provision of services to elderly persons is an important component of a policy that will respond to the demographics but the senior citizen's whole environment is vital to the process. In this respect one department must play a key role in initiating effective policies and strategies not only specifically within the physical housing unit and neighborhood but also by integrating these objectives with the goals of other departments such as Health and Social Services.

A gap does currently exist between housing and the provision of services to the elderly. Issues of the environmental needs of older people in the community fall under the auspices of several departments and levels of government. Housing requires large capital costs and therefore can often be less responsive to local demographic changes, particularly at the level of the neighborhood. Support services and health are often in a position to respond more immediately if they are aware of local neighborhood transitions. Manitoba Housing programs and Health programs are too limited in scope. Some of the tools are in place but there is no cohesion among them and any action toward greater community living options for older people is, at best, on an ad hoc basis. For example, congregate housing

and the Abbeyfield Concept (enriched housing) are two residential options that clearly integrate housing and social services.

There is a clear lack of integration and cooperation among government departments in Manitoba. The Department of Housing and the Department of Health appear to be the two main players in developing a policy to assist older people to remain in their own communities in their own homes but a coordinated, comprehensive policy must include all aspects of housing, health, transportation, services and design. Although the Interagency Committee on Service for Seniors presently exists it seems possible that a larger umbrella agency is necessary to coordinate all aspects of our aging population - which encompasses virtually all senior's issues. The Manitoba Senior's Directorate is to act in an advocacy role for senior citizens and an advisory role to the government yet the Directorate's actions do not appear to be of any avail in terms of assisting in this coordination. In fact the Directorate is not in a position to play an advocate role for seniors to government due to the political characteristics which bind them.

Education is another provincial department that can be a valuable part of a coordinated effort aimed at planning for an aging population. On one hand, if education becomes accepted as a life long process rather than a narrowly-based institution for young people attending Kindergarten through Grade Twelve, then older people can contribute and benefit from the educational infrastructure.

Provincial Health departments across the country are currently moving toward more community-based health care initiatives. If the term 'health' is to be defined as a more all-encompassing subject than just hospitals, doctors and nurses, and the concept of Healthy Communities should imply such a holistic definition, then Departments of Health could be in a position to tackle senior's issues more effectively. Surely a community can only be 'healthy' when all of its residents enjoy a comfortable and accessible environment and can exercise a full range of choice within their own immediate community. The creation of strategies under the auspices of Health must include philosophies of community

development in order to become effective and sustainable within local areas. The City of Winnipeg (1992) "almost" makes a statement in this regard in the 1992 Plan Winnipeg Review Draft: "Elderly people may need support services to help maintain a healthier life in their familiar surroundings" (p.14).

There must be a coordination of initiative and an integrated service system must be provided. "Ontario, for example, is encouraging the possibility of introducing a "One Stop Access Program". Under this program, through one point of contact: individual seniors' health and service needs would be assessed; individual service plans developed; delivery of necessary services arranged; and services would be monitored to meet the individual's changing needs" (CMHC, 1989B, p.40). In Manitoba Continuing Care is that coordinating body for long term care services to seniors but the department does not deal with the full range of services, resources and support that seniors require. Furthermore, they only deal with frail seniors who access the health care system.

One of the major drawbacks of the current institutional arrangements is that the funding is available from senior levels of government but the implementation of services that will benefit seniors is dependent on local initiatives. "While there may be many individual volunteers at the community level, there is often an absence of a central agency or organization to coordinate their efforts" (CMHC, 1989B, p.41).

There has been a move toward cooperation and facilitation of the private sector and non-profit agencies within most government departments. Government cannot compete with the ideas, commitment and compassion of non-profit agencies together with their access to available land and capital that make their projects more successful. Non-profit agencies tend to stretch the government's system and guidelines and this may be seen as quite positive in view of the outcomes. Furthermore, governments themselves, particularly in the field of housing provision are attempting to make a clear break from financially supporting large capital projects. This leaves a much larger market open to non-government initiative.

A third area where coordination and communication is necessary is among the public and private sectors. As the population ages, private interests will respond to the demands of a population within a different set of characteristics. Joint public and private involvement may initiate some of the most innovative community living strategies. With information regarding innovative technologies and demographic awareness, and progressive policy and zoning practices, private firms are likely to be quick to respond to the aging population and their demands.

5.5 A Neighborhood-based Approach

Macro-level policies cannot adequately address the needs of an extremely diverse population. Specific demands can only be met within a geographic area small enough so as to foster and benefit from the personal and informal social network within its boundaries. With the relative homogeneity of neighborhoods due to lifecycle transitions and class and cultural concentrations, it makes sense to consider the implementation of programs within urban neighborhoods. A neighborhood-based approach can react more quickly to local changes and can be more proactive in anticipating the needs of the local community. Moreover, "other things being equal, neighborhood satisfaction makes an important contribution to quality of life and is thus a critical policy goal" (Rosow, 1961, p.128).

Many neighborhoods already have a variety of organizations, infrastructure and resources including the elementary school, neighborhood watch organizations, a community center and sometimes a community resident association. This existing social organization and physical infrastructure could be easily adapted to provide more awareness and greater accessibility for neighborhood residents, with particular potential for older people within the local community.

Governments, too, are recognizing the benefits of a neighborhood-based approach to service delivery in order to better coordinate services and programs that are developed and administered by other agencies and levels of government (see, for example, City of

Winnipeg, 1992, p.56). With the relinquished control of some service delivery systems, not only can services respond more accurately to specific local needs but the delivery system can become more effective and efficient. Although this type of approach is often advocated at the level of general policies the reality, so far, is that the implementation of a neighborhood-based service delivery system is non-existent. Large, central agencies continue to attempt to assess the needs of smaller areas and offer appropriate services and support. This has been quite ineffective.

It has been discussed that the vast majority of older people wish to remain in their own homes after retirement and furthermore government policy is clearly encouraging home ownership and neighborhood commitment and stability. Therefore it should be no surprise that at some point, older people continuing to age within their own homes will require extra support to remain where they have not only chosen to live but also have been encouraged to stay. In response to these choices and anticipating similar choices in the future, home support programs will become increasingly important and the immediate delivery system will be most effective if it is a coordinated effort from within the neighborhood. As discussed in Chapter Three, the geographic area of daily activity commonly decreases as one ages beyond retirement. With a smaller *home space* (Stea) or *surveillance zone* (Rowles) a move to local services and support systems makes sense.

