



The Muttart Fellowships



**The Road to Grandma's House:
Ways to Support the Housing
Choices of an Aging Population**

Gail Johnston

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**The Road to Grandma's House:
Ways to Support the Housing
Choices of an Aging Population**

**A Muttart Foundation Fellowship Project
August, 1999**

Gail Johnston

CEO, Evergreens Foundation

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Gail Johnston
May 1999

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In the Beginning

In the Beginning

I have been interested in the care and support of older people for as long as I can remember. Perhaps it came from sharing my childhood home with my grandmother. Or perhaps it was because of my nurse's training, when I often saw the needs of the elderly take second place to the needs of the young. Whatever the reason, I have always been involved in seniors' issues – first as a registered nurse in long-term care facilities, then as a member of the management board of a seniors' housing foundation, and since 1984 as administrator of a housing authority which has senior citizens as its prime focus.

In April, 1998, with a Fellowship from the Muttart Foundation, I began a year's sabbatical leave to collect information and ideas about housing for seniors.

What I set out to do was to track down, around the world, some new and unusual ways of meeting the housing needs of seniors.

After a year of research, what stands out most clearly in my mind is the change in attitude I saw everywhere toward the subject of housing seniors. The swing is away from "care of old people" to "autonomy and support of individual choice" for old people.

This new attitude is influencing decision-making throughout the world, and the results are being welcomed by the elderly.

Elderly people everywhere are saying very clearly they want to stay put. And with the advent of the Coordinated Home Care program in Alberta, about 92 per cent of our seniors are doing just that. People are entering lodges at an older age or are moving directly to extended care. But as residents in Alberta's lodges and self-contained apartments age at home, pressures are being brought to bear to offer more personal care, and operators are struggling to meet the demands.

The information I gathered, and now present in these pages, is intended to spark the interest and imagination of housing providers in rural Alberta and offer them a broader range of ideas to draw from in meeting the housing needs of seniors. I have not restricted my report to programs that would be legal or allowable under current Alberta legislation. It is my experience that the ideas must come first. When a community becomes enthusiastic about an idea, they work with elected officials to make it happen.

- 2** At the end of life “virtually everyone has from six to 60 months of chronic physical and or mental frailty,” says Paul Klassen, CEO of Sunrise Assisted Living and 1998 American CEO of the Year. During these last days we need physical, emotional, environmental and, frequently, financial support from our community.

Society has begun to address this need in a variety of ways. I plan to set you on the trail of some of these initiatives and hope that you will find solutions to suit you and your community. If I digress as you walk with

me down *The Road to Grandma's House*, it is because I find it impossible to discuss seniors' housing without looking at other factors that affect seniors' lives.

And when you reach your grandma's house, I hope it is everything she wants it to be.

Part 1

Introduction

An investment in knowledge always pays the best interest.

— Benjamin Franklin

1998 was a significant year for the future of seniors' housing programs in Canada.

- The province of Manitoba passed the first life lease legislation in Canada, which formalized and regulated an existing program.
- The Newfoundland and Labrador Housing Corporation planned to release a new provincial social housing strategy within the year.
- Ontario transferred all responsibility for housing the frail elderly to the Long-Term Care Program (jointly administered by the departments of Health and Social Services), and transferred to the municipalities the responsibility for subsidizing and operating public housing.
- Saskatchewan passed legislation (*Saskatchewan Assisted Living Services*) creating a new framework of support for people living in social housing.
- The Yukon embarked on a total assessment of housing programs.
- B.C. Housing began a pilot program called “Aging-In-Place Initiatives” for residents of public housing.

- Alberta held a housing symposium designed to make the solving of housing problems a process that involved everyone concerned.

Every province seemed to be working on some kind of initiative. But they did not seem to be sharing information or their research.

To Set the Scene: Some Statistics

There are three kinds of lies: lies, damned lies and statistics.

— Mark Twain

- Seniors are one of the fastest growing population groups in Canada.
- In 1995, there were an estimated 3.6 million seniors. They represented 12 per cent of the total population, up from 10 per cent in 1981 and 5 per cent in 1921.
- The senior population is expected to continue to grow rapidly during the next several decades. Statistics Canada has projected that by the year 2016, 16 per cent of all Canadians will be aged 65 and over, and that by 2041, about 23 per cent of the population will be seniors.
- There have been particularly rapid increases in the number of people in the very oldest age categories in Canada. In 1995, there were almost 350,000 people aged 85 and over, and they formed 1.2 per cent of the total population. This was twice as many as in 1971

(0.6 per cent) and six times as many as in 1921 (0.2 per cent).

- The number of people in the very oldest age group is also expected to increase rapidly in the next decades. Statistics Canada has projected that in 2041 there will be almost 1.6 million Canadians aged 85, and they will make up 4 per cent of the total population.
- Women form a relatively large proportion of the seniors' population, especially in the very oldest age range. In 1995, 58 per cent of all people aged 65 and over were female. Women also made up 70 per cent of the population aged 85 and over.
- Most seniors live at home. In 1991, 92 per cent of all people aged 65 and over lived in a private household. Of these seniors, 61 per cent lived with members of their immediate family; 8 per cent lived within an extended family; and 2 per cent lived with non-relatives.
- A substantial proportion of seniors live alone. In 1991, 28 per cent of all people over the age of 65 lived alone, compared with the age group 15 to 64 where only 8 per cent lived alone. Senior women, especially those in the very oldest age group, are particularly likely to live alone. In 1991, 38 per cent of all senior women, and 53 per cent of those aged 85 and over, lived on their own.
- In 1991, 256,000 people aged 65 and over (8 per cent of all seniors) lived in institutions.
- Seniors are more likely than younger Canadians to own their own homes; they are also more likely to own homes on which the mortgages have been paid

off. In 1995, 71 per cent of family heads aged 65 and over were mortgage-free homeowners, and so were 43 per cent of unattached seniors.

- Only 6 per cent of seniors were still part of the workforce in 1995.
- The incomes of seniors have risen faster than those of people under age 65 in the past decade and a half. The average income of people aged 65 and over in 1994 was 16 per cent higher than the figure in 1981, once the effects of inflation have been accounted for. In contrast, there was almost no change in the average income of people aged 15 to 64 in this period.
- Increases in the overall average income of seniors result largely from increases in income both from public (Canada and Quebec Pension Plans) and private, employment-related pension plans.
- Old Age Security benefits, including Guaranteed Income Supplements, however, continue to provide the largest source of seniors' income. In fact, government transfer programs supplied more than 55 per cent of all income for seniors in 1994.

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- A higher proportion of unattached seniors, especially of unattached senior women, are likely to have low incomes. In 1994, 53 per cent of unattached women aged 65 and over subsisted on low incomes.
- Seniors are much less likely than people in younger age ranges to be the victims of a crime. But seniors are more likely than younger people to feel unsafe when walking alone in their neighborhoods after dark.

The source of these figures is “A Portrait of Seniors in Canada.” The publication is a mine of information on the subject and is available from Statistics Canada (for ordering information, see Appendix B).

Searching the World

Human salvation lies in the hands of the creatively maladjusted.

— Dr. Martin Luther King Jr.

To begin my search for information, I wrote to selected foreign embassies in Canada. Through contacts made there, I was able to receive and share information with housing providers in 25 countries and all provinces and territories in Canada. Seniors’ housing organizations and government agencies proved very helpful. Libraries in Canada and the United States contributed information. Modern technology allowed the information to flow smoothly by Internet, e-mail and fax. And as time and resources permitted, I visited other places and interviewed seniors. (For details of my research methods, see Appendix A.)

But before starting, I checked my dictionary for definitions:

home one’s place of residence...the social unit formed by a family living together...congenial environment...

house building for human habitation...a shelter for an animal...a building in which something is stored.

I am glad to say that in my travels I saw many homes for seniors and very few houses.

Part 2
Types of Housing
for Seniors

Types of Housing for Seniors

We shape our buildings; thereafter they shape us.

— Winston Churchill

Introduction

What are the most important concerns of elderly people in Canada?

In 1998, provincial gerontology associations identified the 20 most important issues.*

- Housing options
- Transportation
- Home care
- Accessibility to/eroding universality of health care
- Support for informal caregivers

*Published in *AAGmag*, September 1998.

- Staff training/training of professionals, paraprofessionals
- Fiscal restraint and health care
- Health
- Health promotion and illness prevention
- Wellness
- Mental health
- Income disparities
- Pensions
- Crime and safety
- Independent living
- Older caregivers
- Day centres
- Education and training of volunteers and families
- Long-term care policy
- Elder abuse

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It speaks to the urgency of “housing options” as an issue that this is the first item on the list. Note, too, that options in housing is the issue — not just the provision of more housing of the type we are familiar with.

The following pages describe a variety of the housing options I discovered in my year’s research, and present the practical solutions I found (which may or may not be applicable in rural Alberta). I also looked at some of our existing programs and examined how they are perceived elsewhere. Where other countries

have similar housing solutions, the differences and unusual aspects are explored.

Overview

Senior Citizens' Lodges

Old age homes, hostels, lodges, congregate living—whatever you call them, they are a well-known concept throughout the world. In **Denmark** this type of housing was seen as undesirable, and in an attempt to promote the autonomy of the elderly it was declared illegal in 1988. An assessment of the success of these reforms is given in Annex 2.1.

The old people's home I found in **Lithuania** is much like our lodge program. However, local seniors cannot afford it and the management is advertising outside the country for tenants. Looking at a seniors' lodge through the eyes of an emerging Baltic state, a country that is struggling with low wages, high prices, Mafia influences, and a 50-year history of Soviet neglect and abuse, brings our problems into clearer focus (see Annex 2.2).

In **Australia** the Hostel program was recently transferred to the health portfolio and is now seen as a low-level nursing care unit (see Annex 2.3). The community support being offered as a substitute for hostels includes carer support and packages of community care that go beyond health and housekeeping assistance. A concerted effort is being made in that country to give needy seniors all of the support they need to remain independent and in their homes. My contacts in Australia provided a wealth

of information on their programs, not all of which is included here. If you would like to know more, I would be glad to share it with you. (See Appendix B for how to get in touch with me.)

Self-Contained Apartments

This popular program is seen throughout Canada. Some provinces have chosen to enhance services offered in the apartments. Details of one such program are given in Annex 2.4.

Satellite Homes

A practical blend of lodge and private homes, this program has potential for application in rural Alberta. Imagine being able to have a lodge suite situated three blocks away from the main building. An assessment of one of Ontario's successful programs is given in Annex 2.5.

