

CONGREGATE SENIORS HOUSING:
THE VIABILITY OF THE ABBEYFIELD CONCEPT
IN WINNIPEG.

Raymond A. Toscani

A Practicum submitted to The Faculty of Graduate Studies in
Partial Fulfillment of the Requirements for the Degree of
Master of City Planning.

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BY

RAYMOND A. TOSCANI

**A Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba
in partial fulfillment of the requirements for the degree of**

MASTER OF CITY PLANNING

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ABSTRACT

For the past several decades demographic shifts have indicated an increasing need for viable transitional seniors housing options. The increased financial independence of seniors coupled with declining government funds indicate that alternatives to cost intensive institutional care and public sponsored seniors homes are required if Canada is to meet all of its obligations for future seniors housing.

Presently there are very few models of housing that are specifically intended to maintain and prolong the independence of seniors as they age. The need exists in Winnipeg for housing of this type that provides the elderly with social and interpersonal support while stopping short of offering extensive medical services.

This type of arrangement is quite often known as "Supportive Housing" or "Shared Housing" and is defined as a small scale homelike model with shared areas for dining, entertaining and group activities. Private living space usually consists of self-contained (bedroom, bathroom, kitchen) suites. The models which are known include Abbeyfield Houses in England and in Australia, group Shared Homes and small Congregate houses in the United States.

In Winnipeg this concept is extremely vital, given that most neighbourhoods are well established and have shown less movement of people than similar neighbourhoods in other cities. As a result the ties of seniors to particular communities are quite strong and thus make those neighbourhoods prime locations for the integration of supportive seniors accommodation.

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DEFINITIONS:

Accessory Apartment - A second completely private living unit built within the extra space of a single family home.

Congregate Housing (Sheltered or Enriched Housing) - Specially planned, designed and managed multi-unit rental housing, typically with self-contained apartments. Supportive services such as meals, housekeeping, transportation, social and recreational activities are usually provided.

Domiciliary Care Home (Personal Care, Residential Care) - Group living arrangements that provide staff supervised meals, housekeeping and personal care, and private or shared sleeping rooms. These facilities are generally licensed and must meet design and operating standards, including minimum staff requirements.

Federally Assisted Housing (Public Housing) - Rental housing built and operated with financial help from the federal government and designed for low-income families of all ages. Some buildings have been specifically designed to meet the needs of low-income persons age 62 and over.

Foster Care Homes - Single family homes in which nonrelated older persons live with a foster family. The family provides meals, housekeeping and personal care.

Life Care Complex (Life Care Community, Continuing Care, Campus Complex) - Housing development planned, designed and operated to provide a full range of accommodations and services for older adults, including independent living, congregate housing, and medical care. Residents may move from one level to another as their needs change. Financial arrangements usually include a substantial entrance fee plus monthly charges.

INTRODUCTION

Demographics have, for at least the past two decades, pointed to an increasing need for viable seniors options. Increased financial obligations coupled with declining government funds, point to a need for alternatives to cost intensive institutional care and public sponsored seniors homes.

The need exists in Winnipeg for housing that provides the elderly with social and interpersonal support while not going to the full extent of offering medical services, with the intention of preventing premature institutionalization. The most common term for this type of arrangement is "Supportive Housing" and is defined as a small scale homelike module with shared areas for dining, entertaining and group activities. Private living space can vary from a unit containing a bedroom, a bathroom, and a small kitchenette to a much larger self-contained suite. There is usually a resident house manager to oversee meal preparation and general operations.

Ordinarily, community organizations such as various associations, service clubs or churches provide continuity, legal responsibility, administrative support or volunteer help to ensure that operations are self-sustaining and of a non-profit nature. Flexibility is essential to successful

supportive housing, so that it can respond to changing requirements and opportunities which arise in the neighbourhood, community and among the residents themselves, as new residents join the social fabric of the supportive home and as current residents "age in place."

Numerous supportive housing units are operated by the Abbeyfield Society in England, Australia and in Canada. Similar supportive homes in the United States are operated by a variety of different organizations. In the U.k., the Abbeyfield Society has provided a form of sheltered housing for over 30 years. Initially the Society was able to develop only a trickle of supportive homes until the housing form was recognized and houses and their success rates expanded rapidly. After supplying supportive homes for the elderly for about 25 years, the U.K. Abbeyfield Society found it necessary to expand its continuum of services by providing Abbeyfield Extra Care Homes to their residents who were not well enough to remain in a regular supportive home. Extra Care Homes have now been in operation for about a decade; each supports about 16 hours of extended care services daily.

It is possible for supportive housing to be developed in response to local needs and without the guidelines and organizational framework or franchise of a national body,

but the benefits of some national network of information sources and experiences are highly desirable. Experience in the U.K., Australia, the U.S., and recently also in Canada suggests that for a franchised housing organization and operation to be successful on a national level, many years of work are required to structure and build the organization in accordance with national and provincial regulations, as well as local contexts and housing requirements.

The development of supportive housing is timely in Canada; Abbeyfield Societies are being formed and houses are being constructed. Churches, service clubs and other established groups are becoming sponsors of supportive homes and seniors organizations are lobbying in favour of a supportive housing option. Specific and positive recognition at the three levels of government are necessary steps to make supportive housing alternatives available to those elderly who would benefit from the additional support services and a socially rich environment. Governmental health, housing and social welfare branches must also cooperate to ensure the most effective delivery of their respective services.

SYNOPSIS

This practicum is an analysis of the demographic, locational and financial viability of supportive housing in Winnipeg.

The term "Viability" as it is used in the context of this practicum refers to the general suitability of the proposal. It represents the demonstrated need, the social applicability, as well as the economic feasibility and advantages simultaneously.

The first chapter of this practicum examines the most recent pertinent demographic data to demonstrate a current and growing need for some form of supportive housing in Canada and more specifically Winnipeg. It touches on the rate of aging of the population in Canada, as well as places Canada in context to other nations' age structures. In addition this chapter identifies the changing financial situation of Canadian seniors and the implications these changes have.

Chapter two investigates the various housing and support service options currently in place in Manitoba to determine if the specific market segment identified in chapter one is being adequately serviced. The text outlines various direct housing creation programs sponsored by the Federal and Provincial housing agencies as well as programs designed to prolong the economic life of their dwellings. In addition,

social and support service programs currently available in the community are surveyed, which subscribe to an aging in place philosophy.

The third chapter analyzes the concept of support or congregate housing in other locations in order to understand how various countries have adapted the idea of supportive housing to differing populations and political structures. The national and local organization structure of the Abbeyfield Society is looked at in the United Kingdom, Canadian and Australian contexts. Further, the independent but parallel development of a supportive care network in the United States is examined.

Chapter four is a case study of a Canadian Abbeyfield house in Port Hope Ontario. The purpose of this review is to identify and analyse operational systems at the lowest level in order to make recommendations on the most effective implementation of an Abbeyfield home in the Winnipeg context. However data on the Abbeyfield homes in Canada proved to difficult to acquire and the study is limited in that it was constructed as a non-experimental qualitative evaluation, and as such did not lend itself to quantitative analysis.

Options for Implementation are discussed in chapter five. Site selection within the city is analyzed as is the possibility of community opposition. Regulatory impediments to implementation are discussed with regards to explicit zoning by-laws and their exceptions. The second half of chapter five is a discussion of the various methods that can be used to utilize resident financing in funding a seniors project. The sheer necessity of tapping into the aging population's personal savings and converting the large amount of capital contained in their home equity was highlighted in the first chapter. Only if various forms of resident financing are implemented will the Federal and Provincial governments be able to meet the rising burden of seniors truly in financial need.

Chapter six is the culmination ideas with regard to the current state of seniors supportive housing in various countries. Recommendations for the formation of an Abbeyfield in Winnipeg have been made with specific attention to the areas of sponsor organization, design, resident funding options and community integration.

CHAPTER ONE

THE CHANGING CANADIAN DEMOGRAPHICS

1.1 INTRODUCTION

This chapter examines extensively the changing nature of the elderly population in Canada. The first part of the chapter explores characteristics of the Canadian elderly population in comparison to other countries around the world in order to place Canada in the context of industrialized and developing nations. The next several sections deal with provincial differences within Canada, in order to gain some understanding of the difficulties facing Manitoba in comparison to those of other provinces. The chapter is concluded by summarizing the relevant trends involving the aged in Canada and Manitoba as well as linkages to the most likely impacts this aging will have on housing and support services for the elderly.

1.2 CANADIAN SENIORS

From data collected in the 1986 Census it is becoming increasingly apparent that the aging of the Canadian population will be the single most important factor in determining the direction and extent of seniors housing in Canada over the next few decades.

The most recent census indicates that the pace of population aging has accelerated in Canada during the last decade. Mortality statistics collected in the eighties demonstrate a dramatic improvement of short-term survival rates amongst Canada's elderly. In fact, proportionally, the number of seniors in the Canadian population has almost doubled over the last twenty-five years. Further population forecasts indicate that by the turn of the century, nearly four million people will be sixty-five years of age or older. An extension of this forecast indicates that when the "baby-boom" cohort reaches retirement age around the year 2031, nearly 7.5 million people will be aged 65 or older. Translating roughly to one-in four Canadians.

It is interesting to note that although Canada is beginning to show an acceleration in the growth of aged population it still remains well below many other countries, such as France, Sweden, and the United Kingdom in terms of its maturity.

TABLE 1 COMPARISON OF SENIOR POPULATION AND TOTAL POPULATION GROWTH					
CANADA			SENIORS		
YEAR	POPULATION	GROWTH*	POPULATION	GROWTH*	%**
1966	20,014,900	2.45	1,539,500	2.38	7.69
1976	22,992,600	1.49	2,002,300	3.01	8.71
1986	25,309,300	1.01	2,697,600	3.47	10.66

* Average Annual Increase

** Per cent of Total Population

Source: Stone and Frenken, p. 17

These countries have long ago passed Canada's present age structure. For example, 30 years ago all of the aforementioned countries had approximately 11 per cent of their populations aged 65 or older.

In fact by 1985, Sweden had already reached a level of age structure not expected in this country until the second half of the next century.

Canada has, however, begun to catch up with other leading countries of the world with regard to the degree of maturity of its population age structure. For example, since 1970 the gap in the percentage of population aged 65 and over between Canada and the United States has begun to close. Prior to the Baby Boom period the gap had been quite wide.

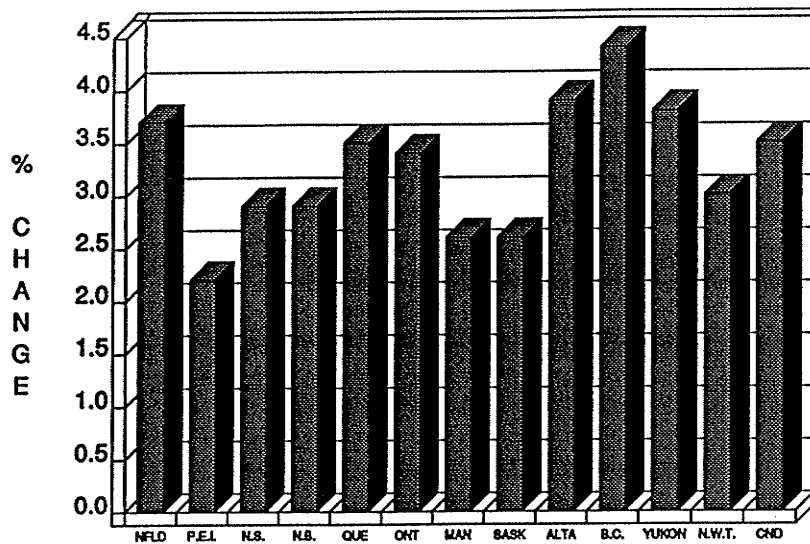
The narrowing of the gap is even more evident when Canada is compared to a number of European countries. In the five year period from 1981 to 1986, the share of Canada's population aged 65 and over increased almost a full percentage point, from 9.7% to nearly 10.7 %, whereas in the United Kingdom the rate increase was marginal and Sweden recorded a less than 0.7% increase in its share.

Canada is still considered a country with a relative mature age structure which becomes quite evident when compared to countries such as Argentina, Brazil and Mexico. For the most part, the world's more developed countries have a distinctly higher proportion of elderly than the rest of the world.

1.2.1 PROVINCIAL DIFFERENCES IN AGE STRUCTURE

It is not surprising that, with the vast disparities in the numbers of people in each of the Canadian provinces, there would also be a disparity in the numbers of seniors. In 1986, the largest numbers of seniors were found in Ontario, Quebec and British Columbia, while Prince Edward Island, Manitoba and Saskatchewan contained the largest percentages of elderly as a proportion of their total populations. If some of these high percentages were indicative of whole countries, these countries would have some of the highest levels of national age maturity in the world!

FIGURE 1
POPULATION GROWTH RATES 1976 - 1986



Interestingly quite a different pattern emerges when the rate of growth of the seniors population is considered rather than actual numbers. Figure 1 indicates that during the 1976 to 1986 period, British Columbia had the fastest growth rate for persons aged 65 and over (4.4% per year), well below the national average was Prince Edward Island, Saskatchewan and Manitoba, three provinces that have had mature age structures for several decades.

These regional variations obviously make it imperative that the future needs of the elderly in various provinces must be adjusted to the demands in each region rather than on a national basis.

1.2.2 URBAN-RURAL DISTRIBUTION

The concentration of Canadian elderly also varies according to urban and rural areas. Housing alternatives that are to be implemented, will therefore have to allow for these variations. For instance, in 1986, most of Canada's senior citizens were living in urban centres (78%), including the great majority (81%) of seniors over 80, while some 22% of Canadian elderly were found in rural settings.

The higher concentration of elderly in larger urban areas should facilitate the provision of an array of services. However, it is important to note that younger age groups, in relation to older age groups, have become smaller in the largest urban centres. The service delivery to the older population in those larger urban centres might then be especially problematic, as less and less young people will be available to support the rising aging population. At the same time, the situation of the rural elderly is expected to worsen, as the young people in the rural areas are coming to the cities looking for work; thus, specific alternatives for the rural elderly will have to be developed as well.

1.2.3 HIGHEST GROWTH IN OLDEST ELDERLY

Although constituting only a small percentage of the total population (2.1%), the group aged 80 and over deserves careful attention. During the decade that ended with the

1986 Census the population 65 and over grew at an average annual rate of 3.5%, while the the total population of Canada expanded at just over 1% per year. Women aged 80 and over, however, were increasing in numbers during this period at nearly 4.7%. For men, this age group has not show significant acceleration in the rate of growth.

The Canadian projections anticipate a growth rate of 4% or more per annum for those aged 80 and over in the remaining years of this century, and continuing strong growth (greater than 3% per year) into the first decade of the next. These substantial numbers and the pattern of growth are important because they pertain to a population category whose rates of utilization of human support services of various kinds, public and private, are far in excess of what one might expect by just looking at their numbers.

1.2.4 FINANCIAL POSITION OF THE CANADIAN ELDERLY

Similar to other segments of the Canadian population, senior incomes vary widely from the very wealthy to the very poor, but average national seniors' incomes fall under \$20,000 annually. Table 2 indicates average annual incomes for Canadian seniors in 1988, by sex and age group. Senior men and those in the "young" senior age group have the highest average incomes. Senior women consistently receive less income than senior men.

TABLE 2 AVERAGE INCOMES FOR UNATTACHED SENIORS IN CANADA 1988				
	65+	65-69	70+	TOTAL POP.
MALE	\$17,024	\$19,354	\$15,911	\$22,933
FEMALE	\$13,768	\$15,561	\$13,197	\$16,087
TOTAL	\$14,652	\$16,705	\$13,804	\$19,608

Source: Statistics Canada, #13-207, 1988

The incidence of low income among Canadian seniors is outlined in Table 3. Statistics Canada produces the incidence of low income based on the percentage of households with spend at least 20% more of their income on food, clothing and shelter than the average proportion of income usually spent on this set of goods by other households of the same type. The table indicates that the incidence of low income is much higher among senior individuals living alone than among families. It should be noted that in either type of senior households, women have a considerably higher incidence of low income than do men. In the case of unattached senior women, the incidence of low income is over 50 per cent.

A study of changes in the income structure of Canadian seniors conducted by Oja and Love (1988) brings to light a number of dominant trends emerging during the period from

1971 to 1985. While seniors' incomes tended to fall below those in the work force between 1971 and 1985, they grew faster than incomes in the remaining population. During this period, investment revenues ranked as the most important source of senior income, followed by private pension plans and CPP/QPP benefits.

The incomes of seniors varied in relation to their sources of income, with those having private pension plans and investments enjoying the highest incomes. While the number of seniors wholly dependent of publicly financed income has risen, in terms of numbers they constituted a smaller percentage of the total population in 1985 than they did in 1971. Senior couples experienced greater income improvements than senior individuals living alone.

TABLE 3 PER CENT INCIDENCE OF LOW INCOME AMONG SENIORS (65+) IN CANADA			
FAMILIES (Age of Head 65+)			
	1986	1987	1988
MALES	14.7	13.8	12.8
FEMALES	18.8	16.8	17.8
ALL	15.1	14.1	13.4
UNATTACHED INDIVIDUALS			
MALE	39.7	35.5	29.9
FEMALE	54.4	52.1	53.8
ALL	50.7	47.9	48.0

Source: Statistics Canada, #13-207, 1989

For the most part more men receive private pensions than do women. In addition men's private pensions are, on average, one and on-half times larger than they are for women. The disparity is partially due to the reduced rates paid out for survivor benefits under many private pension plans, as well as to a reduced number of women employed in the workplace prior to retirement. The number of seniors receiving private pension plans increased from 20 per cent in 1971 to over 33 per cent by 1985. In comparison, investment income showed little difference between men and women in all senior age groups. Investments continued to be the most important source of income for senior women 1971/1985 especially for

those who were more elderly. Women who did receive private pensions had average incomes nearly double of those who did not.

Although average incomes of senior individuals decreases with age, the difference between incomes of young seniors and old seniors is becoming less pronounced over time. As stated before senior women average incomes were much less than men's, however there was less variation between the older and younger senior age groups.

1.3 SENIORS IN MANITOBA

During the period from 1976 to 1986 Manitoba's seniors population increased by 2.6 per cent per year, or 27,300 persons over the 10 year period. The number of seniors age 75 and over increased at a faster rate than seniors as a whole, with an average annual increase of 3.1 per cent. In 1986 Manitoba had the third highest proportion of seniors in Canada with those aged 65 and over accounting for 12.6 per cent of the total provincial population, and those 75 and over comprising 5.2 per cent of the population. Only Saskatchewan and Prince Edward Island had greater proportions of seniors in their population.

While the proportions for seniors living in Winnipeg approximated those for the entire province, smaller urban

centres in Manitoba tended to have much larger proportions of seniors. Of the smaller centres, only those from 10,000 to 29,000 in population had a proportion of seniors less than 12.6 per cent . The proportion of seniors living in smaller centres varied from 14.1 per cent to 25.7 per cent among different sized towns. These values may reflect the migration of younger people from smaller towns to larger centres, as well as preferences of seniors living outside of Winnipeg to remain in their local communities.