CMHC (1989B, p.25) lists a variety of services that are offered through Home Care Programs in different areas throughout Canada: visiting nurse services, physiotherapy, occupational therapy, speech therapy, medical-social work services, nutritional counselling, visiting homemaker services, drugs, dressings and medical supplies, diagnostic laboratory services, hospital and sick room equipment, transportation and meals-on-wheels. There is evidence to suggest that the costs of services provided in the senior's home under home support programs are significantly lower than if the person were in an institution (CMHC, 1989B, p.25). Other areas in Canada offer a program of hospital care at home that assists people to continue living independently with a variety of

community-based health care services available. These may be offered via local delivery service units strategically located within the community. Services can include: dietary, respiratory, nursing, occupational therapy, physiotherapy, provision of assistive devices, meals and homemaking services.

Not only should these home support services be available locally but there should be a full continuum of care available within each community to allow older people a full range of choice in regard to their residential and service needs. In this way, seniors can choose any one of a range of accommodation options from living independently to living with some support and even an institutional-type arrangement if absolutely necessary.

The Regional Municipality of Niagara, Ontario, which is one of the few municipalities in Canada with a department dedicated solely to providing services for older people, is perhaps the most progressive municipality in developing and implementing a program that offers a continuum of care within a community. This program uses a multi-campus model, in which facilities, administratively linked, are strategically located within the community. The municipality operates six long-term care facilities which provide a wide range of service and program options for both residents and seniors living independently in the community. Depending on the individual needs, services are delivered at home, or seniors are transported to the facilities where they receive services. Other facilities such as private and non-profit nursing homes, retirement homes and some hospitals form part of the network that provides services to seniors (CMHC, 1989B, p.27).

Although the Niagara model exists at the municipal level, a smaller scale but similar approach to this type of system at a neighborhood level would serve a dynamic and diverse population very well. A locally delivered system of home support services would help a significant number of older people remain living comfortably in their own home. Other community living options which must be made available within maturing neighborhoods can include accessory apartments, garden suites and the coordination of home sharing arrangements. Beyond this level of independence, enriched housing environments could also be available locally. Recommendation number six of MSOS 1991 Position Paper remains, apparently, unanswered: that "the provincial government provide the leadership to parties interested in the opening of licensed guest and foster home, congregate housing and the Abbeyfield concept" (MSOS, 1992, p.6).

Should enriched or supportive housing be a multi-level, multi-service facility, the stress which may arise from necessary relocation is minimized, couples and friends can remain in close proximity. Furthermore if this housing option is available at a smaller scale within neighborhoods many personal contacts can be maintained. Economies of scale (both capital and operating) should occur for both basic and specialized services particularly when the amenities of this type of project be shared with the surrounding neighborhood. These facilities must remain as small scale as possible and must be available in and close to older people's own neighborhoods. There must be government encouragement to assist non-profit agencies and the private sector to answer the need for these community living options in many suburban neighborhoods.

5.6 Planning for Change

The predominant lesson that must be taken from these explorations is that change is inevitable and we must build environments that accommodate these transitions. A *static* approach to *planning* not only serves as an interesting oxymoron but is also too often the reality of many of our actions. It is demonstrated in Chapter Three that ecological changes do occur within urban neighborhoods. Keeping this in mind, neighborhoods and their services must be designed to 'fit' a variety of people, particularly at various stages of the human lifecycle. Strategies that demand a built in future for all public buildings and that encourage universal design methods so buildings and public environments are barrier-free to everyone would be a significant step toward ensuring accessibility (in the broadest sense of the word) within all residential environments.

In Denmark, the government has implemented a *built in future* policy. Using the building codes as a method of enforcement, every building must have an alternate use (Raschko, 1988). This is an innovative method of planning for the future. Winnipeg is now facing problems that would have been less likely to occur had a policy such as this been in effect. The St. James / Assiniboine School Division offers a good example. When

these schools were built the community was young and had a large population of school age children. The population has now aged and not only are there fewer young families in the neighborhood but the proportion of school age children in our population is declining (Institute of Urban Studies, 1988). Had the schools been subject to a built-in-future, they may not be without use. Although there may be appropriate uses for them at this time (like resource centers) the costs of renovating (or retrofitting) may be inhibitive.

Another policy that is beginning to gain popularity in Sweden and Denmark is one of creating *dwelling for everyone* (Raschko, 1988). Through this type of policy, design guidelines are set on individual house construction that contain particular requirements that will make the home suitable for a variety of residents including young single adults, couples, families and senior citizens. One study shows that although seniors have difficulty adapting to and enjoying a home built for younger persons, young people find specially designed senior's residences particularly attractive. This would have particular relevance to a *dwelling for everyone* policy (Brink, 1988). Another example of a societal change in attitude is the approach to housing the elderly in Sweden. Beginning to look at a handicap as an environmental feature rather than a person's condition and then to concentrate on adapting the environment to the person instead of the person to the environment is one example of how the government is affecting changes.

The research and development of these guidelines would be of particular interest to the private sector as a dwelling for everyone home would surely be desirable with its increased marketability. It would be beneficial for the public sector to implement such guidelines in policy form. Should there be a decline in the senior's population, the public units would still appeal to another group of individuals.

5.7 A Broad Perspective of Accessibility

Accessibility must be considered in the broadest sense of the word. Communities and their services must be accessible to everyone regardless of their physical abilities, ability to pay, language, choice of living arrangement or availability of service systems and information acquisition. "Barrier Free Access" refers to the removal of any physical barriers to movement but while this policy initiative is commendable, it does not address the full range of issues that determine the relative accessibility an older person experiences within his/her home and neighborhood. For example, even the most physically and financially accessible support service is not at all accessible by an older person who is not aware of its existence.

Too often policy responses view the needs of seniors and the needs of disabled people as one in the same. As was demonstrated in Chapter Two, the physical, psychological and social needs of older people have very little to do with the accessibility problems of "disabled people". This generalization is a far too common mistake by those responsible for planning environments for people. Even Plan Winnipeg's response to the demographic changes, specifically the increasing aging population, refers to the implementation of barrier-free access to compensate for people's physical disabilities.

Because disability is defined in terms of limitation to an individual's activity resulting from a health condition, it is not surprising that the disability rate increases with age. As the proportion of Winnipeg's elderly population increases over the next few decades greater attention must be addressed to accommodating people with disabilities (City of Winnipeg, 1992, p.57).

While this statement may be valid to some extent, it is necessary to understand the needs of elderly citizens in much broader terms. Physical disabilities are only a part of a full range of specific needs that must be considered. The social, psychological and physical needs of an older population are all vital components of an effective policy initiative.

Many general policies mistakenly interpret the accessibility needs of older people in terms of physical access only. The MSOS 1991 Position Paper (1992, p.6) encourages barrier free design in all new facilities as well as the encouragement of owners and

operators of older facilities to renovate to barrier-free devices. Although barrier-free design is imperative it is only one aspect of full accessibility. As a policy statement Plan Winnipeg is guilty of this sort of narrow perspective. Plan Winnipeg eludes to "physical and communication barriers" as those that must be addressed through a concept of barrier-free design. Moreover, "barrier-free design that recognizes the needs of the disabled for mobility, access, and communication is a particularly important consideration in the provision of facilities and services intended for public use" (City of Winnipeg, 1992, p.62). Again the disabled have been referred to as the beneficiaries of these improvements in accessibility. The problems that older people experience with accessibility are not addressed.