Abbeyfield Houses/Seniors' Flats

Group homes for seniors are described using the example of Abbeyfield Society houses. Austria's exciting innovation of including blocks of seniors' flats in newly-constructed conventional apartment buildings is also reviewed. The European seniors' flats are truly a blending of all ages and public and private interests.

Home Sharing

Regaining popularity, this option has become a formalized program in some countries. Whether the elderly choose to live together, with a single parent and

her/his kids, with a young person or with family, the matches are working very well in some communities. Guidelines for a successful home sharing program in the Niagara Region of Ontario are given in Annex 2.6.

Garden Suites

Whether they are called garden suites, granny flats, or echo housing, this program meets the needs of families and seniors wanting to remain close to one another. In Alberta, the Garden Suite program has not been popular, although it seems a natural solution for rural Alberta. In the next pages I take a brief look at that program and at other programs and adaptations that might make this idea work in Alberta. There are several new twists to this concept in the United States and Australia. Advantages and disadvantages of the program are discussed in Annex 2.7.

Co-op Housing

No longer the popular program it once was in Canada, co-op housing has given way to life lease housing as the preferred option of many people. A brief description of the co-op housing concept is given in Annex 2.8.

Assisted Living Facilities

This is the common-sense approach to seniors who require care. Since most people are aware of how this concept works in purpose-built facilities, I have chosen to touch only briefly on the program in that context.

Instead, I have reviewed in some detail the new Saskatchewan program, Saskatchewan Assisted Living, which is designed as a vehicle to deliver service to the elderly in social housing. Details are given in Annex 2.9.

Penturbia

Baby boomers create their own retirement options by moving to small towns. This is a very hot trend in the United States. The services I believe seniors are looking for in any rural community are outlined in Annex 2.10.

Life Lease Housing

Manitoba passed Canada's first Life Lease legislation in 1998, which clearly demonstrates the popularity of this program. I touch briefly on the program, and then direct you to source material.

Senior Citizen Label – A Home for Life

I have described in some detail what is considered Europe's flagship program to keep people in their homes for life. The program, which has the potential to completely change the way we view aging, is looked at in detail through the eyes of a European (Annex 2.11). If you would like more material on this initiative, see Appendix B. Community health care workers play a vital role in this context, and in many other trends that I review in these pages.

Seasonal Accommodation

This is a look at marketing recreational properties in Canada on a seasonal basis.

Senior Citizens' Lodges

Yesterday's home run will not win today's game.
— Babe Ruth

Alberta has a 40-year history of success with its unusual “made-in-Alberta” Senior Citizens’ Lodge program.

The lodges are located throughout the province, and provide affordable housing, with room and board, for seniors who are mentally and physically self-sufficient. Rates include furnished living accommodation, access to all common areas and facilities, full food services, housekeeping, linen laundry, and sometimes other services as well.

Other provinces and territories in Canada seem to have a mixed view of this Alberta concept. The lodge program is poorly understood, and thus is suspect elsewhere. Management bodies in Alberta, however, leap to the defence of the program.

Looking at how this type of accommodation is viewed in other parts of the world, it seems that most countries have either had experience with old age homes in the past or are still promoting them as a viable option for elderly citizens. The following three examples illustrate the widely differing opinions on this subject.

The Danish View

This law was passed in Denmark in 1987:

In future, no more traditional old peoples' and nursing homes will be built. Housing units may not be less than a minimum of two rooms, kitchen and bathroom, total accommodation area a minimum of 67 sq. m. (614 sq. ft.). Accommodation in existing Old People's Homes and nursing homes must be converted in such a way that these minimum requirements are met.

Since 1987, there has been a very costly conversion of about 50,000 places in existing Old People's Homes, where units had averaged 16 sq. m. and had no individual cooking facilities or bathrooms.

In consultation with the elderly, the Danish government based the new policy on three simple principles.

Policy for the elderly should be formulated in a way that allows the elderly:

- To live old age in continuation of the life already lived.
- To arrange everyday life themselves and to have a choice of different housing and services.
- To have the widest possible use of their own resources.

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These guidelines were set in reaction to the limited options available to seniors in Denmark. For example, nursing homes were the only option for elderly people who needed nursing or support, and most of a resident's pension was withdrawn to pay for accommodation that was considered very small and of an unacceptable standard.

A main aim of the new policy was to create a choice

of types of accommodation for the elderly person needing nursing care. The goal was to offer housing and care geared to the needs of the individual. The new housing standards were seen to create the physical basis for the autonomy of the elderly.

The new policy also created a clear separation between agencies offering accommodation and those offering social services and health care. If accommodation, social services, and health care had formerly been offered as a package, they were now to be separated. This was to ensure that, rather than providing standard accommodation and care, services provided were in relation to a person's needs. This is an about-face from the concept of older people as a uniform group with standard needs.

In 1998 the Gerontologisk Institut published an assessment of these reforms (see Annex 2.1).

Seniors' Homes in Lithuania

I was fortunate in having family members make a personal contact in Kaunas Panemune Seniors' Home in Kaunas, Lithuania. When my son and daughter spent seven weeks in that country in summer, 1998, they followed up this and other contacts I had made and provided me with additional information.

Lithuania regained independence from the Soviet Union in 1991 and serves as a good example of a country struggling to recover from that regime. Ninety-five per cent of the housing stock is now in private hands; the remaining 5 per cent is owned and operated by municipal governments. The Kaunas Panemune Home is a municipal facility.

The architecture of the home is classic Soviet: a large, square, three-storey brick building with very little in the way of ornamentation, set on the south bank of the Nemunas River in a beautiful wooded area. The building is about 50 steps away from a bus stop. Gardens are kept by the residents. Rooms are very small by Alberta standards: 9 sq. m. (97 sq. ft.) for a single; 13 sq. m. (140 sq. ft.) for a double. There are no elevators and the hallways are poorly lit, but the building is extremely well-maintained. Common areas are simple but attractive with a meeting room for family visits and a well-appointed chapel. Total capacity is 80. The day my family visited, 77 people were in residence.

Residents are separated into three categories. The most active and independent are on the third floor and only receive assistance with housekeeping on request. Most of the tenants on the third floor were women and the place was shining and spotless. The second floor offers a more supported environment with some nursing care. The ground floor is very much a nursing home environment. There are plans to build a dementia care wing, as Lithuania shares with the rest of the world the increase in this disease.

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A copy of the Home's service statement and organizational chart is given in Annex 2.2.

Their approach to care of the elderly is very similar to ours. The warmth and loving care displayed makes this truly a facility worthy of the label "home." The administrator, Aldona Krinickiene, is well-educated in western models of care with a Master of Social Work degree.

In the city of Kaunas (pop. 400,000), this is the only old people's home (there is one other in Lithuania). So why is

it not full, with a wait list? A couple in their 70s explained it. The average monthly pension is about 300 Litas (2.66 Lt = \$1 Cdn in August 1998). It costs 320 Lt to rent a private room, and 275 Lt per person for a double room in Kaunas Panemune Seniors' Home. This represents 20 per cent of the cost of running the establishment; the municipal government picks up the other 80 per cent. Although this price includes all food, housing, utilities, medication, dental work, and medical help, the average senior citizen simply cannot afford to live there.

The marketing strategy the management has employed to find tenants is to try and attract expatriates to retire in Lithuania. (For the text of the letter, see Annex 2.2)

In the meantime, many of Lithuania's elderly live in poverty and need. But with the progressive attitude displayed in that country, I believe recovery will be rapid and we will see many changes in the future. Canada's Rooftops Program will certainly help. Rooftops Canada provides technical assistance to developing nations throughout the world. In the case of Lithuania, it will help the city of Vilnius to develop a municipal government action plan and restructure municipal government housing activities. It is expected that Vilnius will then provide a model for the rest of the country. (For more information about this initiative, see *Canadian Housing Magazine*, September, 1998, p. 28, "Privatization in Lithuania: Canada goes to Vilnius.")

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The Australian Approach

Australia's approach to old people's homes (called hostels in Australia) is a different one.

Originally, hostels were seen as a form of supported accommodation for older people, developed in response to post-war housing shortages. Over the past 20 years, hostels have increasingly taken on the role of providing personal, and some nursing, care to frail older people. The federal government acted to contain growth in nursing home places, and to shift the balance of care, by funding a large expansion in hostels and community care.

In the 1996-97 budget, the federal government announced a program to redefine the system of care offered to the elderly. One way these Residential Aged Care Reforms responded to the need for more equitable funding was to include hostels in the portfolio of what is now the Commonwealth Department of Health and Aged Care (formerly the Health and Family Services Department). See Annex 2.3 for details. Another outcome of reform was a greater emphasis on community care.

Under the new system, funding for nursing homes and hostels was combined. This meant that the system was increasingly able to provide a wider range of care, with more opportunities for people to age in place. Australia has recognized for some time the need to strike the right balance between residential and community care. Providing income support payments for carers is one method of putting money behind this concept. (For a detailed review of carer programs and community packages for care of the aged, see “Part 3 Support for Community Living”.)

Three Countries, Three Extremes, A Common Factor in Success

Denmark, Lithuania, and Australia are examples of three extremes: abolition of conventional lodges; lodges that the citizens cannot afford to live in; and lodges or hostels as part of the continuum of health care.

Throughout the world, I found that one common factor for successful old age homes is a high degree of cooperation between health care and housing providers. While each country seems to have its own perception of the value of old age homes, the trend that is discernible is toward autonomy of the elderly. Any program that discourages this is frowned upon everywhere.

Ontario, Saskatchewan, British Columbia

Ontario has transferred responsibility for all housing for the disabled and frail, including housing for frail or disabled seniors, to the Long-Term Care Department of Health.

Saskatchewan appears to be converting some self-contained apartment complexes to lodge-like housing with added services, under the new SALS (Saskatchewan Assisted Living Service) program.

British Columbia is adding services and developing programs in social housing units that emulate Alberta in areas such as medication assistance.

Alberta

The future of Alberta's lodges is changing, whether we like it or not. No group is better equipped to shape the evolution of the lodge program than the management bodies that administer them. Currently some groups

have taken the initiative and enhanced the level of care being offered. Others cling to a housing mandate. The profile of an appropriate lodge client is blurred, even to lodge residents. In one of the facilities I administer, a delegation of ladies recently questioned the manager about her admission of a healthy, active, elderly gentleman. “What is he doing in here?” they wanted to know. “There’s nothing wrong with him.”