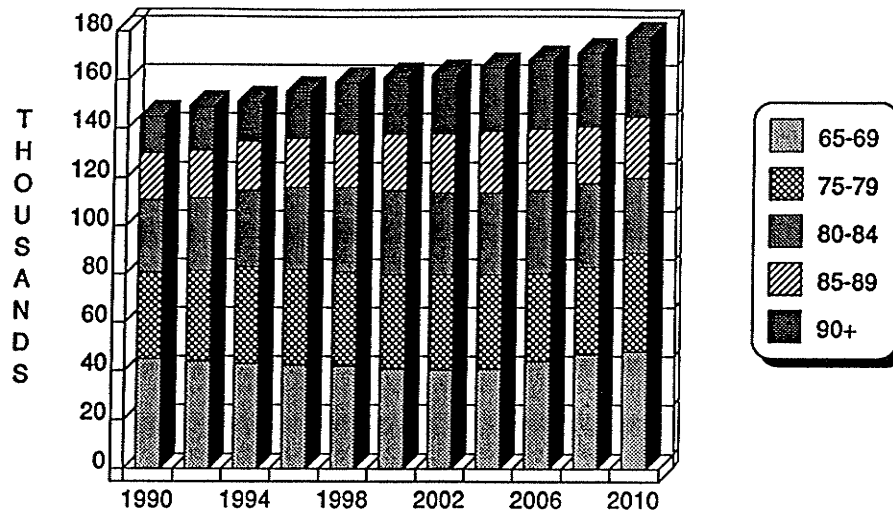
1.3.1 MANITOBA POPULATION PROJECTIONS

The most recently produced population projections for Manitoba seniors are based on 1989 population estimates. Four general projections have been calculated by Statistics Canada based on varying factors such as fertility and immigration. The impact of immigration on the projection of seniors populations is relatively minor, and changes in fertility are not expected to affect the projection of seniors for at least forty years. For this reason, the least-growth projection was chosen for further analysis. Other Statistics Canada projections calculated slightly larger number of seniors, but for the purposes of market prediction it is preferable for producers to underestimate market demand.

Figure 2 indicates the projected number of seniors in Manitoba for the next twenty years, with variations indicated for each senior age-group. There are two major trends apparent in the projection. One is that there will be a decreasing number of young seniors (aged 65-69) in Manitoba until just after the end of this century. At that time, the number of younger seniors will begin to rise slowly and continue to rise throughout the remainder of the projection period. Longer term projections (Dumas and Lachapelle, p.12) indicate that this gradual increase marks the first arrival of baby-boom cohorts to the ranks of the senior population. Their entry is expected to result in a sharp increase in the senior population after the year 2011, which will peak between the years 2026 and 2031. It is during this peak period that the demand for seniors housing and support services is expected to overwhelm the abilities and resources of provider organizations.

FIGURE 2

PROJECTED STRUCTURE OF MANITOBA SENIORS



The second major trend evident in the population projection, is that the number of older seniors is expected to increase throughout the projection period. This trend will undoubtedly result in escalating demands for higher levels of health care and related services, and present mounting pressures on the organizations and institutions which provide them. Because of the costs involved in providing these services, and the tendency for older seniors to have smaller incomes, the growing number of older seniors may have an impact on the public policy process as great as the increase in the seniors population as a whole.

While seniors are expected to become an increasingly larger segment of the population for both the province and the

nation, Manitoba's current status as a relatively "grey" province will decline with respect to the country as a whole. This trend suggests the possibility of greater future competition among provinces for shares of those federal funds budgeted for the support of seniors. As Manitoba's senior population continues to increase, not only will they need larger amounts of funding for health care and services, this funding will likely require an even larger proportion of Manitoba's piece of the federal pie. However, because of growing numbers of seniors throughout the country, and varying levels of preparedness among provinces, it is difficult to predict the extent to which Manitoba can depend on federal funding in the future.

1.3.2 FINANCIAL POSITION OF MANITOBA SENIORS

Average senior income levels in Manitoba are consistent with those calculated on a national basis. Table 4 indicates the 1988 mean and median income of Manitoba seniors by age group, and a condensed display of the distribution of seniors among income classes. The mean value represents the average income for an age group, while the median value represents the income of an individual senior who would be positioned at the halfway point if all individual seniors were listed in ascending rank order according to their income. For example, the 1988 median income for Manitoba seniors aged 65 to 69 was \$12,032. This means that 50 per

cent of the Manitoba seniors in that group had incomes of less than \$12,032 and 50 per cent of the seniors in that group earned more than \$12,032. Both the mean and median figures reflect the central tendency of each income distribution, while the distribution of seniors among income classes indicates those ranges of income which are received by the majority of seniors. By simple arithmetic, it may be noted that 53.8 per cent of Manitoba seniors aged 65 and over had incomes of between \$5,000 and \$12,499 in 1988. Some 60.7 per cent of those aged 70 and over also had incomes within that range. Seniors with high incomes are relatively few in number.

Table 4 also indicates the maximum monthly expenditure for shelter by a senior living alone as defined by the CMHC Core Need model. Under this model, a household which spends more than 30 per cent of gross income on shelter costs is considered to be among those in core housing need based on affordability (other criteria under the core need model include crowding, structural condition, and the level of basic facilities within a dwelling unit). Given these minimum shelter cost figures, it is not unusual for seniors, especially those who rent, to be classified within the definition of core need based on affordability. In 1986, when the shelter to income ration was 25 per cent, some 65 per cent of tenant-occupied senior households living in the

city of Winnipeg paid 25 per cent or more of their household income on gross rent. Low incomes present less difficulty for those seniors who own their dwelling, primarily because seniors in these dwellings have usually finished paying for them. This may be concluded from the fact that in 1986, some 87 per cent of owner-occupied senior households living in the city of Winnipeg paid less than 25 per cent of their household income on housing payments.

**TABLE 4
INCOMES OF SENIOR INDIVIDUALS IN
MANITOBA, 1988.**

	65+	65-69	70+
< \$2,000	1.3%	2.7%	0.6%
2000 - 4999	4.8%	10.1%	2.1%
5000 - 7499	12.2%	14.2%	11.1%
7500 - 9999	18.7%	9.5%	23.5%
10000 - 12499	22.9%	16.7%	26.1%
12500 - 14999	8.5%	5.8%	10.0%
15000 - 17499	7.4%	7.5%	7.4%
17500 - 19999	5.5%	6.8%	4.9%
20000 - 29999	11.1%	16.1%	8.2%
30000 - 49999	6.1%	8.5%	4.8%
50000+	1.6%	2.1%	1.4%
MEAN	\$14,688	\$15,334	\$14,353
MEDIAN	\$11,420	\$12,032	\$11,217
CORE NEED LOWER LIMIT RENT (MEAN INCOME)	\$367.20	\$383.35	\$358.82

1.4 SUMMARY AND CONCLUSIONS

This chapter has outlined that there has been an acceleration in the aging of the Canada population during the past 10 years. In fact proportionally, the elderly population has doubled over the past 25 years. At present the elderly population comprises roughly 11 per cent of Canada's total

population, although, that figure is forecast to rise to 25 per cent by 2031 as the tail end of the "baby-boom" generation reaches retirement age. In actual numbers this represents 7.5 million persons 65 years and over. This staggering trend obviously signals the need for a fundamental change in policy decisions in this country over the next 50 years as the burden for increased levels of seniors' care become necessary.

Another relevant point raised in the chapter is the fact that one needs only to look to other European countries to gauge the magnitude of this change as countries such France, Sweden and the United Kingdom passed through a similar aging of their respective populations some 30 year ago. Despite this comparison Canada is still considered a country with a relatively mature age structure when compared to countries such as Argentina, Brazil and Mexico. The significance of this is that while Canada does already have a relatively mature population we still have a number of other models to study when determining what lies ahead as well as some indications as to how effective certain policy directions have been in other countries.

When disaggregating the Canadian seniors' population it becomes apparent that Ontario and Quebec have the greatest number of elderly by virtue of their large total

populations, however proportionately Manitoba has the third highest proportion of seniors in Canada with those aged 65 and over accounting for 12.6 per cent of the total provincial population. This fact has a larger implication for the sources and allocation of funding of seniors accommodation rather than just the total number of units required. As the percentage of seniors increases in relation to the total number of people in the province the burden on the labour force to provide funding for elderly housing increases. As mentioned previously, this problem is compounded by the fact that Federal funding will also be in short supply due not only to an increase in the proportion of seniors nation-wide but by an increase in that segment of the seniors population (the oldest elderly) that will require the greatest rate of service utilization. This reality signals the need for investigation into alternative methods of housing and support services funding which are outlined in chapter 5.

One bright spot in this scenario is the fact that a greater number of seniors have been progressively more able to participate in suppling their own housing and support needs, which if handled correctly would free badly need provincial and federal funds to aid those not capable of supporting all of their own living requirements.

The next step is to examine the mechanisms presently in place to facilitate the elderly in maintaining their quality of life and to highlight the areas not currently being provided for.

CHAPTER TWO

AN EXAMINATION OF EXISTING TYPES OF SENIOR CITIZENS' ACCOMMODATION AND SUPPORT SERVICES IN MANITOBA

2.1 INTRODUCTION

This chapter outlines the various federal and provincial government incentives developed to aid seniors. Given the magnitude of the rate at which aging of the Canadian population occurs, it is important to examine the extent and effectiveness of programs that are already in place, particularly in the Manitoba situation, in order to ascertain which needs that are not being meet.

An examination of programs presently available to Manitobians yielded a good cross section of options that helped seniors groups both to organize construction of new elderly accommodation projects, as well as programs which allowed seniors the option of remaining in their own home.

Programs were examined that give seniors choice in congregate seniors accommodation as well as those that facilitate the "aging in place" of the elderly in their own homes. Included in this group are services that help seniors bridge the affordability gap as well as aid family care-givers with support services.

2.2 HOUSING OPTIONS

2.2.1 FEDERAL CO-OPERATIVE HOUSING PROGRAM (ILM CO-OPS)

Co-operative housing is a form of ownership in which the housing is owned by a collective. Groups eligible for assistance under this program are continuing not-for-profit co-operatives. These are incorporated associations which exist to provide housing for their members. Such co-operatives are termed not-for-profit because members do not own their housing individually and thus do not have the opportunity to make a capital gain. A member may leave a co-operative and be replaced by a new member, but the housing is still owned by the association. This program is not directly targeted toward seniors. However, the advantages it provides have been quite attractive to the elderly and for this reason seniors' projects represent a large proportion of the projects delivered to date.

Under this program, co-operatives may build new housing, purchase and repair existing housing or convert non-residential buildings to dwellings. Housing charges paid by co-op members in the first year are comparable to rents in private rental buildings in the same area as the project. Co-operatives assisted under this program may finance up to 100 per cent of project capital costs through

a CMHC-insured Index-linked Mortgage from a private lender, with a planned repayment period of thirty years.

Index-linked Mortgages feature initial payments which are relatively low. They have a special provision by which payments increase each year at two per cent less than inflation. Increasing the payment each year at less than inflation leaves some extra room for operation cost increases, to ensure that the co-op's housing charges do not rise faster than rents in other buildings.

2.2.2 PUBLIC NON-PROFIT HOUSING

This type of housing is government owned non-profit housing which provides affordable accommodation mainly for low-income seniors 55 years of age and older, although low-income singles and students may be eligible in certain circumstances. Tenants pay approximately 25 percent of their income for rent and priority for the suites is based on income and need.

2.2.3 MULTI-LEVEL CARE FACILITIES (MLC)

Multi-level care facilities provide a continuum of care to seniors which includes: 1) Housing for fully independent living for those elderly persons who can sustain complete independent living without the aid of social support services. 2) Housing with limited social support services,

which would consist of units with private bath and at least a partial kitchen, common spaces included for group activities and a common dining room and kitchen for preparation of group meals. 3) Institutional living arrangements which provide shelter and ongoing medical attention, nursing care, and supervision needed by those elderly persons who are too mentally and physically impaired to live independently in a residential setting even when social support services are provided.

2.2.4 GRANNY FLATS

Granny flats (movable units) first originated in and have been used extensively in Australia for the past 10 years as housing for pensioned people who are still fairly independent, mobile and in good health. They are built for 1 or 2 persons and are located on a relative's or other person's property. The unit is separate from the main house, movable and about 50 square meters in size. Most suites have one bedroom, a living room, a kitchen and bathroom, as well as storage and laundry facilities and all the usual amenities of a home. The suites are not intended as permanent additions to the lots and are designed so that they are easily movable. They are usually factory built, and can be erected quickly with little disruption at the site.

2.2.5 HOMESHARING

There is a growing interest in homesharing and a variety of public and non-profit agencies are now offering match-up services. Homesharing means that a person opens her/his home to another person wishing to share that accommodation. For elderly people who want to continue to live in their own homes, this provides both companionship and an additional source of income. In some cases it also offers a greater sense of security and help in maintaining the home. As well as sharing between elderly people, intergenerational sharing (that is, an elderly person sharing with students or single parents) is also proving to be popular. Many sharing agreements include provisions for the homeseeker to undertake services, such as cooking, housekeeping, or gardening, in exchange for a reduction in rent. Agencies try to ensure that both homeowners and homeseekers identify all habits, hobbies, and attitudes that could affect compatibility. They also offer counseling, to ensure that both parties understand the benefits and possible disadvantages of homesharing.

2.2.6 ACCESSORY APARTMENTS

Accessory apartments are extra self-contained units created in an existing single-unit house by converting part of the dwelling or adding one or more rooms to the structure. A senior can generate income by adding an accessory apartment

and renting it to a tenant or live in the unit and rent the house, perhaps to family or friends. Accessory apartments also provide a greater feeling of security and companionship. In some cases, families may be willing to install an accessory apartment in their own dwelling to accommodate an elderly relative. However, concerns about changing the character of neighbourhoods, increased traffic and parking congestion, and zoning ordinances in many areas of the city make it difficult if not impossible to create accessory apartments.

2.2.7 SUPPORT SERVICES HOUSING (Abbeyfield)

A form of housing called Sheltered Housing (sometimes known as Abbeyfield) in Great Britain and Congregate Housing in the USA provides living arrangement for seniors who have some degree of support service requirement. Residence is taken up in a designated portion of an existing neighbourhood, section of an apartment building, or of a specially designed multiple-unit building. Under various forms of tenure, residents have their own self-contained unit with a call system connecting them to an administration centre. A range of support services is available, and residents generally come together once a day for a meal and social activities. Fees for service are generally incorporated into the rental or charged through a monthly fee structure.

2.3 OTHER PROGRAMS DEIGNED TO AID SENIORS

2.3.1 RESPITE CARE

The Respite Care program is one which offers temporary residential and health care in a variety to setting such as nursing homes, hospitals or lodges. It is geared toward giving those families who have elected to care for their older dependent members at home a period of rest, usually two weeks in duration.

A respite program is seen as a means of reducing institutionalization by encouraging "family support of the elderly in a home environment."

A study done by the Veterans Administration Nursing Home in Palo Alto California noted that 20 per cent of all referrals requesting admission to the nursing home, on a permanent basis, were able to continue to care for their relatives at home when offered the respite program. Within the basic concept of the respite care program there is a variety of delivery means.

Respite care can be given in an institutional setting such as a hospital and a nursing home, and is by far the most common method. The basic strengths of this model are well trained staff, well regulated and equipped facilities and a

high degree of medical aid, should it be required. Its major drawback is the distress resulting from the relocation to an institutional setting from a home environment.

An alternative to institutional respite care is residential respite care. This can be provided in community residences or personal-care homes. Community residences being specifically built for respite users, and thus incorporating a staff trained especially for respite care. This leads to a high level of care, and efficient administration.

The other two alternative methods examined are Foster Home respite care, and In-home respite care. The foster home being similar to a children's group home where the elderly are taken care of usually by an older woman (sometimes a volunteer).

In-home respite care is a program that provides fairly constant care of the elderly in their own home while the normal care giver is away. The program is designed for health maintenance and periodic assistance.

2.3.2 ADULT DAY CARE AND HOSPITAL DAY CARE

Certain programs are primarily designated as social programs providing activities and a limited amount of personal care for seniors; they are known as Adult day Care and Hospital

day Care. For the most part these programs have received little attention which stems from the lack of available funding. As there is no government department responsible for these programs they are often established by volunteer groups. The major focus of these programs is to prevent premature institutionalization of seniors; prolonging their stay with families.

Adult day care is useful in maintaining the individuals level of functioning and to prevent further physical or mental deterioration. A dynamic and stimulating environment with meaningful and interesting activities coupled with supportive nursing and rehabilitative services should form the core of a good adult day care facility.

These programs are targeted primarily at those seniors living with their children, relatives or families. This program could also be linked to any of the no-services seniors complexes presently in existence.

2.3.3 COORDINATED HOME CARE PROGRAM (CHCP)

The CHCP provides medical and support services to seniors in their own homes, apartments and lodges. Manitoba was the first province to initiate this type of program in 1974.

The basic objective, as stated, was "to assist the individual's progress towards maintaining a state of high level wellness in the familiar environment of his own home."
(Province of Manitoba, Guidelines, Continuing Care)

Detailed objectives of Manitoba's program are as follows:

- (a) To prevent, delay or reduce institutionalization;
- (b) To improve, maintain, or retard deterioration of health status and level of independence;
- (c) To promote cooperation among community agencies and volunteer groups and to provide effective, and efficient services;
- (d) To support and enhance the capacity of families and care-givers to provide care for people in need;
- (e) To promote greater personal and family responsibility for health;
- (f) To assess the need for, and arrange the delivery of coordinated medical and social services to the client in the home setting.

In meeting these objectives, the current medical services provided include nursing, occupational therapy, physiotherapy, respiratory therapy and speech therapy. The support services include friendly visiting, handyman services, home help, homemakers, meals on wheels, and

transportation. These services may vary from area to area depending upon the program policies of the local Health Unit.

2.3.4 CO-OP HOMESTART

Projects under the Co-op Homestart program may receive a loan of up to \$30,000 to develop their proposals to convert or renovate existing buildings into co-op housing. Groups interested in constructing a new building can apply for assistance to Manitoba Housing or Canada Mortgage and Housing Corporation.

Mortgage financing for cooperatives that are renovating or converting a building may receive a mortgage loan to cover 100 percent of the allowable project costs. Additional operating assistance may be available to enhance the viability of the project and to reduce the housing charge to low-income members.

2.3.5 SENIORS RENTALSTART

Manitoba Housing's Seniors RentalStart program helps non-profit groups develop rental housing for seniors. Eligible projects may include the rehabilitation of an existing apartment, or the conversion of a non-residential building. The building must have a mix of one and two bedroom suites, with five percent of these units designed

for handicapped tenants. All public space must be accessible by wheelchairs. In addition a maximum of 25 percent of the suites may be made available to low-income seniors. Rents in these suites will be based on 25 percent of the tenant's gross income.

Mortgage financing may be provided for up to 80 percent of eligible capital costs, with the interest rate based on the provincial borrowing cost. The open mortgages are for a five-year term, amortized over 35 years. Five percent of the total project cost will be forgiven at the end of the amortization period. The loan forgiveness and the lower interest rate combine to reduce rents by up to 30 percent.

2.3.6 SHELTER ALLOWANCES FOR ELDERLY RENTERS

Shelter allowances provide assistance to elderly renters who pay a large portion of their income on rental costs.