In another attempt to alleviate problems with accessibility, Plan Winnipeg (City of Winnipeg, 1992, p.92) states that the city is "committing to transit system improvements to the Downtown, in other areas of concentrated employment and along major radial regional street system." This policy of improved accessibility may answer the needs of working people but will not make destinations such as friends, support services, hospitals and recreation more accessible to those older and retired people who would prefer to use public transportation. This policy will not respond to the needs of an increasing number of people who are aging in suburban neighborhoods.

As well as encouraging barrier-free access in the design of urban transportation facilities for the physically challenged, the City of Winnipeg (City of Winnipeg, 1992, p.94: Policy 5C-07) proposes to continue providing a transportation service that functions as a "parallel" system to the regular public transit system for persons who cannot use the regular public transit system because of their physical disabilities. At this time, neither the regular transit nor the subsidiary Handi-transit system adequately meet the needs of the elderly. Ideally, a new and innovative subsidiary transportation system must be considered to respond to the particular demands of an older population.

Information is often the key to accessing necessary service systems. At this time in Winnipeg, the dissemination of information is often provided at a municipal level, or at best, at a regional level like as hospitals are located within the health care system. It is suggested that these information centers should be provided on a more local basis. No senior should feel inhibited to acquiring the information they need. With questions regarding rent supplement programs, minor health care concerns, or general lifestyle concerns, it would be more appropriate if older people could access the information on a personal level within their own neighborhood community.

5.8 Action through Community Development and Empowerment

All of the previous ideas are constructive but they cannot be effective and responsive unless seniors themselves are involved in their formulation. Seniors know what they need and know what they want and therefore must be an integral part of any strategy that proposes to create more suitable neighborhood environments for our aging population.

Empowerment is a vital concept in planning for an aging population for two main reasons. First, many older people begin to feel a loss of self worth, and therefore disempowerment, as they retire from work, live their lives closer to home and experience a diminished social network of people. Second, the needs and desires of this older population cannot be assumed by the younger population that is now formulating policies and programs. Creating an environment that fosters empowerment in older Canadians (as well as others) precludes our creating environments that 'fit' these same older people.

Generally speaking, empowerment is enhancing people's ability to control their own lives. This power comes from within a person rather than the traditional power over people that exists in our society. Nozick (1987) describes empowerment as "power within ourselves - a power qualitatively different than the power over other currently expressed by our system of hierarchy and domination, a power that has the potential to transform and

humanize our daily lives" (p.107). Therefore one cannot give someone else power, the power must be taken. The goal is, then, to help people discover and release the power that is already inside them. Empowerment precludes the ability and responsibility to make choices. Providing policies and programs to serve an older population will not be effective unless those older people become a part of the process of integrating the strategies into local neighborhoods and communities.

Ultimately, in order for change to be real and effective, new ideas must not only be implemented but then must become fully ingrained within the community. Many of the strategies and philosophies of community development (see Nazewich, 1990) define the direction policies must take in order to see successful programs within urban neighborhoods. In responding to the issues developed in Chapter Four a genuine commitment to appropriate strategies requires an understanding, acceptance and involvement by the whole community. This is the most difficult planning task. It has been argued that the general implementation of those systems necessary to ensure community living options for older people must be neighborhood-based. Furthermore, there must be a process of community building. This can lead to community empowerment. Interestingly, Nozick (1988, p.107) sees the neighborhood as a good place to begin building community power. This coincides nicely with the identification of the neighborhood as that level at which community planning issues that affect seniors should be addressed.

A key ingredient of a strategy of community development is the empowerment of neighborhood residents. Nozick (1988) outlines four tools for developing a local power base: community organizing; citizen participation; the reallocation of local resources, and; the building of community pride (p.105). In these times of fiscal restraint, public money must be invested wisely to serve our population. Redundant programming and services cannot be tolerated. Leadership and coordination at the neighborhood level are imperative in the process of empowering communities to affect change.

One of the most promising policy solutions in creating environments more suitable to resident populations is to develop situations in policies and programs that fosters a transfer of power and decision-making to local community members. This, of course, requires significant changes in attitude by our society. The empowerment of the neighborhood community necessitates the creation of neighborhood organizations. This is not a new idea. Kotler (1969) identifies

The best form of neighborhood organization is the corporate organization of a neighborhood territory, chartered by the state and legally constituted for governing public authorities in the neighborhood. We call this form of organization the neighborhood corporation (p.44).

Many rural areas in Manitoba have created organizations similar to this called Community Development Corporations and this may work within urban neighborhoods as well.

In the newest draft of Plan Winnipeg (City of Winnipeg, 1992), the City of Winnipeg hints at a Neighborhood Management scheme (p.75). This has the potential of being similar to Kotler's idea of the neighborhood corporation. Now that the concept has been formally addressed it is crucial that it is specifically defined and strategies are put in place for its implementation. Not only will this scheme better answer to the needs of the entire population, it is the kind of political and organizational structure that will allow, facilitate and encourage the development of an array of community living options for older people.

This type of approach is most effective because it deals with problems and solutions starting from the grass roots. Unfortunately, there remains some distance between rhetoric and practice. The biggest obstacle to successes through a strategy of community development is the attitudes of many people. An example of a more progressive attitude that has benefitted their aging population is that of Sweden's policy makers (Raschko, 1988). Sweden has also adopted five principles to guide housing developments: normalization; holism; self-determination; influence and participation, and; properly managed activation. These principles differ greatly from the North American ideas of efficiency, specialization, government control and its high degree of institutionalization.

Only about 2% of senior's are in personal care homes in Scandinavia (Brink, 1988) whereas in Manitoba this proportion is around 5.5% and the Canadian average is over 6%. Responding to aging urban neighborhoods will require attitudinal changes such as these in order to guide the appropriate policies (Brink, 1988).

5.9 Some Strategies for Community Living

The following is a small collection of ideas that serve to demonstrate positive directions in which to move forward. These are not comprehensive strategies but general concepts that can be the result of a coordinated, locally-based approach to providing environments that respond to the needs of a changing population. These notions would prove to be particularly effective in facilitating community living options for older people.

Healthy Communities. The relatively recent Healthy Communities movement links the the Planning and Health Care disciplines. The philosophy behind Healthy Communities is based on a holistic definition of health. In this case *health* can encompass a variety of issues toward improving one's general quality of life.