Lodges in Alberta need to respond to local need in the manner most acceptable to each community. I believe four factors are very important to the future of lodges in rural Alberta.

- **Assessing the existing services available for seniors in each community.** This allows a region to work toward plugging the gaps in the support framework offered the elderly. Only then can a community decide if a new lodge is an appropriate option.
- **Clearly defining the roles and responsibilities of every department and level of government attempting to meet the needs of the elderly.** This must be reinforced by adequate funding and technical support. Local stakeholders can then be in a position to move forward to meet local needs.
- **Designing and using standardized assessment tools for defining community need.** This would allow all communities in Alberta to plan services within a provincial framework.
- **Consulting in depth with elderly Albertans about the future of the program.** Do modern seniors perceive the lodge as a facility they may need in the future because of failing health? Or do they see it as a housing option? If their perception is that you must be ill or disabled to move into a lodge, is it appropriate to continue

attempting to manage lodges as a housing option? If, on the other hand, senior citizens value the program as it was originally created (for seniors mentally and physically self-sufficient), what can we do in rural Alberta to recapture the healthy senior market?

Self-Contained Apartments for Seniors

*Let's call this newsletter "A Bend In The Road"
so people know this is not the end of the road!*

— Helen Barker
resident of Parkland Lodge, Edson

The Senior Citizens' Self-Contained Apartments program (SCA), co-funded by federal and provincial governments, has created an invaluable resource in rural Alberta.

The apartments provide subsidized accommodation for low to moderate income seniors, over age 65, who are in good health but cannot obtain or afford adequate housing for their needs, or who can no longer maintain their homes.

Units are either bachelor or one-bedroom apartments, with stoves and refrigerators. Lounges and laundry facilities are available in each project. Some units are wheelchair accessible. Rental rates are based on 30 per cent of income. Priority is given to those in greatest need, which is determined by their current housing situation, rent costs, and income.

Through this program even tiny towns like Wildwood,

Entwhistle, Wabamun, Czar, and Bawlf are able to offer subsidized living accommodation to their elderly. After services were consolidated in the mid-1990s, the program became more cost effective and better integrated with other housing options for seniors, without sacrificing the quality or intent of this option. Currently the Province of Alberta is in negotiation with the federal government regarding ownership of the program. No new units are planned at present. Tenants are aging in place with the support of home care, and many of the problems associated with frail elderly clients in lodges are common to tenants in apartments.

At this point, a number of questions need answering. Can we make better use of this resource? Should we offer enhanced support to residents to allow them to remain in place longer? Are there ways of offering tenants this support without changing and destroying the original program? Can we better coordinate our lodge/SCA programs to support apartment dwellers?

At a recent conference in Alberta where Saskatchewan's innovative programs were described, suggestions of change to the self-contained apartment program were met with strongly negative reactions. Understandably, there is resistance to changing a program that is perceived to effectively meet a need in the community. But if construction does not keep up with the growing elderly population . . . then what?

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I believe we can learn some valuable things from other provinces that have modified this program after negotiating with the federal government.

For example, the community of Watson, Saskatchewan has created an unusual and attractive complex through

innovative adaptation. An area of under-used semi-detached units was reconfigured to create a much more attractive and supportive facility. The duplex units (which at a glance appear to be attractive bungalows on a tree-lined street in a residential neighborhood) were attached by a hallway running along the back of each unit. This hallway leads to a common space containing a kitchen, dining room, bathing and treatment area, and a recreation room. The complex is located on a block directly west of the new hospital and extended-care facility, allowing quick intervention or added assistance when needed. The complex also has a guest suite for family members who wish to visit – a wonderful option for seniors who want to maintain a sense of being part of the community. Plans, pictures and more information on Saskatchewan’s innovative programs are given in Annex 2.4.

The concept of a self-contained unit with a restaurant available, and service delivered on site as required or requested, is common throughout Europe and the United States.

A community in the United States used an innovative method of providing meals to residents who wanted to eat out. At a local restaurant situated across the street from the apartments, the Lions Club bought a set number of dinners for residents of the apartments. It was a win-win-win situation. Seniors were able to obtain a hot meal if they wanted it without going far from home and at no cost. The Lions Club fulfilled its mandate to help the elderly. A private business realized a major economic boost. The program has been in effect for several years and was recently expanded to include caregivers who were taking residents out for

appointments. The restaurant is also now catering to special diets and has adapted a menu to the likes and dislikes of the elderly clients.

For more information on apartments for seniors, see *Canadian Housing Magazine*, Summer/Fall 1998, Page 9, “Provincial Flexibility Enables New Social Housing Initiatives In Saskatchewan.”

Satellite Home Program*

Philosophy

- Senior citizens are entitled to the most appropriate level of care and should not be encouraged or required to seek institutional placement if this is not necessary.
- Senior citizens who are no longer able to live independently in the community should have the opportunity to maintain as normal a lifestyle as possible and one as similar as possible to that previously enjoyed.
- Maximum independence and self-direction must be encouraged.

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In 1955 an amendment to the *Ontario Homes for the Aged and Rest Homes Act* allowed for the creation of satellite homes. In 1956 Welland county became the first municipality to create a satellite home program. Approximately 12 municipal councils in Ontario followed suit. Welland county became part of the regional municipality of Niagara in 1970, and because of the success of their satellite program I shall use

them as an example.

The program has been called Private Home Care, Foster Homes, Satellite Home Care, Group Homes, Satellite Group Homes, and currently Satellite Homes for Seniors. The objective of the program has, however, remained constant. In a report entitled “Satellite Homes for Senior Citizens” in *Health Management Forum*, Winter 1985, Doug Rapelje, CEO of the Niagara Region Housing Program, said: “The aim is to maintain a family approach, offering a variety of settings in order to meet the many different needs and interests of residents who require a secure and caring environment in which to live, but do not need intensive physical care.”

A satellite home is a private residence that is operated as a small group home. The home is usually owned and operated by a family or an individual interested in supplementing income by offering a sheltered environment to seniors. Although operators of satellite homes are carefully screened and receive an orientation, Niagara does not require educational or professional credentials. Standards for satellite homes and a screening process may be developed by the housing authority involved with the program. A satellite home operates in close cooperation with the local lodge. Clients are assessed and a recommendation is made for admission to the lodge or a satellite home based on the wishes of the client and family, the care requirements of the client and availability of accommodation. Admission procedure, financial criteria and medical documentation are identical for lodges and satellite homes. Satellite home residents pay their maintenance charges to the regional office (similar to a management body in Alberta) which reimburses the operator and retains an administrative fee.

A file on each client in a satellite home is retained at the lodge affiliate. Satellite home residents may visit the lodge for activities at any time, although the usual practice is for all of the residents of one satellite home to attend on a particular day to allow the operator a day off. Staff of the lodge are encouraged to regard the satellite home as an extension of the lodge.

A satellite home is an excellent choice for seniors who do not need institutional care, but who can no longer live independently. Not only do satellite homes offer a viable alternative to lodge living, but their small size offers a real variation in accommodation. In Niagara, each home accommodates from one to 13 residents, although the average is three or four. Some of Niagara's homes are located in urban areas, close to doctor's offices, shopping, and churches. Others are rural, allowing continuation of a previous lifestyle.

Some residents live out their life in the satellite home. If a move to the lodge is required at some point, familiarity with the staff, residents, and routines of the lodge eases the transition.

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In Ontario, fees are geared to client income, with the provincial and municipal governments providing subsidies. There is little direct operating cost and no capital cost to the government for a satellite program. This makes it a much cheaper alternative than adding lodge beds or building a new structure.

In 1984 Ontario's Ministry of Community and Social Services reviewed and reported on the Satellite Home program (see Annex 2.5).

* The information in this section was obtained before Ontario's housing reforms of 1998. Although the program remains a viable option in Alberta, it may be changed under the new structure in Ontario.

It is important not to confuse this program with Alberta's Group Home program for individuals requiring nursing care or close supervision because of handicaps. The Satellite Home program is a housing option for elderly people who are independent and physically and mentally able to care for themselves. It is an effective and economic alternative living arrangement for older adults. It may also be seen as an alternative to lodge expansion in some communities.

Abbeyfield Houses

Founded 43 years ago to provide sheltered housing for the elderly, the Abbeyfield Society now has more than 1,100 houses in 12 countries around the world.

Abbeyfield societies are established as nonprofit organizations by civic-minded individuals in associations such as service clubs, churches and legions. Abbeyfield houses are either purpose built or adapted from existing stock. They are community based with the goal of providing a home for lonely elderly in the community. The concept is to provide supportive housing for a group of seven to 10 seniors who live very much like a family. Abbeyfield houses are adaptable to fit local culture and customs, are non-denominational and do not discriminate regarding race, gender or ethnic background.

An Abbeyfield house looks like an ordinary house on an ordinary street. A resident manager is employed and has his or her own self-contained suite. The manager runs the house, doing the shopping and preparing lunch and dinner. The success of the house often depends on this person. The manager is not a nurse but

helps tenants access community services. Volunteers, who play a vital role in the day-to-day activities of the house, are coordinated by the manager. Tenants have a private bedroom and bath. Bathrooms are equipped with necessary adaptations for the safety of the elderly. Common spaces are shared.

In many ways an Abbeyfield house functions as a mini-Alberta senior citizens' lodge. The aim of both is to provide a balance of privacy and caring support. Having someone to help tenants use community services is very important. As well, housekeeping support, meals, and companionship are all offered within a secure, supported environment.

The Abbeyfield Housing Society of Canada was established in 1984. In 1987 the first Abbeyfield House in Canada was opened in Sidney, British Columbia. In 1996 there were 28 Canadian Abbeyfield societies and 19 Abbeyfield houses in operation or under construction.

In the United Kingdom, 1,000 houses are run by 600 Abbeyfield societies. These facilities are set up and run by groups of local volunteers. In the U.K. more than 15,000 volunteers provide service in some way to a house. With aging populations placing financial pressure on many countries, Abbeyfield houses with their high level of voluntary help offer a cost-effective alternative.

The motto of the Abbeyfield Society of South Africa is, "Caring for the elderly is everyone's concern. Everyone's. Not everyone else's."