Individuals must be 55 years of age or older, or in the case of a couple, one member is 55 years of age or more. Single renter incomes must be less than \$15,700 (\$1,308 monthly) and couples household income must be below \$17,890 annually (\$1,490 monthly). Recipients cannot reside in family or elderly public housing or be in receipt of social assistance payments. The maximum benefit is \$150 per month, however, benefits vary according to an individual's or a couple's total income and on the monthly rent paid. There are limits

on the rents that are claimable for Shelter Allowance benefits; \$360 per month for a single person and \$410 per month for a couple. The benefits are paid in the form of a monthly cheque and are not taxable. However the benefits must be subtracted from the Manitoba Property Tax Credit.

2.3.7 SCHOOL TAX ASSISTANCE FOR TENANTS 55 PLUS

The Manitoba Government offers assistance of up to \$175 to offset the school tax portion of rental costs in excess of \$1,625 for senior citizens and eligible persons age 55 plus. Applications made in a particular year relate to rent paid during the previous year. Individuals must be 55 years of age or older, in the case of married couples only one spouse must meet this requirement. Qualifying tenant may apply for rebates retroactively up to five years from the current year. Persons living in Public Housing or Non-Profit Housing which is exempt from taxation for school purposes, do not qualify.

2.3.8 MANITOBA INCOME SUPPLEMENT (55 PLUS)

The 55 Plus program is a provincial income supplement program providing quarterly benefits to Manitobans who are 55 years of age and over. Maximum benefits of \$111.60 are paid quarterly to single persons with incomes of \$8,930 or less. Partial benefits are calculated for those persons with family income between \$14,479 and \$16,207. The program

is also open to status Indians not living on a reserve or in receipt of social assistance from the Federal Department of Indian and Northern Affairs or from an Indian Band.

2.3.9 EMERGENCY HOME REPAIR PROGRAM (EHRP)

The Emergency Home Repair Program is sponsored by Manitoba Housing and is similar in nature to the federal RRAP program. This program is designed to assist low-income homeowners by providing financial assistance for emergency repairs which pose an immediate threat to the health and/or safety of a unit's occupants. The repairs include such things as heating systems, foundations, plumbing, roofing and accessibility for disabled household members. To be eligible your household income must be below the established income ceilings which vary according to household size. The assistance is supplied in the form of a direct grant, which does not have to be repaid. the grant amount will depend on the actual cost of repairs and is limited to \$3,000.

2.3.10 RENT SUPPLEMENT PROGRAM

Manitoba Housing has created the Rent Supplement Program to make rental housing available to persons who otherwise would not be able to afford reasonable accommodation.

Under this program, the landlord has an agreement with the Manitoba Housing Corporation, which will ensure full market

rent for the unit is paid for a predefined term. These rents are negotiated annually to reflect ongoing market rent in the area.

The tenant in the unit is selected by the local housing authority. The landlord-tenant relationship remains, however, and the tenant pays rent as determined by the Rent-gearred-to-income scale, as determined by the local housing authority. Manitoba Housing pays the difference between the tenant rental payments and the market rent for the unit. Units provided to the Rent Supplement Program must appear modest in nature to be eligible for the program.

2.3.11 RESIDENTIAL REHABILITATION ASSISTANCE PROGRAM (RRAP)

While not directly targeted toward seniors this program often allows the elderly to remain in their own homes for a longer period than would ordinarily be possible. The program is in place to assist low-income home-owners who are unable to afford adequate and suitable housing accommodation by providing financial assistance for the repair of their homes.

The criteria state that "If your house needs major repair, you may be eligible for Homeowner RRAP financial assistance to help cover the cost of materials, labour, legal fees, finance costs, building plans and permits." The assistance

is provided in the form of a loan. Depending on household income a portion of the loan may be forgiven. (CMHC Information Bulletin RRAP).

The loan amount is based on the actual cost of repairs in the area where the repairs are to be done. The loan is limited to a maximum of \$10,000 in urban areas. The loan is at current interest rates and can be repaid over a period of up to 20 years.

The portion of the loan which may be not have to be repaid is dependent on household income up to a maximum of \$5,000 in Winnipeg. Homeowners "earn" this forgivable amount by continuing to own and live in the house for five years.

Eligible repairs include:

- Structural
- Electrical
- Plumbing
- Heating
- Fire Safety

The type and quality of the repair work should give the house a further useful life of at least 15 years.

2.4 SUPPORT SERVICES

The availability of certain types of services in a community may be a major factor in an older person's choice of accommodation. Support services are particularly important for those who cannot depend on informal support from relatives and friends, but who wish to continue to live in their own homes. Even those who do have informal support can often benefit from professional services, such as medical or personal care. These services may allow an older person to choose accommodation such as a garden suite or accessory apartment, rather than have to move to a nursing home.

The following are the main types of services available:

Meals can be provided in the home, through "Meals-on-wheels," or in local clubs, through "Wheels-to-meals."

Emergency response systems can link people in their homes to central monitoring agencies, or to relatives and friends who can arrange a response to their needs in an emergency. Users can initiate calls (by pressing a button, for example) or, in some cases, the system senses (through a lack of activity) that the occupant could be incapacitated.

Special transportation can be provided for scheduled services, activities, and shopping, or to provide disabled or frail older people with door-to-door service for special events and appointments.

Visiting homemaker services can include assistance in personal care, housework, maintenance. In some cases, programs are specially tailored to meet the needs of people with particular disabilities.

Social and recreational programs for older people include fitness programs and opportunities to participate in a wide range of activities.

Counselling and information services are available to inform older people about the variety of programs, activities and services available to them.

2.5 SUMMARY AND CONCLUSIONS

This chapter has outlined a variety of federal and provincial government initiatives which can provide direct or indirect assistance to Manitoba's elderly population in meeting their needs for suitable, adequate and affordable shelter. Those programs providing direct housing benefits to the elderly include the federal-provincial cost shared

public and non-profit housing program, shelter allowances and property tax credits.

In addition to programs directly aimed at the elderly, there is a number of housing-related government initiatives which have aided thousands of Manitoba's seniors in maintaining the economic life of their dwellings and provided the means by which they can prolong the length of time they can remain in their homes. Those programs aimed at maintaining the residences of Manitoba's elderly are the Residential Rehabilitation Assistance Program (RRAP) and the Emergency Repair Program (ERP).

Certain programs are geared to providing assistance to the elderly wishing to remain in their own homes but who require some support services. Services in this category include Visting Homemakers, Special Transportation, Emergency Response Systems, Homecare Services and Counselling.

Two programs, Respite Care and Adult Day Care, help family members caring for elderly relatives at home by providing part-time and temporary care for the infirm elderly.

One of the major benefits of these programs is a reduction of the demand of support services for seniors, by allowing

them (at a much lower cost) to remain in their own homes,
instead of creating entirely new infrastructures.

The program that offers a transition is the Support Services
Housing or Abbeyfield Concept.

CHAPTER THREE

THE ABBEYFIELD CONCEPT IN CANADA AND ABROAD

3.1 INTRODUCTION

As mentioned in the previous chapter, a viable transitional model is needed for Manitobians, one that is placed somewhere between seniors remaining in their own homes and institutional care. The Abbeyfield concept, while not the panacea for all the problems of an aging society, is a good alternative which can act as a bridge or transition from totally independent living to higher levels of care in nursing homes. Its main thrust is companionship and mutual support; the implication is not that this is a revolutionary new concept, however, it does appear to be decidedly different from the alternatives examined within the province, and seems to fit more closely the needs of independent elderly. Elderly who fall into this category are a segment of the present Winnipeg market which is not being adequately serviced.

This chapter explores the origins and growth of the Abbeyfield concept in various countries, paying particular attention to the variations that have come as the result of adaptation to legislative and infrastructural circumstances particular to those countries.

Abbeyfield societies in the United Kingdom, Australia, and Canada are examined as well as Supportive Housing in the United States, a concept similar in nature to Abbeyfield. Details presented here vary in accordance to the differences in each country that were deemed noteworthy, and to the information available.

3.2 ORIGIN OF THE ABBEYFIELD SOCIETY

The Abbeyfield Society was formed in the 1950's by R. Carr Gomm in Bermondsey, London. Realizing that many seniors lived in isolation Mr. Gomm proposed opening a house with a housekeeper where elderly people could live together in family style. The name stems from the original meeting place of an interested group at a home on Abbeyfield road. The first Abbeyfield house was opened in 1959 with six more appearing two years later. Since 1976, the date which the Society was reorganized, growth of Abbeyfield homes has been at the rate of five per cent per year with the total number surpassing 1000 by 1987.

3.2.1 OBJECTIVE OF THE ABBEYFIELD SOCIETY

In its Members Handbook the Abbeyfield Society states "That elderly people have an important role to play amongst their families, friends and community; That many elderly people suffer from loneliness and insecurity; That within the

community the individual has a essential part to play in helping elderly people in special need."

In addition to this the Abbeyfield Society states its purpose as follows: "To provide the elderly with their own homes within the security and companionship of small households."

3.2.2 GUIDING PRINCIPLES OF THE ABBEYFIELD SOCIETY

The Abbeyfield Members Handbook states eight guiding principles for the Society:

- 1) Wherever there is a need, a local Abbeyfield Society is set up which will have full local responsibility for opening and maintaining Abbeyfield Houses;
- 2) Houses are situated in the communities from which the residents are usually drawn;
- 3) Loneliness is the primary consideration in the selection of residents;
- 4) Residents have rooms of their own, furnish them as they wish, and look after them;
- 5) Privacy is respected, but visits from relations, friends and neighbours are encouraged;
- 6) Each resident pays his/her share of running costs of the house;
- 7) A housekeeper residing in each house cares for the residents, runs the house and provides and prepares the main meals;
- 8) Local clergy and ministers are made aware of the house and given the opportunity to visit as in an ordinary home.

The first order of business for a group of people interested in setting up a local Abbeyfield society is to organize themselves as a Steering Committee made up of a

Chairman/Hon. Secretary and others. The committee can also include positions such as an accountant, a lawyer, an architect and a social worker. The committee examines local authorities, housing costs, and other Abbeyfield Houses after which it applies through a regional office for affiliation with Abbeyfield and registration as a local not-for-profit housing association. After the completion of these procedures, an executive committee of 12-18 persons runs the society with officers duties as specified by the national society. Each society is autonomous except for two things 1) they must adhere to the principles above, and 2) they should adhere to the time-proven procedures.

3.3 ABBEYFIELD IN THE UNITED KINGDOM

In the United Kingdom, the national Abbeyfield Society is an association similar to the Royal British Legion, Anchor Housing and Hanover Housing associations which are major providers of "Category 2½ Homes" for the elderly. The Abbeyfield Society is a federation of voluntary local charitable societies (Abbeyfield, 1976). The local societies setup and manage family-sized houses where seven to nine elderly people live together with the aid of a resident housekeeper/cook. Each house is financially self-supporting with each tenant paying her/his full share of operating and capital costs, sometimes with the aid of government supplemental income assistance. Tenants for the

house, as well as volunteers are recruited from the immediate community area.

The federation of local societies is structured at four levels: national, regional, district and local. It is sustained in part by contributions from the local house societies on per house basis. The functions of National Headquarters include stipulations of terms of reference for the establishment of each Abbeyfield house, with detailed guidelines for operations, enlistment of tenants, financing and other areas of policy. National operations include national fundraising, government and intergovernmental relations, overseas relations, industrial liaison, record-keeping, research, policy-making, dissemination of information bulletins, and the negotiating and provision of insurance and loans for the creation of new houses.

3.3.1 OPERATION OF THE ABBEYFIELD HOUSE

Abbeyfield houses are more a concept than a house type. They can take a variety of physical forms, converted single-family homes, new multiple unit construction etc., however, the basic underlying concept in any of these homes is the idea of supportive cooperation.

Abbeyfield houses are typically small for several reasons:

1) they can be placed in areas of existing single-family

detached dwellings with virtually unlimited locational opportunities; 2) their common rooms will be of domestic scale, not institutional; and 3) their small scale nature may be associated with low overhead and the use of volunteer helpers.

"...loneliness is usually a bigger problem than that of 'making ends meet'" (Abbeyfield Society, 1983). It is also important, however, that residents are ambulant and able to care for themselves and their rooms. As they age, these provisions become increasingly difficult, so Abbeyfield has developed "Extra Care" homes (Abbeyfield Society, 1983).

In the early years, Abbeyfield bed-sitting rooms rarely had private toilets, but did typically include a wash-basin and simple cooking facilities. All newer units are now equipped with private toilets (Hough, 1988).

To maintain one's private bedroom means retaining certain exclusive territory within the dwelling. Each resident's quarters will be identified with their initials on the door, and characterized by their own interior furnishings, space for visitors to sit, and several entrance and exit routes.

The charitable aspect of Abbeyfield does not include rent subsidy. "The first objective of a local society is to

cover its cost...after proper provision for depreciation and maintenance and repairs... local societies should build up a reserve of 5,000 pounds sterling per house of seven residents to meet unforeseen circumstances...It is desirable to aim for a surplus of income over expenditure each year."

3.3.2 RESIDENTS AND THE HOUSE MANAGER

The household manager is critical to the operation of an Abbeyfield house (Shimizu, 1988). It is usually a woman with a child, or a spouse with grown children, typically in the 50-65 year age range (Abbeyfield Members Handbook, 1983). She is a friend to the residents, not a nurse, since the usual Abbeyfield house concept does not offer nursing care.

The house manager buys, cooks and serves the food. She is helped by a variety of community services brought into the house; home-help, fix-it services, visiting nurses, social workers, or meals-on-wheels where appropriate. All decisions pertaining to household affairs are made with the agreement of the house manager, the residents and the House Committee of volunteers. Shimizu further reports that:

"Various ethnic communities have affiliated with either local societies or the national society to provide small scale homes for the very old in their

communities. For example, there is a London Polish House located in a newly built housing project in an area with a Polish Catholic Church and Community Centre. Two Servite Sisters from Poland live-in as staff and Polish is the language used daily... In another area of London the Abbeyfield Harrow Society manages a house in which the residents are second generation Polish and Russian Jews. English, rather than Yiddish or Hebrew is the language in daily use, with a liberal sprinkling of Yiddish expressions. Jewish traditions are observed in the preparation of meals."

In the nearly 40 years since Abbeyfield housing first began, some of the residents have become older and more frail and some have required more care than the typical supportive home could provide. To meet the needs of these people, the Abbeyfield Society has developed a number of Extra Care Homes (Abbeyfield, 1983). Shimizu reports that in 1988 there are 29 Abbeyfield Extra Care Homes in the U.K.

3.4 ABBEYFIELD IN THE CANADIAN CONTEXT:

The Canadian Abbeyfield Houses Society was originally formed in the early 1980's and latter incorporated in 1985. Local societies were formed in Kelowna, B.C. in 1984, Victoria B.C. in 1985, Sidney, B.C. in 1986, and Vancouver

B.C. in 1986, while the first houses opened were in Sidney and Kelowna. More recently local societies have been formed in Guelph, Port Hope and Toronto Ontario, as well as in Calgary, Alberta. To date no society has been formed in Winnipeg.

Housing options for Canadian elderly fall in three major groups: independent living, supported independent living, and dependent living (Brink, 1984). In the United Kingdom, roughly equivalent categories are conventional, sheltered, and institutional (Heumann and Boldy, 1982). Abbeyfield housing in Canada falls into the "sheltered" category, which in turn is divided into three sub-levels: self-contained dwellings; partial suites or bed-sitting rooms for elderly which require some on-site servicing; and rooms or suites in a congregate/collective setting. Small single or multi-unit variations of supported independent housing in Canada such as homesharing, garden (or granny) suites, secondary suites or congregate housing are inhibited by many local residential zoning bylaws. At the same time, municipal zoning may provide for larger-scale establishments such as life-tenancy centres (with integrated care); mobile home subdivisions, sheltered retirement housing, or old folks homes. These larger accommodations are thus more typical in the Canadian context.

Funding of smaller scale supportive independent housing for the elderly in Canada also is problematic. According to a recent annual report, Canada Mortgage and Housing Corporation, which administers the National Housing Act, provides assistance to elderly housing according to four need guidelines: low income; substandard dwelling; family assistance; and handicapped or disabled. Other elderly, who may be well, independent, and have above minimum incomes do not fit easily into the four need paradigms, and subsequently are less well served. The aim of supportive housing for well but lonely individuals is to delay their entry into personal care facilities.

3.4.1 THE CANADIAN NATIONAL ORGANIZATION

"Abbeyfield in Canada is a federation of voluntary local societies each with charitable status, which set up and manage family houses where seven to nine elderly people have their own bed/sitting room" (Davis, 1986).

The name Abbeyfield is used in Canada with the agreement of the Abbeyfield Society (U.K.) under the condition they pay a one-time fee of \$200 and adhere to the standards of practice laid out by the U.K. society. The Canadian organization is roughly based upon the British model. However, Abbeyfield Houses Society of Canada presently operates with a two-tiered system, the national and the local. Creating

intermediate provincial or regional tiers has not been an initial concern.

The reciprocal roles and responsibilities between the national and local bodies is a matter of current concern within the national society. To date there is no clear policy which regulates how local societies interact with the national society or among themselves. Neither are there rules which outline how they approach provincial and federal agencies for resources and finances, nor how closely affiliated the local societies are to Abbeyfield Canada.

The Canadian national society's objective is to "give security and companionship to elderly people who would otherwise be living alone, who no longer feel able to lead a completely independent life in a private house or even a senior citizens apartment, but do not need the full time attendance provided by an Old Age Home" (Abbeyfield Houses Society of Canada Members Handbook, 1986). The national society is responsible for the development of new local societies, monitoring adherences to the national principles on the part of local chapters and the interpretation and adaptation of the U.K. model to the Canadian context.

Abbeyfield in Canada is in a sense a franchise operation, and its "product" needs to be tailored to diverse provincial

conditions and to be standardized nationally by rules, practices, codes, and evaluations time-tested elsewhere. Strictures of national codes do not easily fit with local control and autonomy. For this reason, Canadian Abbeyfield Societies have needed to clarify questions about policies in Abbeyfield U.K. which may not be wholly appropriate to Canada.

3.5 ABBEYFIELD IN THE AUSTRALIA CONTEXT

In response to a perceived gap in the range of housing available to older Australians, the Abbeyfield concept was seriously considered as a possible option in the late 1970's. Members of the Council on Aging in the state of Victoria visited Abbeyfield houses in the United Kingdom to study the possibility of adapting the concept to Australian lifestyles. In 1981 the National Association of the Abbeyfield Society in Australia was created. Its mandate was three fold: 1) to develop an Australian conception of Abbeyfield, 2) to position the Abbeyfield concept in the range of seniors' housing options available in Australia, and 3) to establish essential contacts with various government levels and agencies.

For three years the Australian interpretation of Abbeyfield evolved under the national society, while knowledge and support grew among government and the community. Thus the

Society's goals and objectives were incorporated into nationally-standardized policies. This conceptual consistency has permitted Abbeyfield to promote itself and to develop a viable housing option throughout Australia. National standardization has been important in seeking endorsement and funding from government and from the public.

The first Australian Abbeyfield house was established by the local Melbourne Society in 1985 as a federally-funded pilot project. Similar to the situation in the U.K., all Abbeyfield houses are planned and established through local initiative and interest, led by local Abbeyfield societies.

Although local Abbeyfield societies work within the context of the state and national organization, policies and guidelines, they enjoy independent financing and administration. Much of the local work is steered by two committees: the Executive Committee and the House Committee. The Executive Committee plans and directs the housing projects, selects residents, manages and maintains the house, supervises the housekeeper, and assists residents in adjusting to Abbeyfield living or in finding required assistance or alternative accommodation.