A community-based health care initiative would better serve the needs of older people and make community living a much more viable residential option. Many of the issues that directly concern seniors have been addressed on a piecemeal basis by a variety of health care and housing professionals. A coordinated neighborhood-based effort to reach out to older people would prove much more responsive to local needs and possibly more cost-effective in the long run as communities could begin to address many of their own needs. The opportunity for choice and change within the home range could be vital to the health and well-being of older individuals (Gelwicks, 1970, p.155).

The Neighborhood School. It has already been demonstrated in Chapter Three that urban neighborhoods experience ecological changes through demographic transitions. One manifestation of these changes within communities is often a decline in the number of school age children as there is an increase in the number of seniors. This, unfortunately,

often results in school closures and, in the worst cases, abandoned and demolished buildings. With an underlying philosophy of *education as a lifelong process*, the Department of Education and local school boards may begin to see the potential of offering their facilities in a coordinated effort to improve the quality of life for many people who are aging in these neighborhoods.

Elementary schools are the one neighborhood-based facility that has been designed to be located within comfortable walking distance of the surrounding residences. This distance was such that young children could walk to school and back safely and over a minimal distance. The elementary school building and property offers great potential for a community that desires to plan for everyone particularly as our population ages. Elementary schools can be an excellent neighborhood resource as they have the potential of acting as small service centers to the surrounding neighborhood. Even the Draft of the 1992 Plan Winnipeg Review eludes to creating a role for a 'neighborhood school' (City of Winnipeg, 1992, pp 64-65: policies 4D-02, 4D-06 and 4D-07). The school as a multi-use facility (Department of City Planning, 1990) offers tremendous potential for older community residents searching for a local, fully accessible service and support system. A neighborhood health center staffed by a community nurse and an administrative person could act as an information, referral and resource center. A neighborhood transportation service could be based out of this facility as well as a small coffee shop and corner grocery store. There have even been successes where congregate senior's housing have been built adjacent to an elementary school (CMHC, 1988).

The Regional Shopping Center. With the changing economy and its effects on the retail sector in particular, large regional shopping centers are finding it difficult to eliminate vacant space. Should it appear this trend will not reverse itself, these regional shopping centers offer excellent potential to better accommodate an aging population. These centers are well served by public transportation, even feeder routes, and they are located in suburban areas where the future seniors will reside. Furthermore, many seniors have

already begun to use these centers as a multi-use facility of sorts by participating in morning walking programs that are coordinated at most shopping malls. As these facilities already attract a significant number of older people due to their accessibility and convenience in relation to their suburban homes, the safety they can enjoy, and the retail outlets the malls offer, it seems reasonable to consider these centers as regional service facilities. As particular areas of the city experience an older population, more social, recreational and supportive services can be incorporated into regional shopping centers. Also these facilities are located on relatively large tracts of land which have potential for some expansion.

In criteria for new development (City of Winnipeg, 1992, p.78), Plan Winnipeg supports allowing mixed land uses. Both the concept of a 'neighborhood school' and a more diversified use of regional shopping centers may require this type of flexible land use regulation.

Community Organization. Some form of neighborhood organization is necessary to coordinate and initiate support and services to local seniors. The Neighborhood Management approach has already been discussed. On a more informal basis, a community group could organize and educate themselves on the particular needs of older neighbors. Neighborhood Watch groups meet regularly and have a mandate of keeping an eye out in their neighborhood for actions that might jeopardize the safety of the community and its residents. These neighborhood safety associations that have developed as grass roots organizations often work with programs including Neighborhood Watch, Block Parents, Child Find, and Neighborhood Revitalization. Some form of program that helps out neighborhood seniors would fit well into this organization and would be no more work for the neighborhood committee members than the original Neighborhood Watch. This type of an informal support network can be most effective in making seniors more comfortable and secure and alleviating loneliness they may experience as their usable environments and their social networks decline.

The purpose of these four concepts is to offer specific directions as to where we might begin affecting changes today that will respond to our aging Canadian population as well as many other demographic changes we may experience in the future. The bigger obstacles to overcome are the attitudes entrenched in our society. Some of the areas for attitudinal change which are implied throughout this exploration include:

1. Seniors must become a part of the planning, servicing and design process in order for strategies to conform to their needs.
2. Society must move from a philosophy of making people 'fit' the environment to a strategy of making the environment 'fit' the people.
3. Governments must foster concepts of a) coordination and combined actions among departments and b) empowering the community to define their own set of needs and solutions.
4. All involved professionals must be aware of the importance of understanding the design and service needs of older people. Older people make up a unique yet extremely diverse population. They are not the same population as disabled people, or institutionalized people.
5. Society must pay serious heed to the value of neighborhood and the human social systems that *can* and *should* be an inherent part of every community.

Policies of a built in future and dwellings for everyone may be key ideas in this process. There must be a coordination and integration of relevant aging in place policies particularly housing and the provision of services among different government departments. This may be the answer to filling the 'gap' in the system. Housing options such as enriched and sheltered housing are probably a few years away but policy innovations implemented today will facilitate the activation of these options when the demand arises.

Laissez-faire government policy cannot be effective in addressing these issues. A policy to facilitate and even encourage older people to remain in their own homes and communities is desirable in order to offer maximum freedom of choice in living arrangements as one ages. Several Federal Housing programs for seniors may hint at the

appropriate housing and support service options but they are only the tip of the iceberg. Much more comprehensive and coordinated policy initiatives are necessary in order to provide the desired range of senior's accommodation and services and to provide direction to many of the initiatives currently underway in Manitoba.

Community living options must be available to the elderly and seniors must be encouraged to participate in the formulation of these goals and objectives. Without this kind of consideration governments will face similar problems time and again as the different generations approach retirement. Enabling older people to choose to remain in their own homes can simplify some of the problems associated with the construction of elderly persons housing. The aging population cannot be ignored within urban neighborhoods.

Decisions for the future cannot be made only in regards to today's needs, priorities and resources. Rather, consideration of future events and population preferences must define buildings and environments. Otherwise serious problems will continue to characterize neighborhoods. Flexibility must be incorporated into programs and policies so that future situations might be easily adapted. Planners and policy makers must be careful of the values and motive that they use to define objectively the adequacy of older people's residential environments.

CHAPTER SIX

CONCLUDING STATEMENT

"It is vital that planners grasp the essential features of the Senior's Surge and offer leadership in shaping the environment for our elders, just as an earlier generation of planners did in response to the Baby Boom" (Hodge, 1990. p.1)

This thesis has moved from a relatively narrow description of Canada's aging population and some of the general characteristics and demands we can expect from an older population to some broad generalities concerning a move toward greater coordination and communication, a neighborhood-based approach to service delivery and the provision of accessible environments for everyone. The message is that community planners do indeed have a significant role to play in accommodating Canada's aging population.