Seniors' Flats

In Europe, the concept of seniors' flats is similar to Abbeyfield houses in many ways. The seniors' flats program often offers five or six apartments on the first floor of a conventional apartment complex. These units have been especially designed for the elderly. Like Abbeyfield houses, seniors' flats are designed with a resident manager's suite, five or six private bedrooms, and a common kitchen, sitting room, laundry, *etc.* It is the goal of many communities in Europe to have a number of these purpose-built units in most neighborhoods, allowing the elderly to remain in familiar surroundings when they require sheltered housing.

The town of Dornbirn in Austria has adopted this model with apparent success. Faced with the need for 110 new beds in an old people's home, they chose to establish seniors' flats in each district of the town as a community-based alternative.

The project represents a true cooperation between public and private agencies. It was not the council—the organization responsible for the flats for senior citizens—that built the flats, but various building companies cooperating with the council. The building company acquires a piece of land and submits plans to council. If the plan is for a residential building, the council checks out the demand for flats for senior citizens. All residential buildings, including flats for seniors, consist exclusively of owner-occupied apartments. If there is a need for seniors' housing in that district, the council submits an offer to buy a flat. In this way, all seniors'

flats originate within the framework of larger residential projects. The council provides the building companies with a list of requirements regarding the physical design of the flats. The specifications are for eight or nine rooms, two bathrooms, two showers, a kitchen and a lounge in a total area of about 269 sq. m. Preference is given to ground floor flats for senior citizens.

Home Sharing

The challenge of population aging is to maximize the capacity for older people to participate and contribute, while...increasing the community's capacity to provide the services an aging society needs. The need to increase older people's participation and contribution is not simply a social objective; it is an economic imperative.

— Dr Jane Halton, Australia, in a speech to the OECD, May 1998.

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One initiative that is as old as time, and yet suddenly considered a new trend, is home sharing. This housing alternative encourages older people's participation and contribution to the community that Dr. Halton recommends. There are two forms of home sharing. The first is sharing with family members. The second is sharing with one or more individuals unrelated by blood or marriage.

Sharing a Home with Family

The first option, living with family, is covered in depth later in these pages in "Support for Community Living." A few points here, however, will illustrate Dr. Halton's

call to use the talent and expertise of the elderly.

In 1997, 2.4 million families in the United States were maintained by grandparents who had one or more grandchildren living with them (an increase of 19 per cent over 1990). These grandparent-headed families comprised 7 per cent of all families with children under 18 years of age. Slightly more than half of these grandparent families contained both grandmother and grandfather; one million had only a grandmother. About half of these children were under the age of six.* By sharing their homes, these elderly Americans are remaining very useful and involved in the lives of their children and their community.

In many parts of Canada, and most graphically illustrated in the Aboriginal community, grandparents and elderly aunts and uncles are vital in providing child care. Shared accommodation is the norm rather than the exception in those communities. Many builders in Canada and around the world are now including a parent's suite (more recently called a swing suite) in new home designs. These arrangements allow a modicum of privacy for all who share the structure.

The province of Nova Scotia promotes this concept with their Parent Apartment program. This program is designed to provide assistance to homeowners wishing to create an apartment within their home for related senior family members. The program is funded by the Department of Housing and Municipal Affairs and will loan up to \$25,000 on a 10-year term with interest rates to be established at the time of approval. To qualify, a household must own and occupy the home they wish to renovate. They must have good credit rating and the senior must be 50 years of age or

* From the American Census Bureau, Current Population Survey.

older with an income of \$20,000 or less.

Sharing a Home with Someone Unrelated

Home sharing has been defined as “two or more individuals, unrelated by blood or marriage, who pool their personal and financial resources and share living accommodation in which each has their private space and share some common areas such as the living room or kitchen.” This shared accommodation can be a house, an apartment or a purpose-built structure. Generally, structural changes do not have to be made to a residence to accommodate sharing. Home sharing can mean renting out an extra bedroom in a home, which has the advantage of generating additional income for the owner while also providing companionship and job sharing. In some instances chores are exchanged for rent. It is important to note that the roommate does not need to be a senior citizen. There are many successful examples of a generational blend. For example, there are single parents who have successfully rented to elderly people (frequently men) in return for help with chores and child care. There are many examples of elderly women renting to young professionals or college students.

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The obvious match, however, is between senior citizens of a similar age and with similar interests. New housing developments now often feature two master suites. This allows ease of sharing, with each tenant having a private bedroom and bath while sharing common spaces.

Who acts as the matchmaker in this scenario? In the United States there are private agencies that help people find compatible house mates. A Home Sharing Resource Center has been founded in Philadelphia. In

many provinces in Canada the infrastructure is in place to create something similar. The Niagara and Dartmouth Home Sharing programs are part of existing agencies. Vancouver Homesharers and some other facilitating groups are more independent, involve more volunteers in providing the service, and rely on federal and provincial government funding such as New Horizons and Lottery Revenue. An explanation of the Niagara program is given in Annex 2.6.

Home sharing as an option for senior citizens in rural Alberta is a program that deserves careful consideration. Home sharing is very cost effective from the perspective of the service provider. The reason for a senior entering an institution is often identified as isolation, loneliness and financial hardship. Home sharing is an option to combat these negative elements. As Niagara Region Housing Program CEO Doug Rapelje has said, when we acknowledge the diversity among older people, and recognize each senior as an individual, we become increasingly aware that housing options must be varied and flexible enough to accommodate this individuality.

Garden Suites

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A significant majority of seniors live in their own homes with varying degrees of support from their families and friends and community-based services. When they are unable to continue living in their own homes, seniors wish to have access to living arrangements that are more home-like than traditional institutions. There is increasing demand in the community for residential alternatives that provide varying levels of personal assistance.

The seniors I interviewed agreed with these statements in the Alberta Government's newest Strategic Business Plan for Seniors.* In light of this, why is there not a broader range of choices available to seniors in rural Alberta? Why has Alberta's Garden Suite Project, for example, not been a resounding success? Perhaps we can draw some conclusions by reviewing the concept, its history and its application in other jurisdictions.

Garden suites were born as plain old granny flats in Australia about 1973. The concept was to provide a movable unit to be placed on wood or cement blocks near an existing dwelling and connected to the utilities of the main house. The units are designed for seniors and average 50 sq. m (540 sq. ft). They have one bedroom, a bathroom, living room and kitchen; furnishings are optional. The units in Australia are owned by the government and rented from the local housing authority on a rent-g geared-to-income basis. By 1982, 1,088 units had been installed in the state of Victoria alone. Currently Australia has expanded the program to apply granny flat subsidies to seniors living in a home under life tenancy agreements or home sharing with family members. (Details of this change are described in "Part 5: International Perspectives-Australia.")

The granny flats concept caught on in the United States in the mid 1980s and was given the name echo housing. In 1984 a task force established recommended construction and installation standards for echo housing. The American Association of Retired Persons (AARP) played a leading role in this initiative.

The United States viewed these units as having a

broader application to seniors' housing needs. Echo units can also form cluster arrangements on small tracts of land, says an AARP document on echo housing. These clusters can be dispersed in residential areas, integrating the elderly into a larger community. Or the units can be placed near a health care facility to provide easy access for older people. The units can be owned by nonprofit corporations or local housing authorities, or by private investors who use them as rental property.

Although Canada is recognized world wide for our ability to provide prefab housing to northern countries, we have been slow to embrace granny flats/echo housing for senior citizens. We did, however, rename the concept. In Canada a granny flat is called a garden suite.

CMHC has a wealth of information on this subject including indepth studies such as “Laying the Groundwork: Garden Suites and On-Site Septic Systems.” CMHC has also developed guidelines—“Regulations for Garden Suites”—to help municipalities develop necessary regulatory tools. It has also designed many different, functional, and attractive floor plans for garden suites. The advantages and disadvantages of the program are discussed in Annex 2.7

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A survey conducted by Gallup Canada Inc. for CMHC shows that half of the Canadian market for garden suites is in rural areas. With the pressing need for more housing options in rural Alberta, perhaps this concept should now be revisited.

In Alberta, garden suites have had very little success. A pilot project was conducted in Lethbridge (two units) and Parkland County (three units). From discussions with provincial government representatives, I understand that

poor acceptance of the program was partly due to the reluctance of municipal governments to change zoning designations and develop specific regulations for the program. I also understand that the program was very expensive for the provincial government to operate.

Resistance to this housing concept also arose in California because ways and means and consequences of implementation were not fully researched before the program was introduced. This illustrates the need to develop a detailed program of regulation and specific implementation tools before a garden suite program is initiated. With the tools available from CMHC, this should not be too difficult a task.

Housing authorities in rural Alberta have had limited success with manufactured dwellings.

The Flagstaff Foundation manages 20 units in Daysland. These houses were established about 20 years ago as a Lions Club initiative and have served the community well. Prefabricated on the Morley Reserve, the buildings are double wide, set up as back to back duplexes, each with two bedrooms. Although the buildings are on cement footings with a crawl space, in the last few years they have required a great deal of maintenance. Siding, roofing, doors and carpeting have all been replaced. The Flagstaff Foundation's administrator, Sharon Cote, says that these units have required more maintenance than a conventionally built option. However, they have met the need admirably for self-contained apartments in Daysland. At the end of 1998 they were full, with a wait list.

In Vulcan, Alberta the Marquis Foundation has ordered four custom-built units to add to existing stock. With a

10-week delivery date, construction time is faster than conventional building methods. Foundation administrator Brenda McDonald was impressed with the flexibility and creativity of the manufacturer, Willow Creek Homes. Cost may be an area of concern, however. In this case, the County of Vulcan lent the money to the Housing Authority at 7 per cent over 15 years. Units will be rented to seniors under the Rent Supplement program. It might well be wise to negotiate design standards and prices with the manufacturers of modular housing to ensure that this is a cost-effective option in the future.

Representatives of the Manufactured Housing Association-Alberta/Saskatchewan have expressed an interest in the garden suite program and would be prepared to discuss possibilities with interested jurisdictions.

Cooperative Housing

The cooperative program initiated by CMHC was terminated in the early 1990s. Options such as life lease and not-for-profit housing developments appear to have taken the place of this program. According to CMHC representatives in Edmonton and Calgary, the only CMHC-assisted co-op complex developed in Alberta recently is the development in Jasper, Alberta. Because Jasper is in a national park and housing is very scarce and expensive there, a special agreement was made between Jasper and Parks Canada to facilitate the development.

At one time Manitoba had a very active co-op market. A description of the Manitoba Housing Co-op Council's program is given in 2.8.