The House Committee consists of all house residents together with up to five non-resident resource persons appointed by

the local Abbeyfield society. The House Committee makes decisions regarding the day-to-day life of the house, such as determining the duties of the housekeeper, the house resource persons, and deciding household issues such as house rules, meal times, pet policy, bookings for the spare room, handling of interpersonal conflicts, recommending potential residents or housekeepers, and forming the residents' perspective for the yearly Abbeyfield State Assembly.

A wide range of advisory and consultative services to groups wishing to form local societies are provided by the National and state Abbeyfield offices. Funding for such groups is currently available from the state government of Victoria. The possibility of a system for future funding is being explored which will coordinate contributions from house residents, local societies and state societies.

3.5.1 COMMUNITY PARTICIPATION

Communities and neighbourhoods have generally accepted the Australian Abbeyfield Houses concept. There was some early skepticism among the National Committee members who studied the U.K. Abbeyfield model whether the general idea of sheltered housing or the Abbeyfield's version would be accepted by the individualistic Australians. Adapting the U.K. model resulted in a democratic, three-tiered

organizational structure with residents' participation in day-to-day decisions. The domestic scale and character of Abbeyfield houses has likely done much for its acceptance, as has the fact that it fills a void in options for older Australians in their local communities. The value of support in a familiar home-like setting as their capabilities decline is recognized by many people.

The policies and guidelines of Abbeyfield Australia are broad enough to include ethnic groups and their wider communities and there is strong interest among local ethnic groups to develop Abbeyfield houses based on common language, culture, diet and religion.

3.5.2 RESIDENTS AND THE HOUSE MANAGER

House residents are selected by members of the local society's Assessment Committee of two or three professionals (doctor, nurse, social worker, physiotherapist) in consultations with existing residents of the house. Screening takes place on the basis of social need or loneliness, financial status, and ties within the neighbourhood. Other criteria include house sex and age mix, values and lifestyles. A trial period of three months allows new residents time to adjust and determine their compatibility with Abbeyfield living.

Abbeyfield houses requires that residents be capable of meeting their own personal needs and to care for their rooms and laundry. However, local societies help in arranging assistance on a temporary or permanent basis. Physical mobility, assisted by canes, walkers or wheelchairs is acceptable, but Abbeyfield is not suitable for seriously confused older persons. Residents who becomes ill enough for hospital care can retain their room until it is clear that the residents' needs are too care-intensive for Abbeyfield life.

The housekeeper plays a key role in the Abbeyfield concept. Although the housekeeper lives in the house, he or she is not on twenty-four hour call, except in emergencies. Job related duties vary according to the needs and interests of house residents. The main duties include helping residents to create a pleasant and friendly home, planning shopping and preparing two main meals per day, as well as caring for the common areas of the house. Housekeepers provide only temporary minor assistance to ill or convalescing residents. Days-off and holidays are standardized union equivalents, and volunteers from the local Abbeyfield society assist as relief housekeepers on weekends, holidays and vacation periods.

3.5.3 EXISTING ABBEYFIELD HOUSES

There are currently two Abbeyfield Australia houses operating in the Melbourne, Victoria area. The first is a renovated ten-resident standard house formed by constructing a living/dining room area between two small houses. The overall appearance of the houses from the street has not altered with the addition. The other house is also a standard house specifically built for 10 residents. One non-standard house was also tried in 1986 in the Melbourne area but folded during its first year because of insufficient interest. Current government housing subsidies act as a disincentive to individuals who can otherwise afford to contribute to their own housing costs. While the idea of residents contributing to the capital costs of the house may have been somewhat ahead of its time, non-standard houses are still part of the Australian Society's plans for the future.

3.5.4 CAPITAL AND OPERATIONAL COSTS

Abbeyfield residents are responsible for food and operating costs, but not for capital costs. Houses are financed through government assistance and subsidized by tax deductible donations (cash, assets or buildings), interest-free loans from residents and non-residents.

Residents do not incur any of the capital costs for "standard houses". The existing standard house in Melbourne is supported by Government funding and local community funds. In non-standard houses, residents are asked to contribute to the capital costs of their house through interest-free loans. As an example, entry into the one existing non-standard house mentioned previously would have required, a \$70,000 investment per resident.

The local societies strive to plan and run economically viable and self-supporting organizations and houses. The main means of obtaining operational funding is through residents fees. Fees generally cover the housekeeper's salary and board, the residents' room and board, utilities, maintenance and upkeep, and house administration costs. Fees vary from house to house, but those for standard houses are set at a maximum of 85 per cent of basic pension income. While the budget of standard houses is constrained by the limited incomes of low-income residents and therefore the lifestyle is basic, non-standard houses have more luxurious menus, furnishings and equipment.

The national Abbeyfield Society is now negotiating a funding system with the Australian State and National governments to provide 100 per cent of the capital costs of establishing standard houses and 60-95 per cent of costs for non-standard

houses, depending upon the residents social and income characteristics. Mortgages or loans would make up differences between capital and total costs of housing projects.

3.6 SUPPORTIVE HOUSING IN THE UNITED STATES

Congregate housing has a somewhat different evolution and history in the United States. Comparable in scale and operation to the U.K. and Australian Abbeyfield homes, the American congregate has evolved from a different base and without settling on a definitive solution for establishing a home.

There are two kinds of supportive housing in the United States that are both small and "service-rich" (Heumann, 1982), "congregate" and "shared" housing. Shretter (1983) identifies three types of "shared" housing, "naturally-occurring", "agency assisted" and "agency sponsored." The "agency-sponsored model" is usually the largest of the three. Here, a sponsor organization operates the group residence and takes the responsibility for the selection of the residents. This agency sponsored housing is similar to Abbeyfield in the sharing and size dimensions but is not necessarily service rich.

A second alternative is congregate housing where a group of people share a range of common facilities and services. The United States Government Housing and Urban Development (HUD) defines this as a collection of dwellings connected to a central dining facility where at least one communal meal is taken each day.

Congregate homes are rich in services, with live-in staff to manage the house, serve residents' needs and coordinate resources. Additional services which can be negotiated include; meals, transportation, homemaking, personal care and certain home nursing for the administration of medicines, although the home does not routinely provide medical care as an in-house service.

Congregate housing varies widely in size with groups ranging from four people to two hundred or more. Studies of Boston congregate housing indicate a trend toward the smaller sizes, and close to the Abbeyfield model. The Final Report on **Congregate Housing for Older People: An Effective Alternative** prepared in June 1984 for the Massachusetts Department of Elder Affairs provides a description:

"Forms of Congregate Houses: Congregate living arrangements may include as few as four residents and in some definitions can be a small apartment with five to nine residents, or a house unto itself. The form that a particular congregate arrangement takes depends

on the context in which it is constructed. Many forms are appropriate for this form of housing." (Mollica, 1984).

Although these congregate homes are typically rental living, they are distinguished from the traditional, old style boarding house in two major ways. First, the residents of the home are encouraged to play a decisive role in its management. Second, the congregate home is run on a not-for-profit basis by the sponsor organization which either owns or has leased the property for the purpose of the Senior Congregate Residence.

3.6.1 AMERICAN NATIONAL ORGANIZATIONS

Two National Associations provide a network of organizations supporting non-profit housing for the aged across the United States.

The American Association of Homes for the Aging (AAHA) is a trade association established in 1961 with affiliated associations in thirty-seven states. The AAHA has a membership of 2,800 residential establishments housing over 500,000 seniors, 75 per cent of which are sponsored by religious organizations. The AAHA promotes the interests of its members through advocacy, education, professional development, research, and services; and works to enhance member's ability to meet social, health, environmental, and

quality of living needs of the individuals and communities they serve.

The American Association of Retired Persons (AARP) is the other national American association, with anyone fifty years and older eligible for membership. The AARP has twenty-four million members and a working corps of 1,000 employees and 500,000 volunteers. The major objectives of the AARP are research and publishing, as well as active participation with the network of organizations offering information and services to retired persons. Educating the public is one of the association's primary goals since the idea of shared living is still not readily accepted by the majority of the aging population.

Unlike the Abbeyfield Society, the national associations in the United States do not promote any one particular formula for housing the elderly. Rather, they are umbrella organizations working for general improvement in housing for the aging. They also lobby for support at the federal government level; for example lobbying for home delivered services to increase service flexibility for residents in non-institutional homes.

3.6.2 OPERATION OF CONGREGATE HOMES

Most often small congregate homes are established with the sponsorship and operational support of a local non-profit society. A number of individually operated congregate homes may be linked to the larger network through affiliation with regional organizations such as Action for Boston Community Development, or a religious organization, but each home is set up as an independent operation.

The operational organization and house rules, if any, are most often decided by the residents themselves. However, guides on establishing congregate homes (Welch; ABC 1982) recommend that the sponsor organization set up in advance a well defined procedures for selecting residents, and for deciding when an individual can no longer be supported.

The selection of residents is likely to follow a preliminary assessment of the prospective resident's income. For federally supported financing or rental assistance the principal criteria for selection are imposed by Housing and Urban Development (HUD) and are based entirely on income. Individuals must have incomes of less than \$14,400 (1987 U.S. dollars) to be eligible for rental assistance from HUD. If the sponsor is a private non-profit organization, then prospective residents will need incomes in the \$20,000 U.S. per year range.

As with the U.K., Canadian and Australian models of supportive housing, congregate housing provides no nursing or medical care. Thus residents must be healthy and semi-independent. Additional criteria are good hygiene, and ability to look after their own medication and an ability to use their environment safely. Impairment of mobility, sight, and hearing is generally not considered a barrier to entrance.

"Managers and residents both need a system of agreements to define the moment when an individual can no longer stay in the congregate home. However, experience has shown that this tends not to be a problem. Either people recognize when they must leave or they remain in good health until they are helped through their last days by mutual agreement of the people in the house." (Mollica, 1984).

3.6.3 HOUSE DESIGN

Unlike the Abbeyfield Society, the United States has not adopted a formula for house size. Where economics is the only consideration, a structure housing 100 - 200 residents is most often recommended. As a result smaller congregate homes tend to be designed to fit existing houses or small buildings.

There should be a definite harmony between shared amenity and private space. "At home" means being in control of sharing and privacy (Welch, 1984). Common areas of the house can be decentralized to encourage the crossing of paths.

Cram (1985) suggests that several smaller sized rooms are better than one or two large rooms for the common areas, and that the bedrooms not be too large. Many storage areas about the house are recommended by several sources, as is a big common kitchen with ample counter space and storage. The kitchen should be big enough to accommodate several people at a time, possibly including people with walkers or wheelchairs, and there should be an adjacent nook to accommodate informal meals.

Attention to the effects of aging is essential as is an understanding of barrier free design specifically designed to promote independence. Aging dims sight and diminishes colour perception so that lighting and the use of colour need particular attention, especially where safety is involved. People tend to become more easily confused as they grow older, so a house should be arranged so that it is interesting but not confusing for them. The elderly vary widely in their sensitivity to hot and cold, so the locations of the thermostats in the house becomes an

important consideration. Experience suggests that there should either be on thermostat in each room, or one for each resident; never should a single thermostat be shared between two bedrooms. (Mollica, 1984).

3.6.4 CAPITAL AND OPERATIONAL COSTS

"The small scale congregate houses tend to be affordable and do-able [sic] over a relatively short period of time. This makes them suitable for development through local private non-profit organizations." (U.S. Congressional Hearing, 1981). "Affordable" does not necessarily equate to "inexpensive", however, as most are operated without federal subsidies and are usually accessible to residents with incomes of \$20,000 U.S. or more. It is a common practice in the United States for privately funded congregate homes to charge a substantial entrance fee. The market for small congregate units continues to increase, and a first U.S. Abbeyfield House has been constructed in the Southeast.

The amount prospective residents can expect to pay for congregate accommodation varies in different markets, and will determine what a sponsor group can afford to spend in establishing the house. As the improved quality of living extends life expectancy, it also stretches available resources.

An opposing argument is that there is great wealth vested in the elderly population in the form of home equity assets. Estimates in the United States, suggest that 70 per cent of the assets of the elderly are in their homes (U.S. Congressional Briefing, 1985). Various methods of home equity conversion are being developed and tried. One of the more promising plans being experimented with is the reverse mortgage. The "reverse Mortgage" has two forms. One is at fixed term for a set number of years at a given interest. This provides monthly payments during a specific term, then full payback plus interest is due. The second is the open ended form which provides monthly payments for life as long as the owner is living in his home. This is offered with both fixed and variable interest components.

Other home equity conversion schemes are variations on a sale plan. In one type of plan the house is sold and leased back to the previous owner who receives a down payment and usually a small monthly installment from the purchaser who takes possession of the house when the previous owner dies or moves out. This is usually an informal two party arrangement. A second version is a remainder interest plan more appropriate for low value homes where the buyer becomes owner only upon the death of the resident.

A third way of realizing income from home equity through some form of special purpose loan, usually from a government source at little or no interest, and which are often used for major household repairs. Tax deferral programs are essentially treated as a loan which must be repaid at the time the house is sold.

"The elder population is financially vulnerable, at risk and inherently cautious and needs to have professional advice available. Home Equity conversion options offer a number of complex variations including; duration of tenure, the value of the appreciation of the property, collateral, and taxes. Some form of government funded insurance is advisable to reduce the risk for both the older home owner and the investor." (U.S. Congressional Briefing, 1985).

3.7 SUMMARY AND CONCLUSIONS

This chapter has outlined the beginnings of the Abbeyfield Society some forty years ago in London, for the purpose of providing the elderly with their own homes within the security and companionship of small households.

The guiding principles of the Society are also covered in this chapter which state that "loneliness is the primary consideration in the selection of residents" and that "a

housekeeper residing in each house cares for the residents, runs the house and provides and prepares the main meals."

The Abbeyfield society in the United Kingdom is in their own words a federation of voluntary local charitable societies." Unlike the Abbeyfield Societies in Australia and Canada the United Kingdom Societies are highly structured, being stratified into four levels: national, regional, district and local. This amount of organization obviously stems from the fact that there are over 1,000 Abbeyfield homes in the U.K. while only a half dozen homes exist in Canada and only two are currently operating in Australia.

Another notable difference between Abbeyfield homes in the U.K. and those in Canada is the fact that a large majority of the homes operating in the U.K. are renovated structures primarily in urban settings, while those constructed to date in Canada have been new buildings placed in more suburban settings. Two reasons for this are 1) the Canadian homes have tended to be larger in size than their U.K. counterparts and as such cannot be easily accommodated in existing structures within established neighbourhoods and 2) the tendency for Canadian cities to be more suburban than those in the U.K.

While Congregate housing in the United States does show some similarities to the Abbeyfield concept in has evolved with no "standard" or definitive design. As such the American model has tended to show a considerable amount of variability in service availability as well as in size, ranging from as few as four residents to as many as 200.

This chapter has provided an overview of the broad framework of the Abbeyfield Society in various countries. From here it is important to take a closer look at the actual implementation of these higher level concepts and guiding principles to a specific project in the Canadian context.

CHAPTER FOUR

PORT HOPE ABBEYFIELD HOUSE: A CASE STUDY

4.1 INTRODUCTION

While appearing rather prosaic at first, an examination of the actual detailed operation of an Abbeyfield House is important in order to understand how successful the principles of the Abbeyfield Society are when applied in a Canadian situation. As such, this chapter will focus on several aspects of an existing Abbeyfield House in Port Hope Ontario. Consideration in this chapter is focused on the home's Board of Directors and how it is structured, the roles and expertise of permanent and volunteer staff, and the profiles and reactions of residents to their environment. Recognition of the Abbeyfield House concept among other community organizations in the Northumberland area is also explored. The purpose of this inquiry to make specific recommendations regarding the adaptation of the general principles of the Abbeyfield Society to a Winnipeg project.

4.2 BACKGROUND TO THE PORT HOPE STUDY

The Abbeyfield Society of Port Hope was established in 1987. Two years later it purchased and renovated a residential

building in the town of Port Hope, to accommodate five tenants.

Operational funding was provided by the Ontario Ministry of Community and Social Services (MCSS) under the stipulation that a formal evaluation be under-taken at a later date. That evaluation was conducted between December of 1990 and March of 1991. The primary findings of that study are presented in this chapter.

The survey is limited in that it was constructed as a non-experimental qualitative evaluation, and as such does not lend it self to quantitative analysis. Instead it is a one-time anecdotal study of the specific project. This type of study does not show causal relationships but rather is used to evaluate operational and conceptual effectiveness.

The study was conducted using personal interviews with three Board members, the House Coordinator, four of the five tenants, the MCSS Supportive Housing Coordinator, and with the House Coordinator of the Hillsdale Manor Satellite Home. Telephone interviews were also conducted with 18 community agencies in the Port Hope area, the family members of four of the residents at the Abbeyfield house and two community service providers.

The goals of the Ministry of Community and Social Services Evaluation were as follows:

1. To develop a profile of the Abbeyfield board and the effectiveness of the services being provided;
2. To compare the financial viability of this project to other supportive housing projects;
3. To determine whether the principles of supportive housing have been operationalized within this project;
4. To make recommendations on the future development of the project;

4.3 RESIDENTS

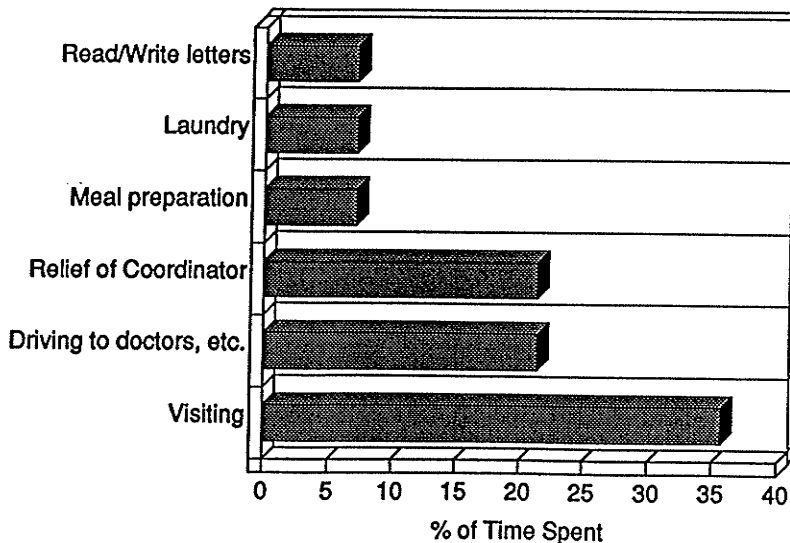
A few comments regarding the tenants' perceptions are in order. The residents interviewed registered an overall satisfaction with the Abbeyfield House. All indicated that they have a feeling of privacy and independence. They also pointed out that the project was safe and pleasant to live in "...clean, well furnished...not institutionalized." They all indicated they were getting value for their money by living in an Abbeyfield Home. When asked if they receive help from the Abbeyfield volunteers two responded that help was not necessary, while two replied that they did receive help, mostly in the form of companionship. All the tenants were made aware of the Port Hope Abbeyfield House by relatives.

4.4 COMMUNITY VOLUNTEERS

The primary role of the Abbeyfield volunteers is to promote and maintain the tenants' independence while providing a much needed link to the community. This goal is accomplished by volunteers visits and helping the tenants with the everyday tasks such as trips to the store and banking or visits to the doctor. Trips to the community centre and other local activities ensure integration with the community as a whole. Volunteers also help with house keeping duties as well as fill in for the coordinator in his/her absence.