With an aging population in our midst, it is reasonable that the demographics will have serious implications for the activities of community planners. If demographic transitions are better understood by planners then local population changes can be roughly predicted and a proactive approach to addressing the needs of an aging population can begin. There must be a move away from *managing the status quo* to a greater emphasis on *planning for change*. "The alternative to planning for population aging is to acquiesce to our fears, thereby producing a self-fulfilling prophecy that population aging cannot be accommodated" (McDaniel, 1986, p.67). With an awareness of the characteristics of Canada's aging population and the involvement of seniors themselves, community planners can help to create environments that are conducive to the physical, social and psychological needs of the elderly.

In particular, we, as planners, must pay attention to the manifestations these changing demographics produce within urban neighborhoods. The local environment is

particularly vital to the general well-being of older people. Therefore the approach must be locally based in the community and older people must be involved in these plans for the environment. Not only are different neighborhoods experiencing resident populations at different stages of the human life cycle and therefore requiring slightly different modifications but service delivery can only be effective on a smaller scale and a more personal level. Thus, resources for seniors can be targeted to those communities where seniors live. Moreover, community-based initiatives can also serve to encourage more seniors to participate in the planning process. A planner of a younger generation cannot fully comprehend the full range of needs seniors require from their environment. Much of the urban planning of the past and present has catered to young families with children. Not only has the definition of family changed over the last few decades but an increasing number of family units are comprised of older people.

Seniors clearly wish to remain in their own homes in their own neighborhoods for as long as possible. A greater variety of community-living options can be available to older people should there be a coordinated effort by transportation planners, social planners, urban designers and land use planners. This is not strictly a issue of *housing for the elderly*. It is a demographic phenomenon that requires consideration and coordination among a full range of professionals as well as the general community. With a move to a more community-based health care and social service system, many services could become available to assist the frail elderly to remain in the community but this support system is only truly *available* if it is accessible via citizen awareness, affordability and suitable transportation.

There is much opportunity for planners to affect change. It is the nature of the profession to coordinate, facilitate, act as a resource to the community and to consider both the physical surroundings and the social concerns within neighborhoods. Not only are the issues that have been outlined relevant to community planners in their everyday planning activities but community planners may also be in a position to play a significant role in

coordinating and facilitating much of the change that is required within maturing neighborhoods. Very few professions find themselves in this situation. For example, architects deal predominantly with the built environment while gerontologists are most often concerned with the health and social welfare of older people. Although professionals from many other fields are directly involved in providing a variety of services, infrastructure and support systems to older people, the community planner can also work toward bringing these fields together in order to adequately and efficiently address the real needs of older people within specific areas of the city that are currently experiencing an aging sub-population. Moreover, community planners must consider this broad range of issues in order to create environments that continue to *fit* residents over time.

BIBLIOGRAPHY

Altholz, J., "Fostering Autonomy in Living Environments: A Psychosocial Perspective", Journal of Housing for the Elderly, vol.2, no.1, 1988, pp 67-81.

Anderson, E., A. Chen and R. Hula, "Housing Strategies for the Elderly: Beyond the Ecological Model", Journal of Housing for the Elderly, vol.2, 1985, pp 47-59.

Andreae, A., Senior Citizen's Housing: Locational Considerations and Social Implications, Major Report No.14, Centre for Urban and Community Studies, University of Toronto, 1978.

Archea, John C., "Environmental Factors Associated with Stair Accidents by the Elderly", Clinics in Geriatric Medicine, Vol. 1, No. 3, August, 1985, pp. 555-568.

Arie, T., "The Future of the Elderly", Journal of American Geriatrics, vol.29 (12), pp 557-562.

Atchley, R., The Social Factors in Later Life, Third Edition, Wadsworth Publishing Company, California, 1980.

Audain M., Beyond Shelter, Canadian Council on Social Development, Ottawa, 1976.

Badiuk, Eileen and Tom Carter, Rental Housing in Rural Manitoba: Current Issues and Future Prospects, Institute of Urban Studies, University of Winnipeg, Research and Working Papers, No. 34, 1988.

Baker, Maureen, Aging in Canadian Society: A Survey, McGraw-Hill Ryerson Limited, Ottawa, 1988.

Baldwin, Patricia, "Homesharing in Canada: An Appealing Housing Alternative for the Elderly or a Troublesome Myth?", Plan Canada, Vol 30, No.4, July, 1990, pp 29-33.

Beland, F., "Living Arrangement Preferences Among Elderly People", Gerontologist, vol.27 (6) 1987, pp 797-803.

Birch, David L. et al, U.S. Department of Housing and Development, The Behavioural Foundations of Neighborhood Change, 1979.

Birdsall, Stephen S., "Planning Urban Service Locations for the Elderly", in Location and Environment of Elderly Population, Stephen M. Golant, V.H. Winston and Sons, Washington, DC, 1979, pp 173-180.

Blackie, Norman K., "Alternative Housing and Living Arrangements for Independent Living", Journal of Housing for the Elderly, Vol. 1, No. 1, 1983, pp 77-83.

Boles, Daralice D., "P/A Inquiry: Aging in Place in the 1990s", Progressive Architecture, Vol.70, November, 1989, pp 84-91.

Bourne, Larry S., The Geography of Housing, V.H. Winston & Sons, 1981.

Brink, Satya, "Housing Elderly People in Canada: Working Towards a Continuum of Housing Choices Appropriate to their Needs" in Gutman, Gloria and Norman Blackie (eds), Innovations in Housing and Living Arrangements for Seniors, The Gerontology Research Center, SFU, BC, 1985.

Brody, E. M., "Community Housing for the Elderly - The Program, the People, the Decision-Making Process and the Research", Gerontologist, vol.18 (2) 1978, pp 121-128.

Brotman, Herman B., "Every Tenth American: The "Problem" of Aging", in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976.

Byerts, T. et al, Environmental Context of Aging: Lifestyles, Environmental Quality, and Living Arrangements, Garland Publishing, Inc., New York, 1979.

Canadian Housing and Renewal Association, Canadian Housing Update, March 2, 1992.

Canadian Housing Design Council, Conference: Where will we live?" - Housing Alternatives for Senior Citizens, October, 1983.

Carp, Frances M., "Urban Life Style and Life-Cycle Factors, in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976..

Carstens, Diane Y., Site Planning and Design for the Elderly: Issues, Guidelines and Alternatives, Van Nostrand Reinhold Company, New York, 1985.

Chappell, N. and M. Penning, "The Trend Away from Institutionalization - Humanism or Economic Efficiency", Research on Aging, vol 1 (3), 1979, pp 361-387.

Chappell, N., About Canada: The Aging of the Canadian Population, Canadian Studies Directorate, Minister of Supply and Services Canada, 1990.

Chappell, N., "Social Policy and the Elderly" in Aging in Canada: Social Perspectives, Victor W. Marshall (ed.), Fitzhenry and Whiteside, Ontario, 1980.

City of Winnipeg, Plan Winnipeg: Toward 2010, Draft, February 13, 1992.