Government assistance for housing for the elderly can be replaced in some instances with a cooperative initiative. Member equity funds this option, which appears to be a viable alternative for middle-income Albertans. Members buy shares, their pooled resources fund the construction, and ongoing costs are also shared. The goal of a cooperative concept is to provide a superior product at an affordable price.

The CMHC publication “A Guide To Developing Resident-Funded Housing Co-operatives for Seniors” sets out the basic principles for this option:

- Non-profit status
- Cooperative tenure
- Member control.

Several factors will influence funding of the complex.

- The “home for life” concept must be reflected in the design
- The need for private interim financing
- The number of equity shares purchased by the members
- Presence or absence of government subsidy agreements
- Effective needs assessment and marketing plans—critical to the success of any project.

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Another critical component in the success or failure of a co-op project is the organizational group. It is vital that its members have a proven history of skill and organizational ability in all phases of housing development.

Some of the topics in the CMHC guide are outlined below.

1. Preparing a Project Proposal

Key elements: age and demographic

considerations, survey methods of potential sponsors and supporters, land acquisition, architect and preliminary design, design suggestions, marketing costs, unit prices, making a decision to start

2. Project Financing

Goals, models, shares (including risk, timing further subscriptions, redemption, co-ops and condominiums), agreements with the developer, negotiating a mortgage, special problems, reporting and administrative issues

3. Marketing

Getting attention, expanding enrollment, planning events, staffing

4. Community Development

Characteristics of seniors, dangers, management.

I highly recommend that any group planning a cooperative venture review this document. I also suggest that, before proceeding, the group contact CMHC to find out the extent of the Department's current involvement in cooperatives.

Assisted Living Facilities

Assisted living is the new housing and health care alternative combining independence with personal care in a warm, dignified, community setting, according to the Assisted Living Federation of America (ALFA).

ALFA members subscribe to the following philosophy.

1. Offering cost-effective quality care that is personalized for individual needs.
2. Fostering independence for each resident.
3. Treating each resident with dignity and respect.
4. Promoting the individuality of each resident.
5. Allowing each resident choice of care and lifestyle.
6. Protecting each resident's right to privacy.
7. Nurturing the spirit of each resident.
8. Involving family and friends, as appropriate, in care planning and implementation.
9. Providing a safe, residential environment.
10. Making the Assisted Living residence a valuable community asset.

According to the American Association of Retired Persons (AARP), assisted living is:

...another kind of community-based home. It is based on a philosophy that emphasizes the autonomy of the individual resident in selecting and arranging for services. Individuals live in their own private units or apartments and receive a range of services that they select as needed. These services generally include protective supervision/monitoring assistance by assisted living staff that are available 24 hours a day to address unscheduled service needs. In assisted living facilities some of these services are provided by the facility, while others are provided by agencies outside the facility. *Assisted living facilities also vary greatly.*

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The AARP goes on to say:

Assisted Living Facilities are also called personal care or residential care facilities and provide private or semi-private rooms, meals, housekeeping, protective

oversight, and some degree of personal care. Residents select the degree of personal care they receive—the amount of help with such things as dressing, grooming, and bathing—depending on what each individual needs.

I have chosen to use these two American descriptions as the United States is generally considered a leader in this form of housing and care.

In Canada we have many different perceptions of what assisted living means. For the purposes of this report, I discuss assisted living only as it may affect existing social housing in Alberta. At the same time, I would like to acknowledge the work of nonprofit organizations who are providing assisted living facilities across Alberta in a health care context. Their work has created a valuable resource in our province.

In Alberta, through the excellent efforts of the coordinated Home Care program, we are familiar with the concept of receiving services as needed in our own homes, regardless of where we live in the province. In addition, there are now purpose-built complexes where the philosophy of assisted living is followed.

In rural Alberta we have been offering many components of assisted living to senior Albertans for 40 years through the Lodge program. With the help of home care, many lodges have enhanced the services offered to a degree that places them within the definition of an assisted living facility, as identified by ALFA and AARP. This cooperation between departments of housing and health care works very well in some communities and poorly in others. The lodges built over the last 40 years were not designed to deliver health care and this factor, as well as confusion about appropriate roles and funding, may play

a part in the failure of cooperation in some places.

Many municipal government representatives have told me of their grave concern about what they perceive as a potential for “downloading” health care costs to municipalities. It is important to note, however, that communities in Alberta differ, supports offered to the elderly differ, and demand for traditional unsupported social housing differs. A cookie cutter approach to this issue is not effective.

I believe Saskatchewan’s new initiative, Saskatchewan Assisted Living Services (SALS), is worth a closer look (see Annex 2.9). In summer 1998, SALS came into effect in Saskatchewan, as an initiative “that will provide a community-based service option for tenants in seniors social housing who require a combination of shelter and supportive services to maintain their independence and to remain living in their homes.”

Another Canadian example worthy of a second look is the Lions Club of Winnipeg Housing Centres. Lion’s Place consists of 268 self-contained independent apartments.

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The rent is subsidized and rental packages are offered with or without supportive services. Included in the rent are social and recreational programming, access to social workers, the Resident Assistance program, fitness centre, and classes. Staff are on site 24 hours a day. Housekeeping, meals and laundry service can be purchased separately.

Special to this complex are the programs offered in the self-contained apartment section and shared by assisted living tenants.

Suggested reading

- *Assisted-Living Housing for the Elderly: Design Innovations from the United States and Europe* by Victor Regnier. 1994. Von Nostrand Reinhold.

Penturbia

The word “penturbia” was coined in 1991 by Dr. Jack Lessinger, a professor emeritus of real estate and urban development at the University of Washington. He used it to describe the surge of people from heavily populated urban areas to small-town America. He theorized that small towns and cities would be the beneficiaries of Americans’ declining preference for the suburbs.

There now is a resurgence of growth in rural communities in the United States. The important factors influencing this growth appear to be recreational amenities and retirement migration.

“Americans are retiring to the places where they have spent relaxing vacations,” write Joel Embry and John Migliaccio in their article, “Real Estate Investment, New Urbanism and Lifestyle Transitions of the Baby Boom,” in *Spectrum*, September/October 1998. This confirms Dr. Lessinger’s prediction about penturbia. The phenomenon has been so well-documented that it has given rise to an association: The National Association of Retirement Communities. The members are local and regional economic development corporations, towns, cities, and regions who are treating the relocation of retired people to their towns as an industry, and part of a desirable economic base. The characteristics of NORCs (Naturally Occurring

Retirement Centers) provide valuable information about the preferences of retirees who develop their own retirement strategies instead of buying into the programmed seniors' communities developed specifically for them. According to the *Spectrum* article, a "rural rebound" is being fuelled by retirees seeking out attractive small towns throughout the United States.

Will Canada—and specifically Alberta—follow this American trend? There is every reason to think we will. In communities such as Camrose, Alberta we are already seeing it happen. What trends fuel this migration? Several Alberta trends influence a penturbia mind set:

- Baby boomers are aging. This generation has always demonstrated independence and an ability to get things done their way. It is only reasonable to think they will look for their own innovative and creative approaches to retirement housing.
- Information-age technology will allow the retired Albertan to network anywhere in the world from rural Alberta.
- The desire for a sense of community, small-town values, security, and a slower pace of life are prime motivators.
- Land prices are usually lower in rural Alberta.
- Alberta's restructured health system now sees medical specialists visiting rural communities, making consultation easier for people in outlying areas.

What does the penturbia mind set mean for your town? With good planning and marketing, it can give you an unprecedented economic boost from a truly environmentally friendly industry. It also underlines

the need for innovative ways to provide a variety of services and housing options for the aged.

When the Economic Developers of Alberta invited me to speak at their annual conference in October 1998, the subject they asked me to address was “What do seniors want from your town?” (see Annex 2.10).

One of the most successful and best known retirement projects in Canada is Elliot Lake. In the mid 1980s, when a mining expansion did not materialize and young families left the town, Elliot Lake was left with a huge inventory of new, single-storey houses sitting empty. The mining company owned them. It needed tenants to offset carrying costs. The town of Elliot Lake needed economic stability. Effective marketing and admirable cooperation between all levels of government and the mining company created the Elliot Lake Retirement Living program. This very successful initiative is reviewed in depth in the CMHC publication “Small Towns as Retirement Communities.”

Suggested reading

- “Small Towns As Retirement Communities.” CMHC Library.
- “Maintaining Seniors’ Independence in Rural Areas.” CMHC Library.

Life Lease Housing

A life lease is an agreement that permits a purchaser to occupy a dwelling unit in exchange for a lump sum payment and a monthly fee. In order to raise working capital, the owner of the complex accepts a lump sum

payment from the senior, in return for which the senior has the right to live in the unit for life but pays a monthly fee for maintenance and ongoing costs. The amount of the monthly fee depends on the size of the entrance fee paid. In most instances, when the senior moves or dies, the original lump sum is returned to the senior or his/her estate, and the sponsoring group looks for another senior to buy into the unit on the same basis. A 1993 survey for CMHC determined that the majority of sponsors of life leases are charitable nonprofit groups.

There are currently several thousand life lease units in Canada and the numbers are growing rapidly. Manitoba has enthusiastically embraced this method of providing seniors' housing and in 1998 passed Canada's first life lease legislation: *The Life Leases and Consequential Amendments Act*.

In several communities life lease appears to be working as a public/private partnership. For example, in a project currently under development in Edmonton the partners are a private developer and a local service club. The developer builds, markets, and sells the units. The club manages the project. CMHC provides funding to develop the proposal and mortgage guarantees. The tenant does not receive interest on the entrance fee, as the full contribution is used to fund construction. A tenant may pay a minimum entrance fee or 100 per cent of the capital cost of the suite. The difference will be reflected in the size of the monthly fee. The entrance fee will be returned to the tenants if they move out, or to their estate if they die. This is only one of many forms of structuring a life lease agreement. The basic concept is the same for all forms. In some communities, the city offers land and fee or tax concessions to help the process.

Is “life lease” a misnomer? In many instances, it is. Providing support services, when frail elderly tenants in life lease complexes need them, presents the same problem that faces lodge operators. Unlike life care or life tenancy options in the United States, Great Britain and France, life lease does not make a commitment to provide care until death. This problem is being dealt with in most new construction by providing space for dining, recreation, and staff. In Germany, many facilities even have a short-term nursing unit for care of a tenant during an acute illness.

Life lease is a viable option for a senior with some capital to invest. The worry-free environment, security of tenure and guarantee of return of capital make this an attractive product.