At the time of the survey there were eight volunteers at the Port Hope Abbeyfield house exclusive of board members. The number of visits each volunteer made to the house averaged

FIGURE 3
ACTIVITIES PERFORMED BY VOLUNTEERS



two to three per month, but ranged from as few as one and as many as eight. Figure 3 shows the frequency of the six major activities performed by the volunteers.

Each volunteer was also asked for suggestions for increasing volunteerism at Abbeyfield. The most common responses were:

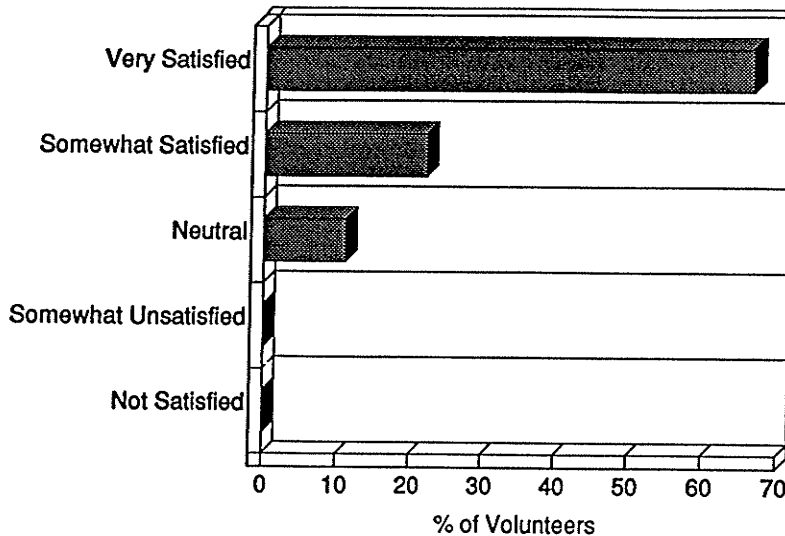
- * Recruitment of other volunteer organizations such as the Rotary, The Lions Clubs and church groups as well as student volunteers.

- * Increase the quality and quantity of training available to volunteers.

- * Increase public awareness of the Abbeyfield Program through increased advertising and other forms of publicity such as community presentations.

The volunteers reported their satisfaction as volunteers on a scale of 1 to 5 with 1 as "very satisfied" and 5 as "not satisfied at all." Figure 4 summarizes their responses.

FIGURE 4
SATISFACTION OF VOLUNTEERS



Seven of the eight volunteers reported that they had received no training from the Abbeyfield Homes. The eighth reported being self taught through the U.K. and Canadian Abbeyfield operations manuals.

Training of Abbeyfield volunteers should be supported by the Board via provision of training costs and related expenses. Costs associated with training could potentially be funded through the Ministry of Community and Social Services (SCSS). Suggested training topics include human service management, volunteering and CPR.

Questionnaires received from the Abbeyfield House in Guelph as well as the two houses in British Columbia indicate

similar volunteer responsibilities and satisfaction with the Abbeyfield concept.

4.5 STAFF AT THE PORT HOPE ABBEYFIELD HOUSE

The Port Hope Abbeyfield House employs a full-time House Coordinator as well two part-time Coordinators and a part-time bookkeeper.

The primary Coordinator works eight hours each day (not necessarily continuously) within the hours of 7:30 a.m. to 6:30 p.m. with the two part-time Coordinators alternating weekends to relieve the full-time Coordinator.

The National Abbeyfield House Society of Canada does not have a job description of the "housekeeper" other than to say she should "...have sympathy and liking for older people. Experience of managing and cooking for a family household is considered sufficient." The job description for the Coordinator prepared for the Port Hope house is quite comprehensive describing in general and specific terms the positions duties (See Appendix).

The interview with the Port Hope Coordinator found that she is very satisfied with her employment. She reported that she feels adequately compensated for her work and has a very good working relationship with the Board and other staff

members. Additional comments in the volunteer interviews indicated that much of the success of the program can be attributed to the "wonderful caring housekeeper." She has been credited with making Abbeyfield "... a real home for the residents."

In fact the Coordinator may be showing too much concern. The interview indicated that the Coordinator is bathing the tenants, doing their laundry, preparing their breakfasts, administering their medication and managing their personal money. Although these actions arise from good intentions they may in fact be contributing to a deterioration in the residents independence. The underlying premise of the Abbeyfield and supportive housing concept is to facilitate and prolong the independence of the tenants by allowing, and indeed expecting, them to perform the daily personal tasks which they are capable of performing. The level of care being afforded the Port Hope House tenants is undermining their opportunities for independence.

As with the Abbeyfield volunteers a training plan is recommended for the three Coordinators. In particular a need was identified for someone trained in CPR and emergency first aid to be on duty at all times. In addition to this the staff should be encouraged to enroll in seniors care and

human services courses with the financial support of the Board.

4.6 PORT HOPE ABBEYFIELD BOARD OF DIRECTORS

The Port Hope Abbeyfield House has nine members on its board of directors including a President and Vice President and Executive Committee. The board also has two subcommittees: the Volunteer Committee and the Property Committee.

Development or Corporate Plan

A major finding of the MCSS study was the fact that the Board lacked an operational plan to organize the Board's goals and objectives and the specific tasks and resources needed to carry them out. For example the Board may wish to include some of the following in its development plan:

1. Facilitate the independence of the residents of the Port Hope Abbeyfield House.
2. Secure funding from MCSS and institute a training plan for the development of the staff, board and volunteers.
3. Increase the quality and quantity of activities available to the residents.
4. Raise the profile within the community of the both the Abbeyfield Houses Society as well as the Port Hope House.

The Abbeyfield Board can develop an operational plan through the United Way's Volunteer Leadership Development Program

(VLDP). Following this basic introduction to planning, the Board may wish to hire a professional consultant to work with the Board on the development of a plan.

In addition to the development of an operational plan the VLDP can also help the Board with training in human resources, finance, and community relations. Training through the VLDP is offered in the form of workshops accommodating 7-20 people and costing around \$200, for groups less than 7 participants the cost is only \$100. The workshops can be held on evenings or weekends to fit the agency's schedule. Arrangements for this type of training can be made through Program Manager at any United Way branch.

4.7 FAMILY CONTACTS

Four of the five family contacts were interviewed for their opinions on the Abbeyfield Program, to verify information, and to determine their level of involvement with their relative at Abbeyfield. The most important points are covered here.

Two of the five tenants were essentially "placed" in the house for medical reasons although the state of one of the residents health does not preclude independence. One tenant was diagnosed with Alzheimer's disease before moving into

the house and does require more than general supportive care. The second tenant was discharged to the house from a hospital after recovering from a head injury.

4.8 COMMUNITY AGENCIES

Eighteen community agencies in the County of Northumberland and Town of Port Hope were called and asked four questions:

1. Have you ever heard of the Abbeyfield Society of Port Hope?
2. How did you hear of this Organization?
3. What have you heard?
4. Do you have any pamphlets (or other promotional material) from the Abbeyfield Society of Port Hope?

Of the 18 agencies surveyed, 10 reported hearing of the Port Hope house from the following sources:

Table 5

SOURCE	FREQUENCY
Newspaper	3
Publicity	3
Word of mouth	3
Previous knowledge	3
Through work	2

Note: most agencies that had heard about the Abbeyfield house heard from several sources.

Nine of the 10 agencies that had heard about Abbeyfield do not have pamphlets on the program and with one exception would display them.

The agencies that have heard of the local Abbeyfield have either heard favourable comments or general program information. There is a sense that the program is "low key" and that "PR has faded since start-up."

It was reported that the agency has made some effort to promote the program, but with operational details to be settled in the first year, promotion of the program received less attention. With the house at full occupancy, and other pressing matters resolved, the Board may now want to develop a marketing plan. A successful marketing plan can benefit the program in several ways.

- * Increase public awareness of supportive housing alternatives and specifically of the Abbeyfield Program.
- * Increase interest in tenancy at Abbeyfield so the Board is able to choose among several applicants for tenancy to ensure suitability.
- * Increase voluntarism. This would benefit the Board, staff and most importantly the tenants. It would reduce the Board's workload, assist staff with house operations and

help the tenants to become more independent and integrated in the community.

* Increase revenues from charitable donations.

4.9 SUMMARY AND CONCLUSIONS

A number of facets of the Port Hope Abbeyfield were examined yielding several specific recommendations. The most notable finding of the study was the Board's lack of an operational plan to organize its goals and objectives and the specific tasks and resources needed to carry them out.

An examination of the tenants indicated that they tended to suffer from a general lack of activity, especially during the winter months. To rectify this it is recommended that a structured activity program be implemented by the Board. This service could probably be best provided by contracting a trained activation person. In addition to this it was found that the Coordinator was providing all three meals of the day. In keeping with Abbeyfield's expression of the supportive housing principle of independence it is recommended that residents prepare their own breakfast. Further to this idea it is important that residents also, in as much as possible, administer their own medication and administer their own money and financial affairs.

The Board should arrange for the Coordinator to take training in emergency first aid and CPR. Where possible other staff should also be encouraged to take both medical and non-medical training.

Interviews held with the tenants indicated an overall satisfaction with the home, describing the residence as safe and secure while maintaining their independence.

CHAPTER FIVE

OPTIONS FOR IMPLEMENTATION

5.1 INTRODUCTION

This chapter addresses some of the questions that could be raised in the actual development of a pilot Abbeyfield House in Winnipeg. The first section deals with the physical and organizational aspects of implementation, while the second section deals with the financing options.

Site considerations and selection are discussed from a purely physical standpoint, touching on the most appropriate type of neighbourhood from a marketing point of view. However, concerns raised by resident groups regarding intervention into an existing neighbourhood can be a major impediment to the success of a group home of this type. For this reason some discussion is presented relating to past experience with a variety of group homes in different situations. The legislative origins of land use regulation are then explored along with a discussion of possible impediments arising from existing zoning by-laws.

The second half of this chapter identifies and discusses various resident funding options for a project of this type. Chapter one related, through an examination of the current

demographics of Canadian seniors, that there is a growing need exists for supportive type housings to prolong and maintain seniors ability to function outside of an institutional setting. While this process facilitates a better standard of living, it was also seen as a necessity due to the steadily increasing need for higher level support funding by the federal and provincial governments. This concern was exacerbated by the increased numbers of the oldest members of this age group who represent the highest users of health care and support services and make proportionally larger demands on the available funds. However, the demographic information also pointed out the growing ability of many seniors to participate in suppling their own retirement housing.

This chapter examines the interrelationship, or more succinctly the co-dependence of these two notions by exploring various ways in which groups can begin to use their own accumulated capital to form seniors housing projects. This in turn would free urgently needed subsidy funds for those in the greatest need.

5.2 SITE SELECTION

The appropriate site for an elderly housing project within the city is a vital component for the success of that project, particularly for Abbeyfield Homes which stress

community interaction and support. The neighbourhood best suited to a pilot Abbeyfield House in Winnipeg should fit three basic criteria. The first is that it should be an older existing neighbourhood, the second is that the neighbourhood should contain large homes and finally, in general, residents should have incomes greater than the city average. The rationale for each of these criteria is discussed in this section.

In keeping with the guidelines set out by the Abbeyfield Society it is recommended that the house identified for conversion be located in an existing neighbourhood approximately 30 years or older. The primary reason for selecting this type of area relates to the desired marketing prospective. Neighbourhoods of this type represent in-situ demand. A study conducted by the Co-operative Housing Federation of Toronto found that location is the prime consideration in the seniors decision to move.

Neighbourhood location is clearly a key factor for senior's housing - most of the elderly surveyed, indicated that it was important that they remain in a particular part of the city (Canadian Housing Federation of Toronto, 1979).

Indeed, other research also identifies that the elderly often feel a strong emotional attachment to their neighbourhoods, and that unfamiliar areas can lead to

withdrawal, loneliness and perhaps even early death (Andreae, 1978). Obviously relocation of seniors to unfamiliar areas of the city deemed "appropriate" is detrimental to marketing efforts, and more importantly even harmful to the elderly individuals involved.

The second important consideration in selecting a neighbourhood is the size and condition of its housing stock. For an Abbeyfield chapter to adopt an existing single-family home for conversion, it must be of sufficient size to accommodate five or six individuals with self-contained suites as well as common living and kitchen areas. In addition to this, on-site parking will most likely be required. While the specific Abbeyfield home will undergo considerable renovation the condition of the surrounding homes is also an important issue with regards to aesthetics and more importantly safety in run-down areas of the city.

Another criterion to be satisfied is that the neighbourhood should harbour a reasonably large number of elderly people to constitute reasonable demand for the Abbeyfield project. Ideally, these elderly will have sufficient incomes to facilitate the resident financing component of the proposed project. As was mentioned in the first chapter, elderly housing must strive to utilize seniors' accrued capital

where feasible to free shrinking public funds for projects targeted directly toward low income elderly. To a large extent this condition is tied to the previous one in that areas with larger homes usually have residents with higher than average incomes.

Finally, the elderly exhibit a number of characteristics that must be considered when selecting a site for the house. In general the elderly are relatively immobile. The proportion of the elderly with driver's licences and those who own automobiles is considerably lower than any other age group, due in part to financial constraints and health problems (Andreae 1978). Public transportation may not be the solution either, as long waits at bus stops in poor weather make public transit very unattractive, particularly to the elderly who are more vulnerable to cold weather than other age groups.

Both public and private forms of vehicular transportation may be unsuitable or unavailable to these individuals. The elderly therefore may have to, or wish to walk to many of the services and facilities that they use on a daily basis. However, the distances that an elderly person can cover are reasonably short. Table 6 indicates the maximum and recommended distances the elderly are able, and willing to walk to obtain services. Location near to these services

TABLE 6
CRITICAL DISTANCE MEASURES TO SELECTED FACILITIES

Facility	Rank of Importance (1)	Critical Distance (2)	Recommended Distance (3)
Grocery store	1	2-3 blocks	1 block
Bus stop	2	1-2 blocks	adjacent to site
House of worship	3	1/4 - 1/2 mile	1/2 mile
Drug Store	4	3 blocks	1 block
Clinic or Hospital	5	1/4 - 1/2 mile	1 mile
Bank	6	1/4 mile	1/4 mile
Social Centre	7	indeterminate	on site if feasible
Library	8	1 mile	1/2 mile
Convenience Store	9	1/4 mile	1/2 mile
Restaurant	10	1/4 - 1/2 mile	no consensus
Movie Theatre	11	1 mile	1 mile
Bar	12	indeterminate	no importance

- (1) Based on the number of time facility mentioned as "important" in the location of a housing development for the elderly.
- (2) Based on the actual distance from a given facility in cases where dissatisfaction had been expressed by the residents.
- (3) Based on the apparent consensus of the respondents as to the proper distance to each facility.

Source: Paul Neibanck and John B. Pope, *The Elderly in Older Urban Areas* (Philadelphia: University of Pennsylvania, Institute for Environmental Studies, 1965), p. 64.

provide the elderly person an opportunity to lead an independent life and trips to these amenities often provide social interaction. The fact that certain services and facilities are available, even if not frequently used, can act as a psychological boost to the elderly (Andreae 1978).

It should be realized that the foregoing discussion does not imply that all Abbeyfield Houses should be located within walking distance of the city's downtown. Many of the neighbourhoods surrounding the downtown core are characterized by small single-family homes, not suited to conversion for supportive care. Considerable growth has taken place in the city's suburban areas over the past 30 years. Instead, suburban service centres, surrounded by low density residential housing are capable of providing the necessary services and facilities in terms of churches, clinics, retail stores and recreation centres.

5.3 CONCERNS RAISED BY INTERVENTION INTO AN EXISTING NEIGHBOURHOOD

It was shown in the previous section that the most suitable location for an Abbeyfield home is within an existing neighbourhood, preferably one which will allow easy conversion of a large single-family home and one that will draw a seniors clientele that can support the resident financing aspect of the proposed project. Finding such a

neighbourhood is relatively simple, while implementing the project may not be as easily accomplished.

Deviating from exclusive single-family use in residential areas is often met with a great amount of community trepidation or even hard-line opposition. Residents of these established neighbourhoods view the conversion of single-family homes for use as group homes or seniors residences as a devaluing of the area by intensifying density. Once more, this view is not solely held by resident groups, but also by community legislators as well. A survey of community legislators in the United States found that the most common reason for these officials to resist conversion of single-family homes was that they believed conversions would change the nature of single-family neighborhoods (Santry, 1981).

For most homeowners the neighbourhood they have chosen to live in is a major factor in their quality of life. In addition, their house is in all likelihood their largest asset. In this context, any change in zoning regulations understandably causes fear of a loss in both quality of life and finances. With these factors in mind, a local Abbeyfield Society will have a better understanding of how to proceed in obtaining community acceptance and legislative approval.

Frequently, an increase in cars and traffic is cited as the reason for opposition to allowing group homes into single-family communities. However, the Santry study mentioned previously, illustrates this is frequently an irrational objection. When asked what identified the site of one of these homes within the community, only one out of 186 respondents replied that increased traffic indicated the location of houses that had been converted. This is not unexpected since the total number of people living in these types of homes would be small to begin with, and most of the residents would probably no longer drive.

A study of group home placement in Toronto indicated that the most persistent theme in community opposition was the continued threat to neighbourhood stability, of which the group home was just another example (Radford 1985). The home was linked conceptually with other "non-residential" intrusions. The report states that Aldermen were quite often instrumental in organizing neighbourhood meetings, and were quite influential in quelling many of the fears of more moderate, but concerned constituents. The role of local politicians can clearly be crucial to broad community acceptance of such facilities. It is vital that "neighbourhood dialogue" be initiated with the community at the earliest possible opportunity.

5.4 REGULATORY IMPEDIMENTS TO IMPLEMENTATION

Discussion so far has focused on implementation of an Abbeyfield home in virtual isolation, considering only those factors within the control of a perspective Abbeyfield group. At this point it is important to look at the legislative environment within the city of Winnipeg to identify potential problems in proceeding with the proposed project.

The single most important document which pertains to implementation is section 92(13) of the British North America Act which gives each province of Canada the right to make its own laws in relation to property and civil rights. In their book A Memorandum Concerning Housing, Urban Development and the Constitution of Canada F. Scott and W. Lederman state:

This is a body of law that establishes and defines the legal rights, privileges and powers of owners of land and buildings, and also the rights, privileges and powers of tenants who contract with owners for the possession of house, apartment or building for a definite period. If new forms of ownership or tenancy are needed to help ensure that 'Every Canadian should be entitled to clean, warm shelter as a matter of basic human right', such law reform must come in the Provincial Legislatures (Scott and Lederman). As in most provinces, Manitoba has delegated the power to make laws pertaining to housing to the municipalities through various pieces of provincial legislation. In the case of Winnipeg, control over development is accomplished by way of zoning by-laws, which are created by City Council

through the City of Winnipeg Act in accordance with Plan Winnipeg, the General Development Plan for the city. There are 13 zoning by-laws which apply to each area of the city and the additional zones. The one examined here is by-law #16501, although the residential components of most of the community by-laws are similar in nature.

Zoning by-laws by definition divide urban land into separate areas with uniform regulations applying to the use of land and buildings within each. The municipality is usually divided into residential, commercial and industrial classifications which are then generally further subdivided, such as single-family and multi-family dwelling zones.