Clifford, W., T. Heaton, G. Fuguitt, "Residential Mobility and Living Arrangements Among the Elderly: Changing Patterns in Metropolitan and Nonmetropolitan Areas", International Journal on Aging and Human Development, vol.14 (2) 1982, pp 139-156.

CMHC, Housing Choices for Older Canadians, 1988A.

CMHC, Housing for Elderly People: Design Guidelines, 1987.

CMHC, Housing for Older Canadians: New Financial and Tenure Options, 1988C.

CMHC, Innovations in Housing for Seniors, CMHC Housing Awards 1988, Public Affairs Center, 1989A.

CMHC, Options: Housing for Older Canadians: Conference Proceedings, Halifax, Nova Scotia, October 17-20, 1988B.

CMHC, Urban Impacts of Socio-Demographic Change in Canada, Spring, 1989B.

Connidis, I., "Living Arrangement Choices of Older Residents: Assiessing Quantitative Results with Qualitative Data", Canadian Journal of Sociology, vol.8, 1983, pp 359-375.

Corke, Susan, Gregory S. Romanick, Michael Lazarowich, and Joan Simon, Granny Flats: A Housing Option for the Elderly, Report No. 30, Institute of Urban Studies, 1986.

Corke, Susan, "Provincial Housing and Shelter Support Programs for the Elderly: Ontario", Aging in Place: Housing Adaptations and Options for Remaining in the Community, Gloria Gutman and Norman Blackie (eds), The Gerontology Research Centre, SFU, BC, 1986.

Creighton, Judy, "Study finds high buildings, lack of clear, safe sidewalks irk aged", Winnipeg Free Press, December 12, 1990, p.34.

Czaja, Sara J., "Safety and Security of the Elderly: Implications for Smart House Design", International Journal of Technology and Aging, Vol. 1, No. 1, Spring/Summer 1988, pp 49-66.

Dafoe, Ann and Mark Garrett, "Suburbs are for Seniors", City Trends, October, 1989.

Dahir, James, Communities for Better Living, Harper and Brothers, New York, 1950.

Department of City Planning, Future Foundations: Towards a Multi-use School Concept, Land Development Research Project, Department of City Planning, University of Manitoba, 1990.

Department of Health, Fiction, Fact and the Future, The Fourth Manitoba Conference on Aging, May 21-24, 1985.

Duncan, O.D., and A.J. Reiss, "Suburbs and Urban Fringe", in The Suburban Community, edited by W.M. Dobiner. New York, G.P. Putnam's Sons 1985, 45-66.

Ehrlick, P., I. Ehrlick, and P. Woehlke, "Congregate Housing for the Elderly: Thirteen Years Later", Gerontologist, vol.22, no.4, 1982, p.399-402.

Elderly Services Branch, Ministry of Community and Social Services, Living in the Community: New Directions in Residential Services for Frail Elderly People: A Consultation Paper, April, 1989.

Epstein, D., Retirement Housing in Urban Neighborhoods: Some Inner City Options, Institute of Urban Studies, University of Winnipeg, 1976.

Fishbein, G., "Congregate Housing - With a Difference", Geriatrics, vol.30 (Sept) 1975, pp 124-128.

Fletcher, S. and L. Stone, "The Living Arrangements of Older Women", Essence, vol.4 (3) 1980, pp 115-133.

Fozard, James L., "Vision and Hearing in Aging", Handbook of The Psychology of Aging, James E. Birren and K. Warner Schaie (eds.), Academic Press, Inc., Toronto, 1990.

Gelwicks, Louis E., "Home Range and the Use of Space by an Aging Population, Spatial Behaviour of Older People, L.A. Pastalan and D.H. Carson (eds.), University of Michigan, 1970.

Gillan, Robert, "Zoning for the Elderly" in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976.

Golant, Stephen M., A Place to Grow Old: The Meaning of Environment in Old Age, Columbia University Press, New York, 1984.

Golant, Stephen M., "Central City, Suburban, and Nonmetropolitan Area Migration Patterns of the Elderly", in Stephen M. Golant's Location and Environment of the Elderly Population, V.H. Winston and Sons, Washington, 1979.

Golant, Stephen M., "Intraurban Transportation Needs and Problems of the Elderly", in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976.

Goldblatt, S., F. Cates, and J. Phillips, Housing Canada's Senior's, Report 14, Institute of Urban Studies, University of Winnipeg, 1986.

Green, Ray, "The Seventh Age", Town and Country Planning, Vol. 60, No.4, April 1991, pp 126-127.

Gunn, J., J. Unsworth, L. Newman, Older Canadian Homeowners: A Literature Review, Institute of Urban Studies, University of Winnipeg, 1983.

Gutman, Gloria and Norman Blackie (eds), Aging in Place: Housing Adaptations and Options for Remaining in the Community, The Gerontology Research Centre, SFU, BC, 1986.

Gutman, Gloria M., "The Elderly at Home and in Retirement Housing", in Aging in Canada: Social Perspectives, Victor W. Marshall (ed.), Fitzhenry and Whiteside, Ontario, 1980.

Harman, Reg and David Joy, "Growing elderly problem in new towns", Town and Country Planning, Vol. 56, No.11, 1987, pp.298-299.

Health and Welfare Canada, Canadian Governmental Report on Aging, Minister of Supply and Services, Ottawa, 1982.

Hess, Beth, "America's Elderly: A Demographic Overview" in Growing Old in America: New Perspectives on an Old Age, Beth Hess and Elizabeth Markson (eds), Transaction Books, USA, 1985.

Heumann, L.F., "Estimating the Local Need for Elderly Congregate Housing", Gerontologist, vol.16, no.5, 1976, pp 397-403.

Heumann, L.F., "The Function of Different Sheltered Housing Categories for the Semi-Independent Elderly", Social Policy and Administration, vol.15, no.2, 1981, pp 164-179.

Hodge, Gerald, Planning Canadian Communities, Nelson Canada, 1989.

Hodge, Gerald, "The Senior's Surge - Why Planners Should Care", Plan Canada, Vol. 30, No. 4, July, 1990, pp 5-12.

Hopperton, Robert, "Land-Use Regulations for the Elderly", in Housing an Aging Society, Robert J. Newcomer, M. Powell Lawton, and Thomas O. Byerts, (eds), Van Nostrand Reinhold Co. Inc., 1986.

Howell, Sandra, "Site Selection and the Elderly", in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976.

Hunt, Michael E., "The Naturally Occurring Retirement Community", in Housing the Very Old, Gloria Gutman and Norman Blackie (eds), The Gerontology Research Centre, SFU, BC, 1988.

Institute of Urban Studies, A Community-Based Needs Consultation of the Inner City: Summary Report, prepared for the Community Services and Facility Program, Winnipeg Core Area Initiative, May, 1990.