An example of a form of life lease in a lodge-like setting is in Linden, Alberta. Tenants can purchase a suite much as in a conventional life lease complex. Or a private investor can purchase a unit and receive income from renting it. Residents pay a monthly fee to help offset operating costs. The total monthly amount depends on whether the resident owns or rents the unit. This community project appears to meet the need of Linden elders in an innovative way.

Suggested reading

- “Source Book on Life Leases: Findings of a Survey of Project Sponsors.” CMHC Library.
- “A Guidebook On Life Tenancy Options.” CMHC Library.
- *Bill 41: The Life Lease and Consequential Amendments Act.* Manitoba Queen’s Printer.

Senior Citizen Label – A Home for Life

I am proud to be an Eskimo but I think we can improve on the igloo as a permanent dwelling.

—Abraham Okip, Inuit Nation

There appears to be a consensus in Europe now that new homes should include features that make them suitable dwellings for people *at all stages of their lives*. That is the thinking behind the Netherlands’ experimental Senior Citizen Label program.

I learned about this program from Dr. H. Bakkerode, director for the elderly, Netherlands Ministry for Health, Welfare and Sport. He told me that housing policy in the Netherlands is no longer purely concerned with providing good and affordable housing. Housing is now looked at in the broadest sense of the word. Homes must last for a long time, be sustainable, and be built to environmentally responsible standards. They must be easy to maintain, provide security, and be accessible to all – young and old, able-bodied or with disabilities – and there must be more careful use of available space. Criteria for meeting these conditions have been established.

This is where the senior citizen construction label

comes into action, with senior citizens themselves playing a role in the experiment. Senior citizens' associations are functioning as consumer organizations: they have set up a joint project office for the label, and the office includes a pool of auditors or inspectors. These are older people with experience in the construction industry who can check whether building plans meet the criteria established. After construction work is completed, they inspect the homes on site.

Similar Programs in Other Countries

Other European countries have jumped on the lifetime home band wagon with a program called Lifetime Housing. Lifetime housing has features that make the dwellings suitable for people at all stages of their lives. While these features vary from country to country, Belgium, Denmark, Finland, Greece, Italy, the Netherlands Norway, Spain, Sweden, Switzerland, and the United Kingdom all have some form of lifetime adaptable home criteria.

Many architects in Europe have become enthusiastic about the concept, and have even gone so far as to say that housing for the elderly does not really exist any more – anything conceived for the elderly is attractive to everyone else. Designing and building such homes will advance housing in the way that the space race boosted technology.

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Do We Need Specific Housing Standards for the Elderly?

There are many reasons for drawing up a set of specific standards for housing that is friendly to an elderly person. With the increases expected in an aged population and the emphasis being placed on service delivery to the senior at home, it would seem practical and just plain good

business to build with seniors in mind. The Netherlands Steering Committee for Experiments in Public Housing (SEV) has drawn up a list of factors that become important as people become older.

- Reduced muscle strength and range
- A need for greater light intensity
- Increased vulnerability: safety must be given extra consideration
- Incomes of the elderly are relatively lower: affordability is very important
- A greater likelihood of reduced mobility: proximity to facilities is important
- Increased need for support: likelihood of disability increases
- More leisure: space is needed to pursue hobbies and other activities
- Independence and maintaining identity are also very important.

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However, it has been said that an aging society has little to gain from treating the elderly as a separate group. Planning a new home to accommodate a child of eight or grandfather of 80 just makes sense. Thus, the senior citizen label for new construction is an interesting and timely experiment, and has real scope for application in Canada.

After all, we have specific labeling for insulation quality, for example. Why not a “home for life” designation?

In fact, a senior citizen label can promote a balanced form of new housing, according to Berny van de Donk, United Dutch Associations of Senior Citizens. He described the senior citizen label program in detail in a speech at a seminar in The Hague. The full text of his 1998 talk is given in Annex 2.11.

Who Oversees the Senior Citizen Label?

In the Netherlands, the Steering Committee for Experiments in Public Housing (SEV)

runs a wide range of experiments in public housing, and tests new ideas in practice. The goal is to have results ultimately reach mainstream public housing. SEV advises ministries and other interested parties on public housing and planning matters. It also helps to develop ways to ensure that housing is of high quality, homes are affordable, and that residents are involved. It would seem that the SEV has many things in common with Canada's CMHC.

Do We Need a Label in Canada?

Why do we in Canada need a senior citizen construction label? An Alberta architect told me recently that this was not necessary. "We already do all that. It's just good design."

Certainly, we build user-friendly homes for children and adults. But in the design of ordinary housing I do not see much thought given to the needs of the elderly.

A Success Story

A village called Baarlo in the south-east section of the

Netherlands has constructed housing that meets all senior label requirements, conforms to “home for life” criteria – and blends with the historic character of the area.

The village clings to its historical character for very good reason. With wickerwork chairs still made by hand in the district and with five castles in the area, tourism is a very big business. How then, could the municipality create housing that blended in with the old character of the town but fulfilled all of the new requirements? The result is a resounding success and a lesson to us all.

Architects Giel Kerbusch and Theo Janssen collaborated to create a homestead for the elderly on the site of an old paint factory in the center of Baarlo, choosing the site because it was close to shops and amenities. “Home for life” standards were to be met. The Maasbree Housing Association asked for a Limburg-style homestead – that is, a farmhouse with stables, the design based on the concept of a Roman villa. A gate and driveway lead to a square courtyard surrounded by buildings.

The final product is a marvel of old and new ideas. For example, if you walk down Baarlo’s main street, initially you notice only the gatehouse building. This contains two dwellings and a florist’s shop. It is a standard shop with accommodation over it, as in the rest of the street. However, the three large arches and the shop stand out. Looking through the arches, you see a square with attractive homes surrounding it and feel compelled to explore further – which was the architects’ intention. Residents comment on the bustle of activity in “their” square. A success story, indeed.

Recently we are seeing innovations at least in design and fixtures in Canada. Manufacturers are now making hand rails and supports for bathrooms in bright designer colors to match your bathroom decor. Some builders are now framing in extra support so that hand grips and grab bars can be installed in the future. Lever door handles are now standard hardware with many builders. CMHC's Flex House concept is also interesting.

The key to success of a label seems to lie in developing a program that takes cost into account and uses common-sense adaptations to facilitate aging in place, without driving housing prices sky high (see "The schedule of requirements" in 2.11). Perhaps Alberta's senior citizens' organizations will get behind this idea and work with builders to create a home that truly is a home for life.

Suggested reading

Visit <http://www.sbi.dk/opslag/lifetiho/lifetisu.htm>

For more information, see Appendix B.

Seasonal Accommodation

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There appears to be very little written about the marketing of resort accommodation out-of-season to seniors. The information I have received has been informal, but those who have used the service are enthusiastic.

The idea originated with operators of tourist facilities and motels/hotels who were looking for ways to increase their revenue. In many parts of Canada, the doors close when the snow flies and the premises sit

empty, waiting for the spring tourist trade. Many of these establishments are located in Canada's coastal communities noted for their more temperate climate.

Atlantic Canada appears to have led the way, marketing a service to seniors in Prince Edward Island who wanted to move into town for the winter and avoid bad roads, snow removal and isolation. These same hardy Canadians want to be at home in rural Prince Edward Island during the summer months and are not ready for a permanent move. The motel or hotel converts to "seniors' services" for the winter – offering a different menu, planned activities, and some health consultation. An effort is made to keep rates affordable.

In Alberta, a large contingent of our citizens fly west instead of south in the winter and stay in mobile home parks and cabins on the coast. Marketing to these seniors is much the same as in Prince Edward Island and there is a great deal of flexibility in the services offered.

It occurs to me, then: Can we market what we have in towns and cities in Alberta? A winter spent in a city like Lethbridge, with its amenities and warm chinook winds might appeal to an elderly farmer from Manning or Smoky Lake. Weather aside, a move to town for the winter has lots of appeal for the rural senior.

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Taking this idea a bit further, is there scope for the local management body to supply some programming and other support for seasonal clients living in a hotel or motel?

The seasonal senior program offers many exciting and varied opportunities for entrepreneurs.

Annex 2.1:

Assessment of Danish Reforms

Reproduced with permission of the Gerontologisk Institut, Copenhagen

The 10 year birthday of the 1987 reform gives an excellent opportunity to assess the impact.

First of all, let us point out that the *Housing for the Elderly Act* beyond any doubt has contributed to a higher quality of homes for the elderly in general and a more flexible supply of housing. It is also worth noting that even though many sub-standard nursing homes have been closed, there are today a similar number of staffed housing units as in 1988 (traditional and modern nursing homes, *etc.*).

At the same time, the local 24-hour care service arrangements have been expanded during the decade. In consequence, nearly all local authorities are today able to offer this service to the elderly in their own home.

In the first years following the reform, the local authorities were hesitant in establishing housing units for the elderly most in need for nursing care. Since 1993, the government has therefore considered it as one of its main aims to increase the number of housing

units for the most vulnerable elderly. With the Reform of Staffed Housing Units, which came into operation January 1, 1996, this aim was set into action. The reform initiated a fruitful process, of which the result is a substantial increase in the number of staffed housing units for persons in need of nursing care.

When building of traditional nursing homes ceased on January 1, 1988, we had 48,011 nursing home units in Denmark. On January 1, 1997, the number of staffed housing units was 40,047. In 1997, another 3,500 housing units for the elderly were established, and presumably three-quarters of these are staffed housing units or modern nursing home units.

It is worth noting that in addition to standard improvements to housing for the most vulnerable elderly, the total supply of housing suitable for the elderly has increased in number and flexibility. This gives a better option of obtaining a home that covers the individual need of each elderly person. Since 1987, a total of more than 29,000 'new-style' units have been built.

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One could argue that it is not fair to compare the conditions of today with the conditions of 1988, as the number of elderly people has increased since then, but it is important to remember that the period has seen an expansion of the local 24-hour care service which means that today nearly all local authorities can offer this service to the elderly in their own home. Of course it is difficult to compare – but this is also due to the fact that the service offered to the elderly has changed in character and variety.

Do many elderly people wait too long for a nursing home, traditional or modern? In a comprehensive survey from 1995, "The living conditions of the 80-100 year olds," it

is concluded that in this age group, only 3 per cent both have difficulties in moving around in their home and want to move to a better suited dwelling. The time that each person waits for a nursing home unit has decreased during recent years to an average of three months, and the planned expansion of the stock of housing for the elderly during the next few years will imply a further reduction. In summary, the number of elderly and the length of time at the waiting list is decreasing.