The majority of the areas that would be deemed appropriate for an Abbeyfield house are zoned R1, (one-family District). Where by-law 16502 defines a one-family dwelling as "a detached building designed and used for residential purposes for occupancy by one (1) family only." In the same document Family is defined as "one (1) or more persons occupying a premises and living as a single housekeeping unit, as distinguished from a group occupying a boarding house, rooming house, lodging house hotel, club, fraternity or sorority house, or institutional building."(By-law 16502).

Deviation from the existing zoning can be accomplished through zoning variances, which are meant to add flexibility to the application of a zoning by-laws that otherwise might require a formal amendment. Variances are expected to create only minimal effects on surrounding properties and for this reason are easily blocked by community opposition (Hodge 1986).

In general terms, areas zoned R1 do not allow multi-family dwellings. However, these areas do under by-law 16502 section 401 7(a) state that Care Homes are a permitted use.

Under the by-law Care Homes are defined as:

A dwelling,

- (a) Used for boarding or other residential accommodation, plus care or treatment, of not more than six (6) aged, convalescent or disabled persons;
- (b) in which care or treatment is not provided to any person not resident in the care home; and
- (c) that complies with the Provincial Government's licensing requirements for Care Homes.

In fact even higher densities are achievable under by-law 16502 401 8(d) by stating that Neighbourhood Care Homes are a conditional Institutional Use.

Where Neighbourhood Care Homes are defined as:

A building or portion thereof

- (a) Used for boarding or other residential accommodation, plus care or treatment, of not more than six (6) but not more than twelve (12) aged, convalescent or disabled persons;
- (b) in which care or treatment is not provided to any person not resident in the care home; and
- (c) that complies with the Provincial Government's licensing requirements for Neighbourhood Care Homes.

The licensing of these homes is accomplished through The Community Services Department, Residential Care Licensing, by way of The Social Services Administration Act. This department administers licensing of group homes for transitional or residential care facilities for individuals suffering from a "disability" or "disorder" or requiring care in a "Foster home" or needing care from "infirmities of aging." The latter category is generally described as "those manifestations of the aging process that significantly reduce mobility, flexibility, co-ordination, perceptivity and functioning of a person but are not included in other disability or disorder categories." (Manitoba Regulation 484/88 R, The Social Services Administration Act, 1988).

A conditional use is an "allowed" utilization of a building for a particular use which is normally prohibited. The conditional use permit is issued when a set of pre-defined criteria are met. These criteria may include unit size, lot coverage, occupancy, parking, aesthetics, and concentration. Again, this option can be easily blocked by community opposition in that the issuance of the conditional use permit must specifically involve public participation.

5.5 BACKGROUND ON RESIDENT FINANCED SENIORS PROJECT

A full seventy-five percent of Canadians own homes at the time of their retirement. As a major vehicle for accumulated family savings, virtually all of these homes, at this stage in their owners' lives, are debt free. Nevertheless, senior citizens' projects, both in the entrepreneurial and non-profit sectors have, with few exceptions, provided only rental accommodation. The numerous Canadian and American projects which have enabled seniors to have financial participation in housing that fills their retirement needs, have demonstrated the interest seniors have in alternatives to conventional rental housing.

Numerous non-profit groups have utilized federal and provincial programs to build apartment-style housing for independent seniors. These caring communities usually have long waiting lists and, while they fill definite needs in they utilize substantial amounts of federal subsidy.

New programs should be developed to utilize seniors' own equity, which is or was embedded in their houses, to create new housing, within the context of a caring community. This would allow subsidies to flow more specifically to truly needy senior households.

The term "resident-financed" has been used to refer to any method of a senior acquiring the use of a dwelling unit, by means of paying an amount to cover the capital cost of that unit. An ongoing fee is paid, which covers the operating costs, such as heat, realty taxes, and maintenance. Such structures can have benefits to both the non-profit sponsor and the tenant. The sponsor does not have to arrange long-term financing, or apply for federal subsidies for the non-low-income portion of its units. The seniors can enjoy the long-term use of their new unit, having completely eliminated the cost of financing from their monthly expenses.

Unlike 10 or 20 years ago, the seniors of today are considerably more affluent, at least in terms of their equity position. With the increasing number of seniors, government subsidy must, by necessity, be directed to those most in need. With this in mind, a broader context in financing is called for than is presently being offered.

5.6 MONTHLY RENTAL AGREEMENTS

Before delving into tenant financed projects, it is worthwhile mentioning the traditional form of elderly housing tenure, namely monthly rental agreements.

The monthly rental formula has been the traditional form of non-profit seniors housing. This form of tenure best serves retired seniors who have a limited regular income such as a pension, but who have not built up equity in their home.

Seniors who have their own homes and who wish to enjoy the advantages of traditional rental housing have the option of selling their homes and putting the remaining equity into retirement investments such as annuities or trust funds. The investment income can be used to supplement the senior's retirement pension income.

The advantage of the traditional rental agreement is that it is a well understood form of tenure, with the tenant well aware of this/her obligations. To the senior, the strongest aspect of a rental unit is the flexibility it provides to the occupant. If tenants are unhappy with any aspect of the project, they have the option of moving out on short notice and finding alternative accommodation.

One of the disadvantages of this form of tenure is that most seniors who have owned their own homes in the past are wary of renting on a monthly basis. Many, having seen the appreciation in the value of their own homes, view rent as a "waste of money." There is the fear among many seniors that

they may spend all of their liquidated equity and run out of money at some later date.

Another key disadvantage of using the proceeds from the sale of the home to purchase retirement investments to supplement pension income are the tax implications. The income from these investments are taxable and thus rent is paid from after-tax income, while the imputed rent associated with home ownership is not taxable.

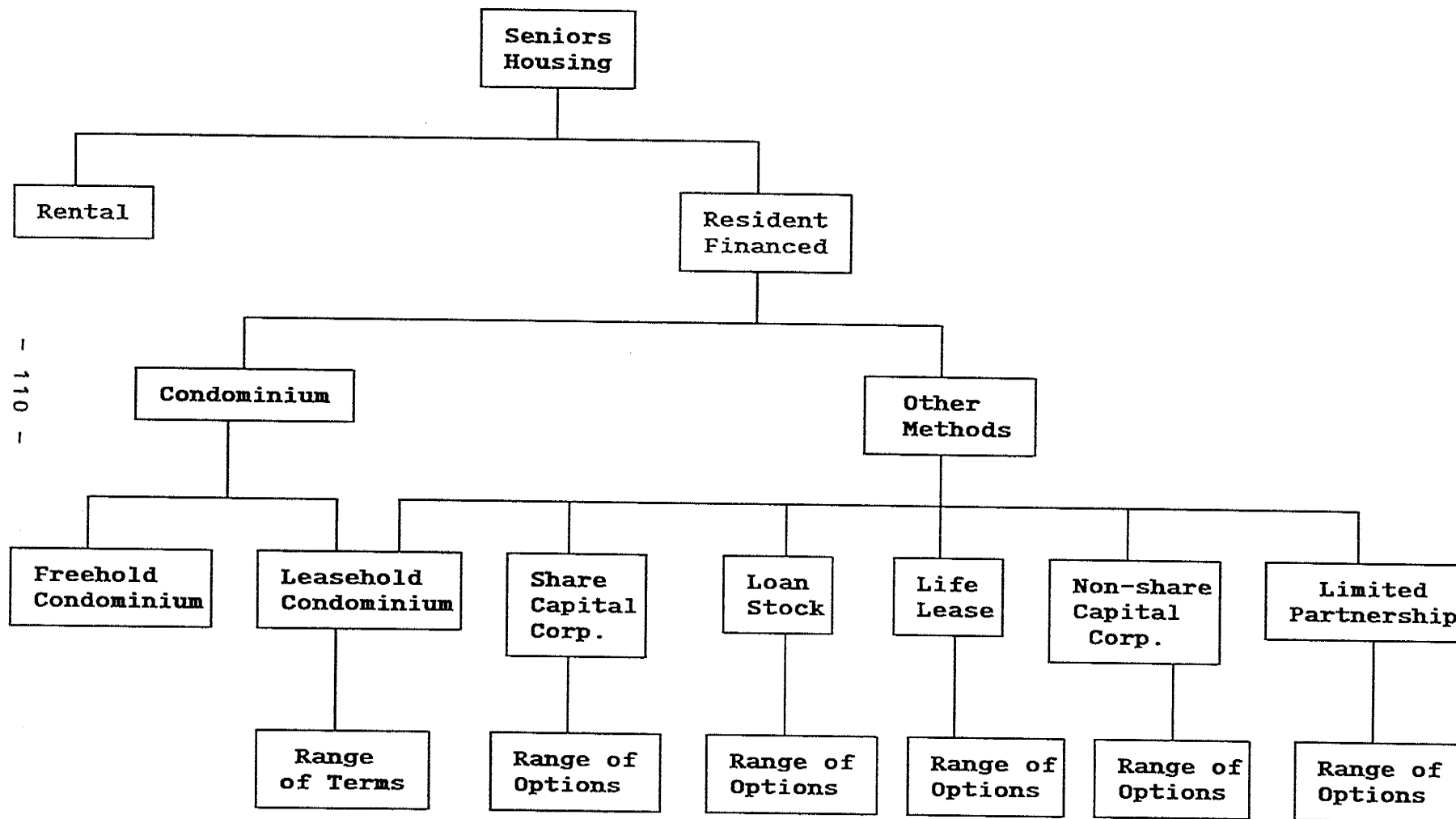
5.7 ALTERNATIVE FINANCING INSTRUMENTS

The following section encapsulates each of the methods which could be used in either a subsidized or entrepreneurial context or, for that matter, a mixture of the two. A comparison of tenure options is found in Figure 5.

5.7.1 LONG TERM PREPAID LEASES (LIFE-LEASE)

This type of arrangement, usually called a life-lease in the case of a seniors complex, involves an initial payment which entitles individuals to live in a unit for the rest of their life. A small monthly charge covers taxes, utilities, maintenance, and administration; the pre-payment being equal to or greater than the capital cost of the unit. This method is used extensively by non-profit organizations in the United States, and has been used more recently in Canada as well, as it appears to be well excepted among seniors.

FIGURE 5
COMPARISON OF TENURE FORMS



Most leases are written so as to allow a tenant to terminate the contract for reasons of poor health, or in some instances merely at the tenant's request. However, there is a great deal of variation pertaining to what occurs financially if the contract is terminated. Upon ending the contract, a tenant may receive an amount equal to the original investment, only a proportion of it, in some cases none of the original investment or an amount equal to the appreciated value of the unit at the time of death or termination. The latter of these options is obviously the most desirable because it provides protection from inflation and, as such, has become the most popular form of life lease arrangement.

Legally the life lease is a very uncomplicated document, and can be understood by most individuals primarily because of its similarity to the standard rental lease. It has an additional advantage in that there is no registration or approval processes, as is the case for condominiums. In most cases a simple diagram detailing the location of the unit is sufficient for leasing. A problem that can occur however, arises when a tenant, wishing to secure their original investment, tries to register the lease on the title. In Ontario for example leases on parts of property were prohibited by legislation until 1983. Even now there exists

considerable doubt as to whether rights of access over land leading to the building, rights to parking, and other easement can be included in the leases.

In terms of exerting control over the project, life-leases provide a considerable latitude for sponsors. For the most part they are subject only to the same landlord/tenant legislation as other rental units. Most sponsors also include modifications to standard leases governing subletting and termination due to deterioration of physical or mental health.

In general, long-term pre-paid leases are the most common financial instrument for funding resident-financed seniors' accommodation.

5.7.2 LOAN STOCK ARRANGEMENTS

Loan stock arrangements are a form of tenure which combine the benefits of life-leasing with the technical security of ownership.

With a loan stock arrangement, the senior makes an interest free loan to the sponsor of the housing project. The amount of the loan is set by the project sponsor and is usually equal to a portion of the value of the dwelling that the senior chooses to occupy. In return for the loan, the

senior is entitled to occupy the dwelling for the rest of his or her life. If the senior dies or chooses to leave the project for any reason, the interest free loan is reimbursed to the senior or to the estate.

It should be noted that the standard loan stock agreement is no different than a life-lease with no gain at redemption with respect to the financial implications for the senior. The main distinctions between life-leases and loan stock agreements are legal.

An additional bonus can be paid to the senior or to the estate when the loan is reimbursed. This bonus would provide inflation protection for the senior and could be based on the appreciation of the market value of the seniors' unit or on the Canadian Consumer Price Index.

Financially, these agreements are similar to life-leases where the redemption value is based on the market value of the unit or on a price index. This arrangement is also similar to a Non-Share Capital Corporation, but again the differences are legal in nature.

5.7.3 SHARE CAPITAL CORPORATIONS

Share capital corporations are the general vehicle for profit oriented businesses of all types. The corporation is owned by its common shareholders who have rights and obligations to share in the profits or losses of the corporation. The corporation is considered a separate entity and shareholders derive their right to live in the building as a result of their ownership of shares.

One of the major legal advantages of this type of tenure is that planning control is bypassed due to the ownership of one entity. The sale of individual units is actually the sale of shares in the corporation. Another advantage is that the interface with any subsidized rent-geared-to-income units would be easy to facilitate. These units would not be sold by the corporation, but retained and rented in accordance with an operating agreement with CMHC and the province.

A major disadvantage is that, by its nature, the project becomes an investment administered by the securities act, and may require that a prospectus be prepared, approved, and issued, at great expense in money and time.

5.7.4 NON-SHARE CAPITAL CORPORATIONS

Non-share capital corporation are similar to their share capital counterparts except that they raise funds by levying dues on their members and selling bonds, debentures, or other non-share instruments to members to facilitate a project. Therefore "ownership" of a unit would come as the result of the purchase of such a non-share instrument with the right to occupy one unit, attached to each such instrument.

The legal disadvantages of this type of financing are numerous, as the incorporation is more complex than for a share capital corporation, the same securities act provisions regarding the sale of business corporation shares may apply to the sale of debentures or other instruments of a non-share capital corporation. A prospectus would have to be issued. As well a strictly administered debenture transfer system for the non-profit to keep control of the units.

5.7.5 FREEHOLD CONDOMINIUM

This type of arrangement, statutorily provided for by each province, allows the establishment and operation of multi-unit dwelling places with the ownership of each individual unit. This type of arrangement has the advantage of being a well known, and accepted form of tenure.

In most cases provincial Condominium Acts facilitate the outward sale of individual units in addition to specifying the percentage of common cost that must be born by individual unit owners. These "common costs" can, in addition to the traditional cost of general maintenance and grounds upkeep, include congregate meals or any other form of specialized care required by seniors.

The major downfall of this type of arrangement is the time and expense required to obtain the necessary municipal by-law changes and approval of the declaration of description.

Another problem associated with freehold condominium tenancy is that virtually all of the provincial Condominium acts do not allow leasing of the units by the developer. This, however, has been largely circumvented by developers through the sale of units to sister companies, who in turn lease the units. The point of leasing is important, as it is needed to create rent-gearred-to-income housing arrangements with the province.

5.7.6 LEASEHOLD CONDOMINIUM

This situation would involve a Non-Profit corporation holding title to all the units in a project, and renting each unit as a life-lease to individual seniors. This would

require, as stated earlier, that the units be developed under the auspices of one corporation and then all sold to the Non-Profit corporation to allow entry into long-term leases.

The disadvantage is that to set up what amounts to a life-lease project, is a very expensive and lengthy process when the same results could be achieved using only the Life-Lease concept on an ordinary project. The sole reason for using this type of arrangement, therefore, would be if a province drafted legislation which prohibited long-term leases, without severance of the units.

5.7.7 LIMITED PARTNERSHIPS

Limited partnerships are a mixture of both a partnership arrangement and a corporation. In the case of a partnership each partner is liable for all debts incurred by the partnership. In a corporation the shareholders are liable for only the amount they paid for the shares they own.

Thus in a limited partnership the combination of these two would result in there being one or more "general" partners having unlimited joint liability, but in addition there could also be a number of limited partners. The liability of the limited partners being not more than some specified amount.

In previous years many multi-unit residential building (MURB) projects used this type of financing arrangement because of the tax advantages that limited partners (investors) enjoyed. These tax advantages no longer exist, however the system could still be employed by having the Non-Profit corporation build the project and then take on limited partners whose partnership entitled them to occupy a unit.

The major disadvantage to this arrangement is the need to draft a "Condominium Act" style system of management in one all-inclusive document (the partnership agreement) which still conforms to the Limited Partnership Act.

In general, limited partnerships are not a readily usable form of seniors tenure, due to the partnership agreement having to be completely re-written and negotiated for each project.

5.8 GOVERNMENT SUBSIDIES

In most instances government intervention in seniors housing is an all or nothing proposition, i.e. seniors units are provided under one of the federal or provincial programs or they are not. However, it has been shown that there is a need and a desire for small scale supportive housing and, furthermore, that many potential residents have the ability

to fund the project. What is often missing is the expertise, or more accurately the money to secure the expertise, to coordinate the various aspects of a seniors project. One way in which this obstacle could be overcome is through the federal co-operative program's Project Development Funding.

5.9 PROJECT DEVELOPMENT FUNDING (PDF)

Under the federal co-operative program interest-free PDF loans under Section 76 of the National Housing Act are available to assist Co-operative groups wishing to serve low-income individuals to develop housing proposals. If the proposed project is successful in achieving a commitment under an NHA program, the PDF loan is repaid out of the project's capital financing. If the project does not proceed to commitment within three years, the loan may be forgiven after the repayment of any unexpended portion. The maximum PDF loan to any group in conjunction with a single project is \$75,000 plus 3% of the NHA lending value in excess of \$500,000.

PDF loans may be provided in any of four phases, each of which has certain associated limitations on the maximum PDF loan which may be made available. The four phases are:

- 1) Expression of interest: the initial development of a project which may be considered by CMHC, generally in instances where more developed proposals are not available. Funding for this stage is set at a maximum of \$10,000 not generally to include incorporation or group organization expenses. Funds may be included for site searches, options, concept design, preliminary costing outline and the preparation of a Proposal.
- 2) Phase 1 PDF: Is the development of preliminary project designs and costs with detailed documentation as specified in the description of a Feasibility Study, as required to assist CMHC to assess the relative performance of the project. Funding for this phase of development is controlled by a number of factors but generally is not to exceed \$70,000.
- 3) The development of detailed specification and working drawings along with contract prices and other documentation. Entry into this phase is normally controlled in conjunction with the awarding of a Conditional Allocation of reserve of units for delivery in a specified program activity year. Funding for this phase may not exceed the lesser of the pre-commitment costs in a budget approved by CMHC, as documented in part by consultant contracts or the maximum, as provided by the National Housing Loan Regulation.

4) Extended PDF: In exceptional circumstances, the sponsors of a project who have satisfied the requirements of a Feasibility Study but who have not been awarded a Conditional Allocation may be provided Extended PDF in order to assist them in developing a project past the Feasibility Study phase. In such circumstances, it would generally be assumed that the project would proceed in a subsequent budget year should an allocation be available. Where a proposed project warrants further development as a potential high priority project for the following program delivery year, or as a back-up project in the case of the failure of a higher priority proposal for the same program delivery year, the group may be provide additional PDF beyond that provided in the Feasibility Study phase, up to the amount which would be available in the Final Application Development phase.