Institute of Urban Studies, St. James-Assiniboine School Division: An Urban Futures Study, University of Winnipeg, April, 1988.

Isaacs, Reginald, "The Neighborhood Theory: An Analysis of its Adequacy", Journal of American Institute of Planners, vol. 14, no.2, Spring, 1948, pp 15-21.

Jacobs, Jane, The Death and Life of Great American Cities, Vintage Books, New York, 1961.

Kaill, R.C., "Housing Canada's Aging", Essence, vol.4 (2) 1980, pp 79-86.

Karp, D., and W. Yoels, Experiencing the Life Cycle: A Social Psychology of Aging, Springfield, Ill., Charles C. Thomas, 1982.

Keller, Suzanne, The Urban Neighborhood: A Sociological Perspective, Random House, New York, 1968.

Kline, Donald W., "Light, Ageing and Visual Performance", in The Susceptible Visual Apparatus, John Marshall (editor), vol.16 of Vision and Visual Dysfunction, Macmillan Press, London, 1991.

Kline, Donald W., Theresa J.B.Kline, James L. Fozard, William Kosnik, Frank Schieber, and Robert Sekuler, "Vision, Aging, and Driving: The Problems of Older Drivers", Journal of Gerontology, Vol.47, No.1, 1992, pp 27-34.

Knox, Paul, Urban Social Geography: An Introduction, Longman Group Ltd., 1982.

Kosnik, William, Laura Winslow, Donald Kline, Kenneth Rasinski, and Robert Sekuler, "Visual Changes in Daily Life Throughout Adulthood", Journal of Gerontology, Vol. 43, No.3, 1988, pp 63-70.

Kotler, Milton, Neighborhood Government: The Local Foundations of Political Life, The Bobbs-Merrill Company, New York, 1969.

Kyles, Beverly, Associate Provincial Gerontologist, telephone conversation, November, 1989.

La Buda, Dennis R., "Education, Leisure, and Older Persons: Implications for Smart House Design", International Journal of Technology and Aging, Vol.1, No.1, Spring/Summer 1988, pp 31-48.

Langdon, Philip, "Beyond the Cul-de-Sac", Landscape Architecture, Vol. 79, No.8, October 1989, pp 72-73.

Lawton M.P. and L. Nahemow, "Ecology and the Aging Process" in Psychology of Adult Development and Aging, C. Eisdorfer and M.P. Lawton (eds), American Psychological Association, Washington, 1973, pp 619-674.

Lawton, M.P. and B. Simon, "The Ecology of social relationships in housing for the elderly", Gerontologist, Vol. 8, 1968, pp 108-115.

Lawton, M.P., "Competence, environmental press and the adaptation of older people" in Aging and the Environment, M.P. Lawton, P. Windley and T.O. Byerts (eds), Springer, New York, 1982.

Lawton, M.P., Environment and Aging, Wadsworth, Inc., Belmont, CA, 1980.

Lawton, M.P., "Environments for the Aged", in Therapeutic Environments, D. Canter and S. Canter (eds), Architectural Press, London, 1978.

Lawton, M.P., M. Greenbaum, and B. Liebowitz, "The Lifespan of Housing Environments for the Aging", The Gerontologist, vol.20, no.1, 1980, pp 56-64.

Lawton, M.P., R.J. Newcomer, T.O. Byerts (eds.), Community Planning for an Aging Society, Dowden, Hutchinson and Ross, Inc., Stroudsburg, PA, 1976.

Lazarowich M. in, Granny Flats: A Housing Option for the Elderly, by Corke et al, Report No. 30, Institute of Urban Studies, 1986.

Lazarowich, M., The Potential Use of Manufactured Homes for Granny Flats, University of Waterloo, 1983.

Leonnard, Henry L. and Suzanne H. Crohurst Lennard, "Usable Public Spaces for Children and the Elderly in Cities", Making Cities Livable Newsletter, Vol.2, No.3 & 4, 1990.

Loomis, L., P. Sorce and P. Tyler, "A Lifestyle Analysis of Healthy Retirees and their Interest in Moving into a Retirement Community", Journal of Housing for the Elderly, Vol.5, No. 2, 1989, pp 19-36.

Loomis, L., P. Tyler and P. Sorce, "The Elderly's Perceptions of Nursing Home Sponsorship of Retirement Communities", Journal of Housing for the Elderly, vol.5 (2) 1989, pp 37-49.

Lynch, Kevin A. and Gary Hack, Site Planning, Third Edition, MIT Press, Cambridge MA, 1984.

Lynch, Kevin A., A Theory of Good City Form, MIT Press, Cambridge MA, 1981.

Lynch, Kevin A., The Image of the City, MIT Press, Cambridge MA, 1960.

Mangum, W.P., "Community Resistance to Planning Housing for the Elderly: Ageism or General Antipathy to Group Housing?", Gerontologist, vol.28, no.3, 1988, pp 325-329.

Manitoba Health, Manitoba Senior Citizens' Handbook, Council on Aging, Winnipeg, 1990.

Manitoba Society of Seniors, MSOS Journal, Vol 13, No 4, April, 1992.

Marshall, Victor, "Social Perspectives on Aging: Theoretical Notes" in Aging in Canada: Social Perspectives, (2nd edition) Victor Marshall (ed), Fitzhenry and Whiteside, Markham Ontario, 1987.

Mathieu, James, "Housing Preferences and Satisfaction" in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976.

McClain, J., Housing the Elderly: Proceedings from the Regional Seminars and Workshops held in Winnipeg, Vancouver, Toronto, Montreal and Halifax, 1974-75, Canadian Council on Social Development, 1976.

McDaniel, Susan A, Getting Older and Better: Women and Gender Assumptions in Canada's Aging Society, Ottawa, CRIAW, 1988.

McDaniel, Susan, Canada's Aging Population, Butterworths, 1986.

McGahan, Peter, Urban Sociology in Canada, Second Edition, Butterworths, Toronto, 1976

McRae, J., "Spatial Implications of Design for the Elderly", Journal of Housing for the Elderly, vol.5, no.1, 1988, pp 105-109.

Minister of Supply and Services, Provincial Fact Book on Aging - Manitoba, Prepared for the Fourth Manitoba Conference on Aging: Fact, Fiction and Future, May 21-May 24, 1985, Winnipeg, Manitoba.

Moore, Eric G., Residential Mobility in the City, Association of American Geographers, 1972.

Moos, R.H., "Specialized Living Environments for Older People: A Conceptual Framework for Evaluation", Journal of Social Issues, vol.36 (2) 1980, pp 75-93.

Mumford, Lewis, "For older people - not segregation but integration", Architectural Record, Vol. 119, 1956, pp 193-197.

Mumford, Lewis, The Culture of Cities, Harcourt, Brace and World, Inc., New York, 1938.