Concerning the elderly, we are at the front of development, also compared with other Scandinavian countries. This is the conclusion of a recent Scandinavian report on “Care for the Elderly in Scandinavia 1960-95.” The report states very positive results for Denmark. This is attributed to the fact that Denmark has persisted in a high level of resources for the elderly and a clearly formulated and comprehensive policy being maintained over a span of years. According to the report, these results stem from a strong political will to change and modernize the sector (from institutional solutions towards home care in the elderly’s own home—with the necessary expansion of “new-style” housing and service in the elderly’s own home).

In spite of these proud results, we are aware that even more could be done for the elderly. There is a continuous need for renewed development of the results already obtained and a need for a substantial effort for the elderly. Part of a future effort is to improve the management and effectiveness of the use of available resources, for example of the practical help and nursing care both in nursing homes and in the elderly’s own home. It is also vital to increase the general knowledge both on the possibilities and risks of aging and on the role of housing,

for example by moving at the right time to a house that is better suited for old age. The Council on Housing for the Elderly and the Forum on Aging are important allies for us in this context as well as in other matters on aging.

Furthermore, there are still areas of public housing and service provision which are not satisfactory. A 1995 report showed that about one-fifth of the existing nursing home units did not have their own bathroom and toilet, that every fourth room was smaller than 15 sq. m., and that wheelchair users did not have access to 10 per cent of the units without helpers. This was part of the background for the Reform of Staffed Housing Units, suggested by the government and passed by folketinget in 1995. The reform which came into operation on January 1, 1996 encouraged local authorities to establish more staffed housing units and to renovate sub-standard nursing homes into modern standard housing for the elderly, especially for the vulnerable elderly.

Our aim is that after the year 2005, there should be no more sub-standard nursing home units in Denmark.

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A substantial difference between “traditional” nursing homes and “new style” housing for the elderly—among those staffed housing units—is that the residents in new style housing are tenants on the same conditions as other tenants in rental housing, being protected like “guests” in a private home. This is beyond doubt of great importance for residents’ self-respect and dignity, and therefore a vital component of an equal and normalized position of elderly persons compared with other groups in society. This is a main aim of our policy for the elderly.

The *Housing for the Elderly Act* has been followed by a number of other initiatives, securing the equality and

normalization of the conditions of the elderly. Here, we find it important to mention the new legislation for payment of old age pension to residents in nursing homes. The former system implied that most of the pension to nursing home residents was withdrawn as payment for board, lodging, and care. From January 1, 1995, all residents in nursing homes are paid their full pension. From this income, they pay for “rent,” boarding, and services according to the individual’s needs and wishes. In this way, the general conditions for nursing home residents are equal to those of people living in modern nursing homes—and, indeed, equal to other groups in society who live in rented accommodation. Thereby, the main determinant for supply of public service is the person’s need and not the type of home you live in.

In a longer perspective, a major concern is to what extent needs and wishes of future generations of elderly would diverge from those of elderly persons today. In the future, elderly persons will typically hold a better position in terms of economy by having a private pension supplementary to the state old age pension. Due to the increase in housing and space standards of the last decades, they will furthermore expect larger dwellings than the present generation of elderly people. “The generation of house owners” or “the 68s” are labels often used for this generation. “The 68s” were born in the 1940s and comprise the largest generation ever in Denmark.

If needs and wishes for housing are to be met for future generations, there is a scope for considering new paths in housing policy, both in house building, urban renewal, and private renovation of the building stock.

Therefore, the Ministry of Housing and Building has arranged a competition on the subject of “Old 68s–new ways of housing and living.” The aim of the competition is to initiate an open debate on this issue and to inspire owners, developers, residents, and local authorities to find new ways and policies for the elderly. Entries for the competition had to be submitted before February 15, 1998. We have great expectations that the proposals and the following debate will provide a major contribution to the government’s policy on the elderly.

Housing units (staffed and unstaffed) for elderly people

	Jan 1988	Jan 1997
Nursing homes	48,011	35,639
Dwellings	6,824	4,831
New style housing for the elderly and collective dwellings	3,805	29,040
Total	58,640	69,510

Staffed housing units

	Jan 1988	Jan 1997
Nursing homes	48,011	35,639
Protected dwellings	–	2,419
New style housing for the elderly and collective dwellings	–	10,989
Total	48,011	49,047

Source: Statistics Denmark, annual count of resources. Staffed housing units are counted from 1995 only. (Updated March, 1998.)

Annex 2.2

Kaunas Panemune Home for the Elderly

Statement of services offered – 1998-99

Kaunas Panemune Home for the Elderly was founded by Kaunas Municipality. The institution provides social services for elderly persons in their prolonged and permanent living when they are not able to take care of themselves unaided or need permanent care, nursing, and treatment.

The Panemune Home for the Elderly has single and double rooms (the majority are doubles with a balcony). Single rooms occupy 9 to 10 sq. m., while doubles take 13 to 14 sq. m. Each room has an antechamber and a bathroom, which includes a water-closet, a sink, and a shower. Guests are received and personal parties are held in a special nice salon and a visitors' room. The Home for the Elderly has 80 permanent residents.

Residents may furnish their room with own furniture and decorate it individually.

Primary goals of the Panemune Home for the Elderly

- To provide residents with social, psychological, cultural, emotional, and household-economic services
- To create favorable conditions for social and medical rehabilitation
- To organize everyday life in a way that physical, psychological, social, cultural, and emotional needs of residents would be satisfied as much as possible.

Services provided at the Panemune Home for the Elderly

Medical/nursing services

- dentistry
- physiotherapy
- rehabilitation
- maintenance
- medicinal education
- prevention of diseases
- intensive care

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The Home is surrounded by woods and set in grounds tended by the tenants.





The bleakness of the building's exterior belies the warmth and caring within. The facility is wheelchair accessible. Some rooms have a balcony.

Household services

- clothes washing, cleaning
- room cleaning
- cooking
- environment cleaning
- buying food products
- ironing
- buying household products
- disinfecting
- repair work
- haircuts
- sewing, knitting
- other



This common living room on the third floor, for active, independent residents, is considered luxurious by Lithuanian standards. The one television set serves the whole floor.

Those residents of the institution who are able to and want to do light household work individually, can do so.

Work therapy services

- These let the residents stay physically active, stimulate them to do things they like, serve themselves, and get accustomed to and learn to use compensatory appliances.

Work therapy profile

- making order in environment
- works of interest (knitting, sewing, weaving, *etc.*)
- agricultural works
- various household works (dishwashing, sweeping, *etc.*)
- room cleaning
- other work-related activity

Cultural services

- participation in amateur talent activities, religious festivals, trips to cultural events, excursions
- concerts, meetings, lectures, exhibitions, competitions
- celebrations of birthdays, name-days, state days
- singing
- watching movies

Religious services

- a priest-chaplain provides all religious services in a specially arranged chapel

Sport services

- curative exercises
- various games
- days of healthiness



The Chapel, the Home's showpiece.

Programs Implemented by the Home for the Elderly

Wardship Centre for the Elderly

The Panemune Home for the Elderly has experience in taking care of older people. For this reason, the Wardship Centre was established within the Home to meet needs of vital importance and to provide services.

Program objectives:

- To create a net of social services for the older people of the local district by using the services provided by our Home for the Elderly.
- To try to achieve the abolition of isolation by ensuring full and active life of the elderly
- To do everything in order the older person could live longer at their home. To support their independence and ensure their security.

The Wardship Centre provides the following services and support:

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- Transport services
- Household services: bathing, haircutting, shaving, washing clothes, and bedclothes
- Medical aid: prescription of charity medicines, injections and instillation of drugs, physiotherapy procedures, doctors' consultation
- Compensatory appliances: lending and instruction on use

- Economic aid: charity clothes and things
- Intermediation: preparation of applications for fuel and allowances, defence of the rights against willful acts of institutions (*e.g.*, when electricity supply is stopped and similar)
- Moral psychological help

Day Care for the Elderly

The goal of the program is to create conditions for older persons to satisfy their need of social activity.

By visiting the Day Centre, clients may satisfy their cultural, emotional, and work needs: they participate in various events, ethnographic groups, curative exercises, the

Mass, or spend their time together with other residents of the Home at table games, needlework, or gardening.

In addition, the clients of the Day Centre may obtain:

- hot meal
- household service
- medical aid

Supplementary premises arranged for recreation with a modernized canteen can meet the needs of 20 clients of the Day Centre.



Two residents share this small room.

Meals on Wheels

The goal of the program is to satisfy the needs of vital importance by daily deliverance of hot soup and bread for weak, poor persons who live at some distance from Panemune district. The program lasts for six years already and is participated by 60 helpers: pupils of neighboring secondary school #13, wards of Children's Home, and healthier residents of the Panemune Home.

Crisis Centre for the Elderly

Problem: Some older people are not able to get used to new economic conditions, they lose their lodging or property with the help of various swindlers. Some of them are in disagreement with their family members and find themselves useless and hurt. Those people do not know whom to address for the restoration of their rights.

Program objectives:

- To help old people and their families to escape crisis situations
- To help old people with narrow education to resolve positively their property affairs
- To help the people who were hurt to survive crisis and to integrate socially into society
- To stimulate the initiative of the elderly, to develop their independence to defend their rights and to resolve their problems.

Ways of solution

- old people get judicial knowledge in the field of property management so as not to suffer because of ignorance of laws.

A person who finds himself in crisis situation is lodged in a separate apartment until he or she resolves the problem alone or with the help of the Crisis Centre, gets back his apartment, reconciles with family, and so on.

Independent Life Centre

A part of the residents of the Home for the Elderly are healthy enough and want to manage affairs independently as well as to serve themselves. However, for different reasons they have nowhere to live or to satisfy their need of social activity.

Program Objectives:

- To help old people to meet their need to be socially active by giving an opportunity and conditions to live on their own
- To help the ones who were hurt to survive the crisis and to integrate socially into society
- To stimulate the initiative of the elderly, to develop their independence to resolve their everyday social issues

People will live there totally independent. They will buy food and will satisfy other vital needs themselves. They will keep close connection with the Home for the Elderly by participating in cultural and labor activities to satisfy emotional needs.

In future when they become weaker and lose their self dependence, the said old people will move to the Home for the Elderly.

Relations with Panemune Community

Program Objectives:

- To form the Panemune community according to a principle of neighborhood, to develop contacts with various institutions and organizations in order that the community would gain force to resolve a part of social problems of different groups of people by its own
- To integrate the residents of the Home for the Elderly into community and to destroy isolation.