5.10 SUMMARY AND CONCLUSIONS

The idea that appropriate site selection for an Abbeyfield House is a key component for its success was highlighted in this chapter. The most desirable neighbourhood for locating a pilot Abbeyfield home was identified to be an older community with a reasonably well maintained housing stock

consisting of large single-family homes suitable for conversion to supportive housing.

Quite often community opposition can arise when a seniors', or other type of group home is proposed for an exclusively single-family neighbourhood. The main reasons for opposition are usually uncertainty over visual impact and anticipated loss of property values. Through experience these concerns have proven to be largely unfounded. In most instances good communication between the proponents and the residents will alleviate the majority of residents' concerns before they interfere with a project's development. The importance of working with local politicians is stressed in obtaining broad community support.

The origins of land use regulation are also discussed in the first half of this chapter as they apply to the implementation of a supportive group home in an existing residential neighbourhood. In particular, the inclusion of Care Homes as a permitted use and Neighbourhood Care Homes as a conditional use in an area zoned R1 single-family use was discussed.

The notion that an increasing number of seniors have "hidden wealth" in the form of home equity and that it should be

used to help provide appropriate housing for the elderly was presented in the second half of this chapter.

Several tenure and/or ownership options available for a project sponsor to develop retirement housing were introduced. Each form's specific advantages and disadvantages were touched upon. The two traditional forms of tenure for retirement housing are monthly rental and individual condominium ownership. In recent years a number of alternative methods of structuring entrepreneurial and non-profit resident-financed projects have also evolved. These methods include Life Leases which involve an initial payment which entitles the individual to live in a unit for the rest of their lives, or share capital corporations and limited partnerships.

Although each of the tenure models may appear distinct, they may be better viewed as a continuum of long term tenure options of retirement housing. Each provides the project sponsor with varying degrees of control over the management of the project and in the selection of the tenants. The financial, legal and social aspects of each provides certain advantages and disadvantages that must be weighed by the senior and the project sponsor.

All of the models (except for the monthly rental agreements) require the seniors to finance all or a portion of the capital cost of their unit with an initial lump sum payment. In return, the seniors get the right to occupy their unit for the rest of their lives. When the senior dies or chooses to no longer occupy the dwelling unit, he/she may be entitled to a return on the initial investment in the unit. The nature of the financial return for the senior is predetermined at the time of purchase and can be dependent on the type of model in question.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

To better orient the reader to this final chapter a brief summarization of the work covered thus far is required. The first chapter of this study focused on the changing character of the Canadian and Manitoba populations. There were two distinct conclusions, firstly that the proportion of seniors will continue to rise over the next several decades and secondly, that this will result in a growing burden on the federal and provincial financial coffers to supply adequate, suitable and affordable seniors housing. The second chapter dealt with the existing state of seniors housing options in Manitoba as well as support services that are available, concluding with a strong and growing indication that supportive housing is a needed and desirable alternative. The following two chapters explored differences in the operation of supportive housing in various countries and a more detailed look at the day-to-day operation of one such home in a Canadian context. Chapter 5 focused on the opportunities to implement creative strategies for resident financing of seniors housing projects. The divergence from the central theme of Abbeyfield housing in this chapter was thought necessary to

address one of the major implications of changing demographics identified in chapter 1.

Having completed this research, attention subsequently will be devoted in this chapter to conclusions regarding the implementation of an Abbeyfield house in Winnipeg. The first part of this chapter deals with a general discussion of recommendations based on the subject areas of: (i) the Abbeyfield concept, (ii) new orientation toward seniors, (iii) design criteria and (iv) locational considerations. The final part of this chapter itemizes 6 more specific recommendations that will facilitate a successful implementation of an Abbeyfield house in Winnipeg.

6.1 THE ABBEYFIELD APPROACH

The material presented in this study attests to the fact that Abbeyfield Homes are less a housing type and more a concept which is better described as a lifestyle than as a building. Its essential characteristics are that it fosters a lifestyle that requires companionship (to relieve loneliness), mutual support (to reinforce the sense of self-worth), and choice (to preserve independence). Furthermore, the concept has several consistent characteristics which can conform to the residents' needs and can contribute to the positive qualities of residential life. The seven characteristics which consistently emerge

and which therefore define the supportive housing concept are these:

1. Supportive Housing is small scale and not complex or cumbersome to manage.
2. Residents in supportive housing are actively involved in their neighbourhoods and communities so that a sense of belonging is maintained.
3. Supportive housing units have a support organization that provides continuity, usually through ownership, has legal responsibility for that house, gives administrative support, and supplies volunteer help as needed.
4. Supportive housing provides a home context for a family lifestyle, with mutual and interdependent support, care, and enjoyment among the residents.
5. There is a resident "house person" to oversee the preparation of meals and general operation of the home.
6. Supportive housing provides private space for exclusive use of each resident and shared space for all to use as desired and with consideration for the others.
7. Supportive housing units are financially self sustaining.

6.2 A NEW ORIENTATION TOWARD THE ELDERLY

Previous attitudes towards the elderly which were based on physical considerations had led to an assumption that old age is synonymous with a state of dwindling competence and ability to function. More recent studies in gerontology have instead examined the conditions of aging from social and psychological points of view.

The elderly tend to function competently in the context of their own life experience. The distinction between capabilities and performance must be maintained as the elderly are quite capable but may not always perform according to the most contemporary ways. For this reason "deficiencies" may really be "differences." The elderly are different specifically in that they tend to be more cautious and therefore proceed more slowly.

There is as much variability among the older people as among younger groups, although certain characteristics for older age groups have been documented. Old age is often a period of looking back either with integrity and satisfaction with the lifework or with despair and regret at things not accomplished. Old age is a period of inward examination and increasing dedication to a central core of values and beliefs. The quality sense of self worth; the life view changes reference from the time lived so far to the time yet

to live. It is reasonable that this time should hold the prospect of worthwhile accomplishment.

Interviews with the elderly most often confirm the following points: (1) the elderly are not in the least inclined to see themselves as needing to move into a more supportive housing situation; (2) any kind of special senior housing is perceived to be an ever-greater threat as aging occurs; (3) a move to an "old age home" will deprive them of independence and dignity; (4) they therefore withdraw from choosing to change their housing at all; and (5) introducing a supportive housing concept which is rarely part of their personal experience is met with difficulties in understanding and acceptance. How best to convey the idea of supportive housing and how to formulate it in a non-threatening manner is a critical issue to the success of any "new" seniors project, one that can only be accomplished through considerable education. Part of that education will require familiarizing the elderly and their advocates that supportive housing "need not be forever" and that people who need a period of support can live with a group of their peers for a time, then move out and into other housing arrangements. Similarly, people are free to experiment with a test period in a supportive home before committing to the longer-term. Many existing homes use their overnight suites for trial periods for prospective residents.

6.3 CONSIDERATION OF DESIGN

The transformation of the supportive housing concept into a building should be a major focus of the sponsoring group. The major design elements, building forms, and amenities to be provided in the house are issues that will have to be resolved anew for every project. One of the dominant design criterion is that homes be made barrier free for the disabled in order to promote independence and to avoid the "learned helplessness" that can so easily befall the elderly. The social implications of the design apply particularly to the shared and communal spaces. The planning of these spaces can contribute to the residents' ability to control social encounters as well as offer the opportunity for people within the house to meet and socialize on both formal and informal occasions.

A recent study conducted in Vancouver (Murry 1988) concluded that private bedrooms are the first priority for residents private space followed closely by demands for private bathrooms. Further the study found that the most preferred accommodation was a self-contained apartment with a separate bedroom and full kitchen.

Design criteria for the private spaces in a supportive home also needs a more detailed investigation. The kinds of spaces that must be provided very much affect a project's

affordability and the potential for adapting existing buildings. Providing a complete dwelling unit for each resident severely limits the locations within most cities where supportive housing might be developed. Such a home would be classified as a multiple residential building and would not be permitted within the single family zones. Thus the demand for larger units of supportive housing greatly limits the possibility for residents to remaining in their own home community.

6.4 LOCATIONAL CONSIDERATIONS

From the examples studied so far it is quite apparent that the home neighbourhood is the most desirable location for supportive housing for seniors. However, suitable locations for supportive home sites with nearby services are limited in the Winnipeg area. The older communities near Winnipeg's inner city tend to have small lots and few big houses that could be redeveloped. Therefore, supportive homes would probably need two lots in the older communities, or would need to be located in city sectors where lots are larger and land prices are relatively higher. In single family areas where suitable larger homes might be located, protecting the existing character of the neighbourhood is a primary issue. Gaining support of the local residents is important and should be an early step in the planning process.

Aspects of the neighbourhood and community which will influence the nature of a supportive home are: the ethnic mix, range of local incomes, existing building stocks, the existing lot sizes, current sale prices, and the prevailing local rents. These all help to define the character of the neighbourhood and provide the context and opportunities to develop a supportive home. The local community provides the residents who will live in the home help through the sponsoring organizations. Thus, communities must and do make direct contributions towards solving the housing and social needs of the elderly.

6.5 RECOMMENDATIONS

Recommendation #1

That the process of entering the Abbeyfield home involve:

- a) Screening to ensure the applicant meets the eligibility criteria,
- b) Counselling to ensure that shared living is suited to the applicants personality, lifestyle, physical and psycho-social needs,
- c) matching of prospective residents to provide them with the opportunity to decide which of them are sufficiently compatible to live together. When a vacancy occurred after the house was established, this step would be modified to guide the matching of individual applicants to the existing resident group.

This process should be carefully followed at the initial set-up of the house and each time there is a vacancy. Short-cuts in it will significantly reduce the chances of forming the cohesive group on which the success of the Abbeyfield concept is largely dependent.

Recommendation #2

That the objectives of this Abbeyfield home be:

- a) to provide optimum levels and kinds of services, such that the needs of each individual resident are met, without encouraging unnecessary dependency.
- b) to maximize opportunity and motivation for utilization by each resident of his/her skills and abilities, without overtaxing his/her energy of tolerance for stress.
- c) to facilitate the development and maintenance of a self-governing cooperative living arrangement, whereby residents become a cohesive group, assume responsibility for the day-to-day decision-making of the house and for resolution of problems and special needs which arise, and provide each other with companionship and some practical supports.
- d) to support each resident in the continuation of a community-based lifestyle, and facilitate ongoing involvement in the community.

Recommendation #3

That certain basic house policies be established prior to advertising for residents, but that these be kept to a minimum, and that prospective residents, once committed to the Abbeyfield house, be given the opportunity to revise them. The policies which should be tentatively established in advance pertain to:

- a) lines of communication regarding both maintenance and personal problems;
- b) the self-governing cooperative management model of the house;
- c) the need for weekly house meetings;
- d) the role of the House Coordinator;
- e) the process for selecting new residents;
- f) guidelines and procedures for determining when a resident should move out.

Recommendation #4

That every effort be made to avoid "mini-institutionalization" of the Abbeyfield house. To ensure that this does not happen, special emphasis must be given to the following:

- a) the house must always be tailored to the residents, rather than trying to tailor them to it.

- b) the house must not model itself, in any way, on a hospital. This has happened too often to shelter-care facilities for the elderly. The model which should be consciously adopted is that of the individual's own home. As Brody (1973) stated, this is "the only social institution that has not contributed significantly to the shape of long-term care..." The founders of an Abbeyfield house in Winnipeg will have an opportunity to be innovators in the field and reverse this trend.
- c) the management model for the house should be a self-governing cooperative one.
- d) the house should be located so as to facilitate the involvement of the residents in the community.
- e) the residents, in consultation with the House Coordinator, should retain total responsibility for deciding their service needs.
- f) support services should be community-based as much as possible.

Recommendation #5

That one advertising strategy be education of community service providers regarding the potential benefits of supportive housing to an elderly person requiring a supported-independent living setting. These service providers are in a position to be aware of seniors with such a need, and in addition are often sufficiently trusted by

the seniors to be able to discuss with them the sensitive issue of moving to a more supported setting. If well-equipped with knowledge of shared housing, they would be ideal means of transmitting this information to seniors, and of encouraging seniors to consider shared housing as an option for them.

Recommendation #6

That a proposal for evaluation of the Abbeyfield house be developed early in the implementation phase of the demonstration project. The proposal should be in place prior to the screening and matching of applicants so that baseline data can be obtained. A thorough evaluation is necessary to:

- a) determine the actual viability of this type of supportive housing as a shelter-care alternative;
- b) determine how the initial project might be improved;
- c) determine if further shared housing projects should be developed.

6.6 SUGGESTED STEPS IN IMPLEMENTATION

The following steps are included as a possible guide in organizing an Abbeyfield Housing Society chapter in Winnipeg.

- 1) Form a steering committee consisting of roughly 12 persons: one to act as Chairman and one to act as Honorary Secretary; a Solicitor, if possible, to advise on legal matters; an accountant, or bank officer; and among others it may be useful to have an architect, surveyor or builder, a person with experience of looking after old people, someone with experience of housing, a representative of the local churches, and usually two or three persons able to take particular interest in the house and residents. If one or two members or officers of the Local Authority join the committee, their services will be invaluable.
- 2) This committee should review currently available houses in Winnipeg, and if possible, purchase one which could be renovate to meet the needs and preferences described in this study. If not possible, or not feasible due to the extent of renovation requirements, a site for new construction should be selected in keeping with the location consideration discussed in this study.
- 3) The steering committee should develop the design of the new house or house renovation and oversee the renovation or construction.
- 4) Budget planning should be completed and arrangements for additional funding made.
- 5) When design is complete and the site for new construction or a house for renovations is purchased, a

time line should be established by the steering committee and an opening date projected. It should be planned so as to have the final stages or renovation or construction coincide with the final stages of the resident matching process.

- 6) Advertising should begin for a person to fill the House Facilitator position and coordinate house publicity and resident recruitment.
- 7) Eight to nine months before the projected opening date, the House Facilitator should be hired and begin liaison work with community agencies and seniors' groups, as well as planning of advertising, recruitment, screening, and matching strategies.
- 8) An outline of a plan for evaluation of the demonstration project should be designed. Requests for evaluation proposals might be distributed to persons at the University of Manitoba who have an interest in gerontology. It is important that this be done at this stage so that required baseline data can be obtained from prospective residents during screening or service needs assessment.
- 9) Recruit and train volunteers to assist in the education, advertising, and matching steps described below.
- 10) Five months prior to the projected opening date, a campaign should be undertaken to educate both the

senior community and service agencies about the shared housing option. This might involve a series of articles in community newspapers describing shared houses elsewhere, and presentations of the idea to service providers and seniors groups. In the latter case, the presentation process might be facilitated by the recruitment of enthusiastic seniors as volunteer assistants. It should focus on relatively small groups (e.g. 12-15 seniors)

- 11) Design and print application forms. These should be brief. Basic demographic data, the reason for applying, and the kinds of help desired should be sufficient information. Distribution of application forms to key locations should coincide with the beginning of the advertising campaign (step #12)
- 12) Advertising for applications from potential residents should begin four months before the projected opening date. One advertising strategy which should be considered is the distribution of brochures describing the shared housing project to doctors' offices, seniors' apartment, seniors centres, assessment nurses at nursing home district offices, and other places where they will be accessible both to seniors and service providers. The brochure could include testimonials from Abbeyfield homes elsewhere. It should explain how to obtain further information and

how to apply. Distribution of these key places should be maintained after the house is established so that seniors can continue to be made aware of the new housing option. This would make possible the ongoing receipt of applications and the development of a waiting list for use both as a means of finding candidates to fill vacancies, and as a means of gauging the demand for future shared housing developments.

- 13) General advertising will probably not be an adequate source of application. Considerable time will need to be devoted to explaining the idea and the needs it is meant to serve, to community service providers, nursing home assessment nurses, seniors' apartment managers, and other key people in direct contact with seniors in the community and in lodges and nursing homes. Arrangements should be made whereby referrals can be made by these people to the House Facilitator. These people should also be requested to inform seniors of the shared housing project, and where appropriate, discuss ways in which such a living setting might be beneficial to the senior.

- 14) The screening process should begin as soon as applications are received. This will probably require two in-person interviews and should include:

ascertain that the applicant is within the eligibility criteria;

- discussing his/her understanding of the shared house, reasons for applying, expectations, perceptions of the cooperative living arrangement, etc. in order to ensure that his/her decision to apply is based on a accurate picture of the shared house;

- encouraging the applicant to explore key questions about herself which ill help her to determine the suitability of shared living to her in terms of personal characteristics. (A key area for consideration would be the person's ability to set realistic limits on the extent of help they attempt to give to others);

- discussing questions relevant to determining what kinds of people this applicant would find most compatible as housemates, e.g., hobbies, interests, qualities considered important in a friend, etc.;

- assessing the applicant's functional abilities and impairments and projecting likely service needs, as well as ways in which he feels he might contribute to the house;

- explaining the matching process as the final determinant of who will move into the house.

15) The matching process should overlap with the screening process. It is difficult to know what procedures would best serve the matching process. We could find no

precedents for such a process in the literature on shared housing in the U.S. It appears that most houses don not endeavor to match their initial group of residents. Instead, this first group is selected by a committee of the sponsoring agency. A matching process is later utilized to fill vacancies. However, in keeping with the philosophy and objectives of the shared house that we envision, we strongly recommend that a matching process be attempted in the formation of the initial resident group. The design of this process should involve some contingency planning. We have outlined two possible processes described in the following section. Which one of these is used if either, will depend, in part, on how many and how quickly applications are received. It would also be helpful to discuss alternative matching methods with applicants during the screening interviews, and use their responses to judge which would be most workable.

- 16) Concurrently with the screening and matching processes, the House Facilitator should be doing the groundwork for provision of the basic service package, as well as identifying special needs of prospective residents and investigating potential resources for meeting them.
- 17) When the group of prospective residents is established and each person has to make a commitment to the shared house, everyone should be involved in the final stages

planning the house decor, services, and living arrangements. (This was described in an earlier section entitled Living Arrangements" In addition to making a number of decisions as a group, the House Facilitator should meet individually with each prospective resident at this time. Their task will be to discuss special needs and arrange an optimum level of service for each.

18) The prospective residents should each sign an agreement which outlines the decisions they have made regarding house policies, responsibilities, and expectations.

6.7 CONCLUSIONS

The greatest strength of the resident financed Abbeyfield project proposed here is the security it will offer seniors. The Abbeyfield proposal will enable seniors to convert their home equity without losing their security of tenure, as they would if they moved into a typical market apartment. In addition, there will be an added benefit of autonomy seniors will receive in a supported environment. It will provide seniors with a large degree of control over their living environment by allowing them direct involvement in management of the house. Finally, the most important aspect is that a Winnipeg Abbeyfield house can help to reduce loneliness and isolation by providing opportunities for social interaction if the resident so desires. In general,

the Abbeyfield house engenders an environment of community spirit while at the same time reducing the impact of needed public monetary participation.

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APPENDIX A

DEMOGRAPHIC CHARACTERISTICS FOR WINNIPEG SUBMARKETS

While not included in the main body of the text it is thought that the following demographic information specific to Winnipeg's submarkets would be invaluable to any group considering the implementation of a supportive type housing project in Winnipeg.