Mumford, Lewis, "The Neighborhood and the Neighborhood Unit", Town Planning Review, vol. 24, No. 4, Jan. 1954, pp 256- .

Mumford, Lewis, The Urban Prospect, Harcourt, Brace and World, Inc., New York, 1968.

Nazewich, Rod, Bridging Community Economic Development and Planning, Master's Thesis, Department of City Planning, University of Manitoba, 1989.

Newcomer, Robert, "Meeting the Housing Needs of Older People" in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976.

Newman, S., "The Availability of Adequate Housing for Older People: Issue Areas for Advocates", Journal of Housing for the Elderly, Vol. 2, 1985, pp 3-13.

Northcott, Herbert C., Changing Residence: The Geographic Mobility of Elderly Canadians, Butterworths, Toronto, 1988.

Novak, Mark, Aging and Society: A Canadian Perspective, Nelson Canada, 1988.

Nozick, Marcia, The Changing Times: Understanding Community Economic Development for the 90's, Master's Thesis, Department of City Planning, University of Manitoba, 1988.

O'Bryant, S., "The Subjective Value of "Home" to Older Homeowners", Journal of Housing for the Elderly, vol.1, 1983, pp 29-43.

One Voice - The Canadian Seniors Network, Habitat: Final Report and Recommendations, 1988.

Ontario Ministry of Municipal Affairs and Housing, Toward Community Planning for an Aging Society, Queen's Printer, Toronto, 1983.

Ontario Ministry of Senior Citizens' Affairs, Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options, 1985.

Papp, L., "Zoning responses to a maturing population", in Housing for a Maturing Population, Urban Land Institute, Washington, D.C., 1983.

Pastalan, L., "Ecogenic Housing: A New Housing Concept", Journal of Housing for the Elderly, vol.5, no.1, 1988.

Perry, Clarence, Housing for the Machine Age, New York: Russell Sage Foundation, 1939.

Philips, John, Sylvia Goldblatt and Farley Cates, Housing Canada's Seniors, Institute of Urban Studies, 1986.

Priest, Gordon, Living Arrangements of Canada's Elderly: Changing Demographic and Economic Factors, Occasional Papers Series 85-01, Statistics Canada, 1985.

Priest, Gordon, "Living Arrangements of Canada's *Older Elderly* Population", Canadian Social Trends, Statistics Canada, Catalogue 11-008E, no.10, Autumn, 1988, pp 26-30.

Quinn, Joan and Cheryl M. Whitman, "Elderly Living in the Community: Challenges and Opportunities", Journal of Housing for the Elderly, Vol 5, no.1, 1989, pp 83-92.

Ramserran, Sagieta, Accessory Apartments in the Homes of Seniors: A New Housing Strategy, Master's Thesis, Department of City Planning, University of Manitoba, 1990.

Raschko, Bettyan, "Aspects of Housing and Support Service Programs for Older Manitobans" in Gutman, Gloria and Norman Blackie (eds), Housing the Very Old, The Gerontology Research Center, 1988.

Ray, Michael, "Where One Third are Retired", Town and Country Planning, Vol. 56, No. 3, 1987, p.76-77.

Regnier, Victor and Judith N. Gonda, "Aging Households: Environmental and Psychological Factors Associated with Choosing a Residential Location" in Human Settlement Issues Occasional Papers 20, The Center for Human Settlements, University of British Columbia, Faculty of Graduate Studies, 1981.

Rohe, William M. and Lauren B. Gates, Planning with Neighborhoods, The University of North Carolina Press, 1985.

Romanick in Corke, S., G. Romanick, M. Lazarowich, and J.Simon, Granny Flats: A Housing Option for the Elderly, Report 13, Institute of Urban Studies, University of Winnipeg, 1986.

Rosow, Irving, "The Social Effects of the Physical Environment", Journal of American Institute of Planners, vol.27, No.2, May, 1961, pp 127-133.

Rowles, Graham D., Prisoners of Space?: Exploring the Geographical Experience of Older People, Westview Press, Inc., Colorado, 1978.

Schmitt, Rolf R., "Transportation and the Urban Elderly: Local Problems, Ameliorative Strategies, and National Policies", in Location and Environment of Elderly Population, Stephen M. Golant (ed), V.H. Winston and Sons, Washington, DC, 1979, pp 127-134.

Sclar, Elliot, "Aging and Residential Location" in Community Planning in an Aging Society, M.P. Lawton, R.J. Newcomer and T.O. Byerts (eds), Dowden, Hutchinson and Ross, Inc., Strousburg, PA, 1976.

Senior Citizen's Provincial Council, A Survey of the Transportation Patterns and Needs of the Urban Elderly in Saskatchewan, March, 1987..

State of Connecticut, Department on Aging, Innovative Options in Elderly Housing: A Manual for Local Action, 1982.

Statistics Canada, Census 1986: Focus on Canada: Canada's Seniors, Catalogue 98-121, December, 1988.

Statistics Canada, Census Data, 1971, 1976, 1981, 1986.

Statistics Canada, Population Projections, 1986.

Statistics Canada, The Elderly in Canada, Cat. 99-932, Ottawa, April, 1984.

Stea, David, "Home Range and Use of Space", Spatial Behaviour of Older People, L.A. Pastalan and D.H. Carson (eds.), University of Michigan, 1970.

Tilley, Roger, Town and Country Planning, Vol. 56, No.3, 1987, pp78-79.

Tinker, Anthea, "Variety and Planning for the Growing Old", Town and Country Planning, Vol.56, No.3, 1987, pp74-75.

Urban Land Institute, Housing for a Maturing Population, 1983.

Wachs, Martin, "The Role of Transportation in the Social Integration of the Aged", The Social and Built Environment in an Older Society, Committee on an Aging Society, Institute of Medicine and National Research Council, National Academy Press, Washington, DC, 1988, pp 169-189.

Ward, Russell A., Mark La Gory, Susan R. Sherman, The Environment for Aging: Interpersonal, Social, and Spatial Contexts, The University of Alabama Press, Tuscaloosa and London, 1988.

Warner, Katharine P., "Neighborhoods as Housing Environments for Maturing People", Housing for a Maturing Population, The Urban Land Institute, Washington, 1983.

Winnipeg Free Press, "Staying at Home Easier", Tuesday, April 17, 1990, p.29.

Wirth, Louis, "Urbanism as a Way of Life", On Cities and Social Life, A.J. Reiss Jr. (ed), University of Chicago Press, 1964, (1938)

Wister, Andrew V and Thomas K. Burch, "Attitudes of the Elderly Towards Living Arrangements: Conceptual and Methodological Issues", Journal of Housing for the Elderly, Vol.5, No. 2, 1989, pp 5-18.

Woods, Mike, "Accident Rate High Among Aged", Winnipeg Free Press, April 16, 1992, p.29.