SENIORS IN WINNIPEG

In 1986, there were 73,170 senior citizens in the city of Winnipeg, of which 29,605 were aged 75 or over. Seniors constituted 12.3 per cent of the city's total population of 594,550 and 20.4 per cent of all Winnipeg households. The Winnipeg Census Metropolitan Area ranked fourth among cities in Canada for proportions of senior population, Behind Victoria, St. Catharines-Niagara, and Vancouver (Minister of Supply and Services, 1989). These 1986 census figures marked substantial increases in senior ranks over the previous ten years, during which the city's total population increased by 6.0 per cent, while the population of seniors climbed by 27.9 per cent.

PROJECTIONS

Population projections produced by the City of Winnipeg Department of Environmental Planning, have forecasted a continued growth in the population of Winnipeg seniors, but at a decreasing rate, up to the year 2006. The Department's preferred estimate for 1991 is 82,940 seniors, including 56,005 aged 70 and greater. While these 1991 figures appear to be reasonable estimates, it is very difficult to assess the validity of the Department's figures for years extending beyond that date, which suggest an increase of 3,427 seniors to 1996, and a smaller increase of 957 by the year 2006. However, national projections produced by Statistics Canada provide some evidence supporting the Department's slow-growth projections.

GENERAL

While senior-headed households comprise just over 20 per cent of the households in Winnipeg, significant variations exist from one area of the city to another. Table 7 indicates the proportion of Winnipeg senior households found in the six Community Committee Areas (CCAs), and the proportion of CCA households which are headed by seniors. For example, senior households represent 20.9 per cent of the households in St. James-Assiniboia, although only 11.6 per cent of Winnipeg's senior households are located in that area. Other CCAs with a notably high proportion of

households headed by seniors are Lord Selkirk-West Kildonan and City Centre-Fort Rouge. This latter CCA is also important in that it contains the largest proportion of senior households in Winnipeg, 23.8 per cent. Table 8 compares the distribution of senior households according to the inner city and non-inner city areas. While only 28.1 per cent of senior households are found in the inner city, they comprise 25.2 per cent of the households in that area. In contrast, the vast majority of senior households (71.9%) are located outside of the inner city, but comprise only 18.9 per cent of non-inner city households.

TABLE 7

PERCENT OF SENIOR HOUSEHOLDS IN WINNIPEG AND SENIOR HOUSEHOLDS AS A PERCENT OF COMMUNITY COMMITTEE AREA HOUSEHOLDS		
AREA	%SENIOR HOUSEHOLDS	% OF CCA HOUSEHOLDS
cc-ftr	23.8	23.3
stb-stv	14.4	19.9
ek-tra	15.8	18.8
ls-wk	15.4	22.8
apk-ftg	15.8	17.8
stj-as	11.6	20.9

TABLE 8

PERCENT OF SENIOR HOUSEHOLDS IN WINNIPEG AND SENIOR HOUSEHOLDS AS A PERCENT OF INNER CITY AND NON-INNER CITY HOUSEHOLDS		
	% of senior hlds	% of area hlds
Inner-city	28.1	25.2
Non- Inner-City	71.9	18.9

TENURE

Important variations exist within areas of Winnipeg with respect to the tenure of senior households. For example, Table 9 indicates the proportions of senior households renting and owning dwellings in the inner city and non-inner city. The proportions are nearly opposite for each area: 65.7 per cent of inner city senior households rent, while 34.3 per cent own their dwelling. Outside the inner city, 67.0 per cent of seniors own their dwelling while the vast majority of inner city seniors rent and non-inner city seniors own their dwelling units, the fact that most seniors do not live in the inner city is reflected by the minority proportions of all senior renters and owners (Table 10). Inner city senior renters substantially outnumber owners, but only comprise a minority of senior renters in the city. In any case, there is a much more even distribution of

senior renters than senior owners between the inner city and non-inner city.

TABLE 9

PROPORTIONS OF SENIOR HOUSEHOLD TENURE FOR INNER CITY AND NON-INNER CITY, AND WINNIPEG			
	Inner-City	Non-inner City	Winnipeg Total
Seniors Renters	65.7%	39.0%	42.5%
Seniors Owning	34.3%	87.0%	57.5%

TABLE 10

PERCENT OF SENIOR HOUSEHOLDS OWNING AND RENTING BY INNER CITY, NON-INNER CITY		
	% of senior renters	% of senior owners
Inner-city	27.8	21.0
Non-Inner-City	62.2	75.9

Differences in tenure among CCAs is also reflected in the proportions of renting and owning senior households within each area. Table 11 indicates these proportions, and the City Centre-Fort Rouge area again stands out, with 55.2 per cent of its senior households renting their dwellings. In all other CCAs, the majority of CCA senior households own their dwelling unit, although in ST. James-Assiniboia and in St. Boniface-St. Vital, there is a narrower margin of

difference. It is interesting to note that although general socio-economic conditions tend to vary greatly between Assiniboine Park-Fort Garry and Lord Selkirk-West Kildonan CCAs, both areas have remarkably similar and high proportions of their senior households owning their dwelling units.

TABLE 11

PROPORTIONS OF SENIOR HOUSEHOLD TENURE FOR COMMUNITY COMMITTEE		
	% Seniors Renting	% Seniors Owning
cc-ftp	55.2	14.8
stb-stv	45.5	53.5
ek-tra	38.2	51.8
ls-wk	32.2	57.8
apk-ftg	34.6	65.4
stj-as	45.0	55.0

HOUSEHOLD TYPES

As indicated by Table 12, the two major types of senior households in Winnipeg are those headed by married couples with no children and those headed by senior persons living alone, which together account for 86.2 per cent of all senior households. Because of this large majority and in the interest of brevity, the discussion will focus on these two groups. Table 13 illustrates the proportions of each of these types for senior households in the inner city, non-inner city, and Winnipeg as a whole. While just under

50 per cent of Winnipeg's senior households are headed by individuals living alone, this type comprises 61.7 per cent of seniors households in the inner city. In the non-inner city area, the proportions of senior household types are more evenly distributed, where 44.2 per cent of senior households are individuals living alone and 41.5 per cent are married couples without children.

Table 14 illustrates the comparative proportions of owners and renters among the two major types of senior households for the inner city, non-inner city, and Winnipeg as a whole. While 57.5 per cent of Winnipeg senior households own their dwelling units, and there is a greater tendency for ownership among non-inner city dwellers, there is also a greater tendency for home ownership among senior couples. Although there is a greater tendency for home ownership in the non-inner city and greater tendency for renting in the inner-city, there is a greater likelihood in both areas for senior couples to be homeowners and senior one-person households to be renters. These trends are also apparent among CCAs. As indicated in Table 15, Lord Selkirk-West Kildonan stands out as an area of high home-ownership by seniors, for both couples and one-person households.

TABLE 12

WINNIPEG SENIOR HOUSEHOLD TYPES	
One person only	49.1%
Two or more persons	3.8%
Couple without children	37.1%
Multiple family	0.3%
Couple with children	5.7%
Single parent	4.0%

TABLE 13

PROPORTIONS OF SENIOR HOUSEHOLD TYPES FOR INNER CITY AND NON-INNER CITY, WINNIPEG		
	Couples	Singles
Inner City	25.7	61.7
Non-Inner City	41.5	44.2
Wpg	37.1	49.1

TABLE 14

PROPORTION OF SENIOR HOUSEHOLD TYPES BY TENURE FOR INNER CITY, NON-INNER CITY, WINNIPEG				
	couple owning	couple renting	1 person owning	1 person renting
Inner-city	65	35	29	72
Non-inner city	78	21	43	56
Winnipeg	75	21	39	61

TABLE 15

PROPORTION OF SENIOR HOUSEHOLD TYPES BY TENURE FOR COMMUNITY COMMITTEE AREAS				
	Couple Owning	Couple Renting	1 person Owning	1 person Renting
cc-ftr	69	31	29	71
stb-stv	68	32	35	65
ek-tra	78	21	41	58
ls-wk	84	15	50	49
apk-ftg	80	20	44	54
stj-as	70	29	32	66

INCOME

Senior household incomes vary widely among areas of Winnipeg, among the major senior household types, and tenure status. All income data described here were for the year 1985 and are recorded in 1985 dollars. These data are the most recent information on seniors which is readily available, showing variations within the city of Winnipeg.

Among the two most common types of senior households, couples without children have much higher incomes than individuals living alone. This fact holds true in all areas of the city, as indicated by Table 16 and by Table 17. The average annual income for a senior couple living in Assiniboine Park-Fort Garry was \$39,574, compared to \$23,809 for a couple living in East Kildonan-Transcona. The income

variation of one-person senior households is less dramatic among CCAs, but the income difference from senior couple households is large. The average income for a senior living alone in Lord Selkirk - West Kildonan was \$11,271, approximately two thirds of the average income of a senior living alone in Assiniboine Park - Fort Garry, and less than one third of the average income for a senior couple living in that area.

TALBE 16

AVERAGE 1985 INCOME BY SENIOR HOUSEHOLD TYPE FOR INNER-CITY, NON-INNER CITY, WINNIPEG		
	% Couples	% Singles
Inner city	25.7	51.7
Non-inner city	41.5	44.2
Winnipeg	37.1	48.1

TABLE 17

AVERAGE 1985 INCOME BY SENIOR HOUSEHOLD TYPE FOR COMMUNITY COMMITTEE AREA		
	Couple	One Person
cc-ftr	27.9	14.2
stb-stv	25.5	12.5
ek-tra	23.8	11.8
ls-wk	25.2	11.2
apk-ftg	39.5	16.6
stj-as	28.1	14.7

There are also notable variations in the average household income of senior couples and senior one-person households according to whether they rent or own their accommodation.

Table 18 illustrates the differences among senior couples living in the inner city. Average income variations for senior couples according to CCAs are illustrated in Figure 14. In all CCAs, senior couples who own their dwelling have higher average annual incomes than senior couples who rent, but the difference is greatest in Assiniboine Park-Fort Garry. Senior couples living there who own homes earn an average of \$43,091 annually, some \$17,076 more than those senior couples who rent in the same area. Senior couples renting accommodation in Lord Selkirk-West Kildonan earn the lowest income of any couple-tenure category, averaging \$20,847 annually.

TABLE 18

AVERAGE INCOME FOR SENIOR COUPLE HOUSEHOLDS BY TENURE FOR INNER CITY, NON-INNER CITY, WINNIPEG		
	Senior Owners	Senior Renters
Inner City	25,898	25,116
Non-inner City	30,750	24,032
Winnipeg	28,921	24,323

TABLE 19

AVERAGE INCOME FOR SENIOR COUPLE HOUSEHOLDS BY TENURE FOR INNER CITY, NON-INNER CITY, WINNIPEG		
	Senior Owners	Senior Renters
cc-ftr	28.3	27.0
stb-stv	27.1	22.3
ek-tra	24.4	21.6
ls-wk	26.0	20.8
apk-ftg	43.0	26.0
stj-as	28.6	27.0

Average annual incomes for senior one-person households were much lower than couples, in both the homeowner and renter tenure categories, but senior renters living alone had the lowest incomes. Income differences between the inner city and non-inner city are relatively small for seniors renting and living alone, as illustrated by Table 20. Much greater variations for one-person households were observed among CCAs for both homeowners and renters. Table 21 indicates these variations. Although owners' average incomes were always higher than renters, the differences between the two were not as great among CCAs as those for couples, except for Assiniboine Park-Fort Garry. Seniors living alone and renting in Lord Selkirk-West Kildonan had the lowest average income of any senior group in the Winnipeg profile, at \$10,038. Those seniors living alone in City Centre-Fort Rouge actually had one of the higher levels of income for seniors living alone in any CCA, for both renters and

owners. Once more Assiniboine Park-Fort Garry had the highest income, among one-person senior homeowners.

TALBE 20

AVERAGE 1985 INCOME FOR SENIOR ONE-PERSON HOUSEHOLDS BY TENURE FOR INNER CITY, NON-INNER CITY WINNIPEG		
	Senior Owners	Senior Renters
Inner city	14013	12811
Non-Inner city	15251	12585
Wpg	14930	12678

TABLE 21

AVERAGE 1985 INCOME FOR SENIOR ONE PERSON HOUSEHOLDS BY TENURE FOR COMMUNITY COMMITTEE AREAS		
	Senior Owners	Senior Renters
cc-ftr	15.8	13.5
stb-stv	12.8	11.4
ek-tra	13.3	12.0
ls-wk	12.4	10.0
apk-ftg	20.5	19.3
stj-as	15.1	14.5

TABLE 22

DISTRIBUTION OF SENIORS HOUSING PROJECTS IN WINNIPEG, 1990 BY COMMUNITY COMMITTEE AREA				
COMMUNITY AREA	PRIVATE	PUBLIC	NON- PROFIT	TOTAL
City Centre/ Fort Rouge	8	15	20	43
St. James/ Assiniboia	1	3	4	8
Lord Selkirk/ West Kildonan	0	10	7	17
East Kildonan/ Transcona	6	4	6	16
St. Boniface/ St. Vital	3	6	9	18
Assiniboine Park/ Fort Garry	3	4	4	11
Total	21	42	50	113

Source: Age and Opportunity; Directory of Senior Citizen Residences in Winnipeg; Wpg. Resource Directory for Seniors; Winnipeg Housing Authority; Rentersnews; Manitoba Housing.

TABLE 23

APARTMENT HOUSING OPTIONS FOR SENIORS IN WINNIPEG 1990 BY SIZE OF PROJECT				
NUMBER OF UNITS	PROJECT OWNERSHIP			
	PRIVATE	PUBLIC	NON- PROFIT	TOTAL
< 50	2	5	11	18
50 - 99	2	10	19	31
100 - 149	9	21	15	45
150 - 199	3	2	3	8
200+	4	4	2	10
UNKNOWN	1	0	0	1
Total	21	42	50	113

Source: Age and Opportunity; Directory of Senior Citizen Residences in Winnipeg; Wpg. Resource Directory for Seniors; Winnipeg Housing Authority; Rentersnews; Manitoba Housing.

APPENDIX B

ABBNEYFIELD COORDINATOR'S POSITION DESCRIPTION

POSITION SUMMARY: The Housekeeper plays a key role in ensuring the happiness and well being of Residents of Abbeyfield House through the provision of a well-maintained home, nutritious meals and caring environment. This is a live-in position with a small apartment provided.

Reporting Relationships: The Housekeeper reports directly to the Board of Directors.

Duties:

1. Assist with the development of a positive living environment which respects the need from individuals who are of senior age to maintain control over the major decisions affecting their lives, yet preserves harmonious relationships necessary in a communal setting.
2. Prepare lunch and evening meals daily with proper regard given to the Canada Food Guide, Resident preferences and specific dietary requirements. Meal times are anchor points in the day during which social,

intellectual and spiritual nourishment are as important as bodily nourishment. The Housekeeper gives particular attention to fostering an atmosphere at the table which influences the tone of the whole house.

3. Monitor the health of individuals residing in the house and assist them to make appointments with medical professionals and follow through on prescribed treatments.
4. Provide care to individuals who are ill consistent with care which would normally be given in a family/domestic setting.
5. Do regular household shopping within the limitations of the annual budget.
6. Maintain in a clean and orderly condition the communal parts of the house: kitchen, living room, dining room, sitting areas, bathroom, laundry room, halls, stairs and basement.
7. Ensure good safety and fire prevention practice by arranging for annual servicing of the furnace and fire extinguishers and a monthly battery check of smoke

alarms. Familiarize everyone with the most appropriate evacuation routes from the house.

8. Maintain and/or oversee the exterior maintenance of the grounds in an attractive state. Ensure that walks and stairs are clean of snow and ice.
9. Keep appropriate account of weekly and monthly household disbursements and retain all receipts for processing by the bookkeeper.
10. Provide information for the preparation of the annual budget.
11. Prepare for the Board of Directors regularly scheduled meetings, reports which outline concerns, needs and achievements of the household.
12. Assist the Selection Committee with interviewing and selection of Residents when vacancies occur.
13. Give work direction to the part time or relief Housekeeper.

14. Participate in training events which will enhance her understanding and ability to provide support to senior adults. Training in basic First Aid and CPR.

APPENDIX C

AGENCY QUESTIONNAIRE

- 1a) What are the staff's responsibilities?
- 1b) What are the staff's qualifications?
- 2) What are the volunteer's responsibilities?
- 3a) Do your volunteers receive any payment or reimbursements from your house?
- 3b) If "yes" what is the payment or reimbursement for?
- 4) In general, how would you rate the satisfaction of your volunteers with their work at Abbeyfield?
- 5) In general how would you rate the satisfaction of the tenants with the Abbeyfield program?
- 6a) Do you have in-house services available to the tenants?
- 6b) If yes, what types of services are available?
- 7) How do you determine how much to charge the tenants for their monthly tenancy fees? Is there an income test?
- 8) If applicable, how are subsidies covered for tenants who cannot afford services or their tenancy fees?
- 9a) Does your home have other sources of funding?
- 9b) If yes, what are the sources?
- 10) What is your opinion of the Abbeyfield program?
- 11) In your opinion, how could the Abbeyfield program be improved?
- 12) Do you have any final comments?

VOLUNTEER QUESTIONNAIRE

- 1) How did you hear about Abbeyfield homes?
- 2) How many visits per month do you make to the home?
- 3) About how many hours per month do you volunteer with Abbeyfield homes?
- 4a) Did you have an "orientation" to Abbeyfield homes, such as an information session and a tour of the home?
- 4b) If yes, what did your training consist of?
- 5) Have you received any volunteer training from Abbeyfield Homes?
- 6) What do you do as a volunteer with Abbeyfield homes?
- 7) Are you satisfied with the work you do as a volunteer?
- 8) Do you think the tenants are happy at Abbeyfield?
- 9) Do you have any suggestions for increasing volunteerism at Abbeyfield?
- 10) Do you have any suggestions for improving the operation of Abbeyfield?
- 11) Do you have any final comments?

TENANT QUESTIONNAIRE

- 1) How did you hear of Abbeyfield?
- 2) What do you think of your room here?
- 3) Do you feel safe and secure here?
- 4) Are you able to look after yourself and your room without assistance?
- 5) Do you have a feeling of being independent at Abbeyfield?
- 6) Do you have a feeling of privacy at Abbeyfield?
- 7) What do you think of the meals the housekeeper prepares?
- 8) Do you receive any help from the Abbeyfield volunteers?
- 9) What do you think of the communal areas?
- 10) Is the building safe?
- 11) Do you feel you receive good value for your money?
- 12) How would you describe your health?
- 13) Generally are you happy here?
- 14) Do you have any suggestions for improving life at Abbeyfield?
- 15) Do you have any other comments?

PRIMARY CONTACTS QUESTIONNAIRE

- 1) Where was your relative before she moved to Abbeyfield?
- 2) What were the conditions?
- 3) Why did you relative decide to move to Abbeyfield?
- 4) How would you describe your satisfaction or dissatisfaction?
- 5) How do you think your relative feels about living at Abbeyfield?
- 6) What does your relative receive at Abbeyfield other than a residence and meals?
- 7) How often do you visit your relative at Abbeyfield?
- 8) About how much money does your relative have to spend on personal items each month after their rent at Abbeyfield is paid?
- 9) Would you be willing to help more with the personal care of your relative, such as: walks, outings, bathing, etc.
- 10) Do you have any suggestions for improvements at Abbeyfield?
- 11) Do you have any final comments?

PUBLIC RELATIONS SURVEY QUESTIONNAIRE

- 1) Have you ever heard of Abbeyfield Houses Society of Port Hope?
- 2) How did you hear of this organization?
- 3) What have you heard?
- 4) Do you have any pamphlets from Abbeyfield?