By common efforts of the Home for the Elderly and volunteers of the Society of Catholic Women, mutual events are organized with community schools, children's home, Jegeriai battalion, and parishioners. Such events include celebrations of outstanding state days, religious festivals, charity days, Shrovetide carnivals, church fairs, jubilees of great people, and others.

Information Service for the Elderly

The goal of the program is to provide information to old people who need different types of help and support but they do not know whom to address. People are consulted on judicial issues and social services. They are directed to appropriate institutions.

It is foreseen to invite students for the Faculty of Law and to arrange for data bank.

Future Programs

Senility Dementia Department

Kaunas city has no institutions of similar profile; therefore, people affected by senility dementia are of great trouble and a heavy burden to their families.

Program objectives:

- To help relatives to take care of people affected by dementia, to liberate them from nursing troubles, and to provide patients with skilled aid
- To soften the isolation from family as much as possible by integrating the elderly into the home community, applying work therapy and occupational means.

The program is foreseen to be implemented together with volunteers of the Society of Catholic Women.



A social worker, left, with a resident. A smoke detector is plugged in on the back wall. The wardrobe is a necessity, as there are no built in closets.

Consolation-Confidence Telephone Line “Consolation for the Sad”

It is foreseen to install a free telephone line within the Home of the Elderly in order to provide moral and psychological support to the callers who need it. This action will be participated by the residents of the Home—we observe how they willingly contact and talk on the phone with their coevals, console them, give information and hope.

Our Home for the Elderly is financed by the Municipality budget, charity funds, and contributions of residents.

Kaunas Panemune Home for the Elderly

Kurtiniu Str. 1d, LT-3016 Kaunas, Lithuania
Tel: 370-7-3455255 Fax: 370-7-745294
email: seneliai@kaunas.omnitel.net

Marketing Letter Sent to Lithuaninan Expatriates

We invite you to return to your Motherland.

We invite elderly people who are eager to return to their Motherland, but have no place to live, to come to Kaunas Panemune Home for the Elderly.

This house is situated in Panemune, the suburb of Kaunas city, in a three-storey brick building, surrounded by wonderful landscape. The nearby garden and pine forest with its paths offer not only tranquillity and rest, but also the possibility to go for a walk.

There are single and double rooms in the Home. Single rooms are of 9 sq. m. and double ones of 13 sq. m. Every room has an antechamber and a bathroom, with toilet, sink, and shower. The rooms are put in order by care employees. Each room has a bed, a wardrobe, a cupboard. The resident may bring his/her own furniture to the room and decorate it according to his/her individual taste. Clothes and bedclothes are washed in the laundry.

The inhabitants of Home for the Elderly get meals at the dining room four times a day: breakfast at 9 a.m., dinner at 1 p.m., afternoon snack at 4 p.m. and supper at 7 p.m. The menu is varied.

Medical nurses work all the 24 hours. There is a doctor and in case of need consultants are invited from Polyclinics. Rooms of the dentist and physiotherapy exist. Curative exercises are led two times a week.

The tailor executes small clothes repair, the hairdresser does haircuts and shaving. There is a chaplain in Home

for the Elderly and every day Holy Mass is celebrated in the Home's chapel. Just one bus stop away from Home for the Elderly there is the Church of Higher Panemune. When they die, inhabitants will be buried at Kaunas Senavos cemetery, or, according to the last will of the deceased, in the cemeteries of other Lithuanian cities. School children from various schools, poets, musical theatre singers often arrive to perform. The Home has two minibuses of eight and 15 seats each and an automobile, so various excursions are organized.

The connection with city centre is good. There is a bus stop nearby the Home where buses and minibuses stop.

The fee for expatriates at the Home for the Elderly would be US \$300 per month for a single room or US \$400 per month if living alone in a double room. If the cost of living increases, the fee may increase too. All the above mentioned services are included into the price. Home for the Elderly has a bank account, into which the fee for living may be transferred. When a person arrives to live permanently he has to pay a contribution of \$500, which is not refundable.

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People who would like to live in Home for the Elderly should be of Lithuanian origin or from the countries that have retirement agreements with Lithuania. If they wish, Lithuanian citizenship may be granted them in Lithuania, at the immigration office, but that might cause some difficulties.

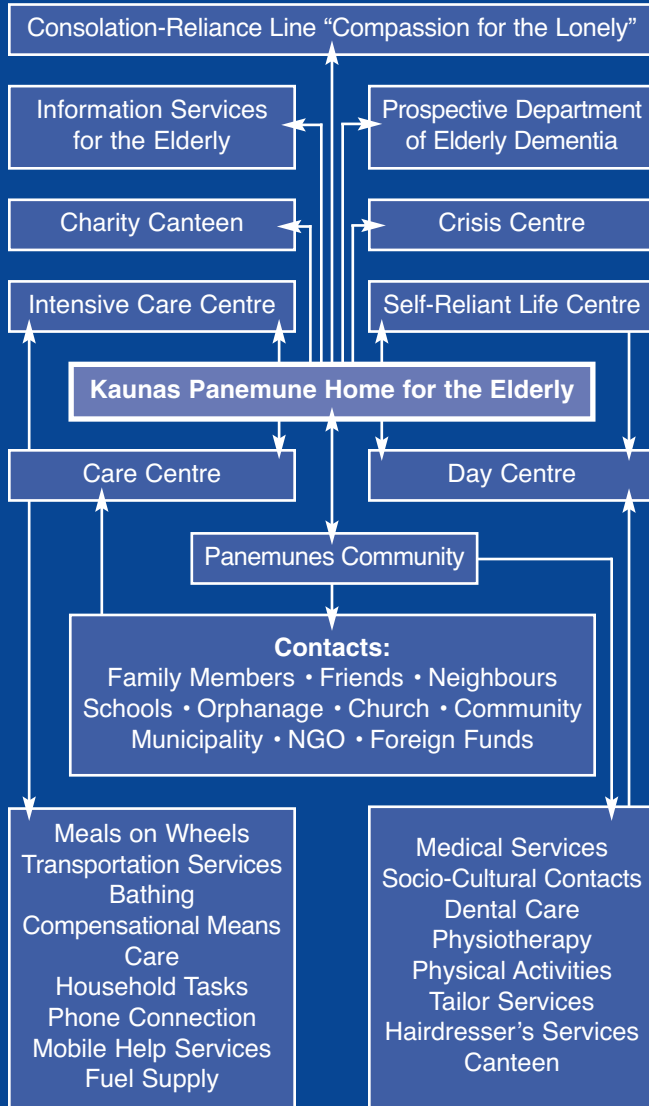
We cordially invite you to visit our Home for the Elderly. We can make it possible for you to live at Home for the Elderly temporarily and see everything for yourself.

Our address:

Kaunas Panemune Home for the Elderly
Kurtiniu St. Id, LT-3016 Kaunas, Lithuania
Phone: 370-7-345255, Fax: 370-7-745294
Email: seneliai@kaunas.omnitel.net

Aldona Krinickiene, Director, Master of Social
Work

**Care Centre for the Elderly.
Model on the basis of services provided at
Kauras Panemune Home for the Elderly.**



Annex 2.3

Australian Reforms to Residential Care

This explanation comes from
Dr. Jacky Fogerty, Director of Aged Care
Strategic Development,
Department of Health and Family
Services, Australia

The balance of care operates under a ratio with a target of 40 nursing home level places, 50 hostel level places, and 10 community aged care packages per 1,000 people aged 70 years and more. The government has recently announced that it will increase provision of community aged care packages to 12 per 1,000 people 70 and over by 2002-03 and that 10 per cent of places will receive a higher level of funding for people with complex care needs.

Under this system, nursing home level, or high level, care provides 24-hour nursing care and accommodation to very frail older people. Low level, or hostel level, care provides personal care, accommodation, and some nursing care and accommodation for less frail elderly people. Community aged care packages provide clients with a tailored package of personal care services in the

community designed to substitute for low level residential care. (For more about community aged care packages, see this report, Part 3.) Community aged care packages are in addition to the funding for community services under the Home and Community Care program.

Not only does this ratio specify an appropriate balance of care between more or less intensive forms of care; it also directly links the planning of care to the number of older people in a region. It provides a sustainable framework for planning aged care services in the context of an aging population.

Under these arrangements, a limited number of new residential care places are advertised each year in regions of highest priority and are awarded to the service providers who can best meet local care needs. Services which operate outside these needs-based arrangements are very few in number and do not receive government funding. Residential Aged Care Reforms were announced by the Australian government in its 1996-97 budget.

Among other pressure points, the reform responded to the need for a more equitable funding system. Previously, nursing homes and hostels were funded separately and some residents with similar care needs were being funded at different levels. Different user charges arrangements meant that nursing home level residents paid less than hostel residents with similar, or lower, care needs and that nursing homes had insufficient capital to manage and upgrade stock. In addition, better funding was needed for the special needs of people with dementia.

Annex 2.4

A Sample of Saskatchewan's New Programs

The following information is reproduced with the permission of Saskatchewan Housing Corporation an Agency of Saskatchewan Municipal Affairs, Culture and Housing.

Sunshine Manor

111-4th Avenue North
Watson, Saskatchewan S0K 4V0

Watson Housing Authority: Responding to Changing Needs for Longer Independent Living

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A Saskatchewan Housing Authorities Project (see pictures and plans in the next pages)

Application Procedure

Applications are available from the Housing Authority. Completion of the application and the provision of Income Verification is to be returned to the Watson Housing Authority.



Units are attached with a common hallway. To the casual observer they appear to be a series of ordinary houses.

Further information about Sunshine Manor and subsidized public housing may be obtained by contacting:

Heather Gabriel, Manager,
Watson Housing Authority
Box 218,
Watson, Saskatchewan S0K 4V0
Phone: 1-306-287-4241

or

Saskatchewan Housing Authorities
Box 3010,
Humboldt, Saskatchewan S0K 2A0

Who Qualifies

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Senior Housing is offered to persons 60 years of age or over, and persons with physical disabilities who are able to live independently. Preference is given to persons with lower incomes and persons who are living at risk.

Rent Calculation

Tenants living in Sunshine Manor and any senior unit pay a monthly rent based on 25 per cent of their total gross income to a maximum of \$330 for a one-bedroom unit, and \$350 for a two-bedroom unit. For Sunshine Manor only, a flat monthly fee of \$25 for power and \$7

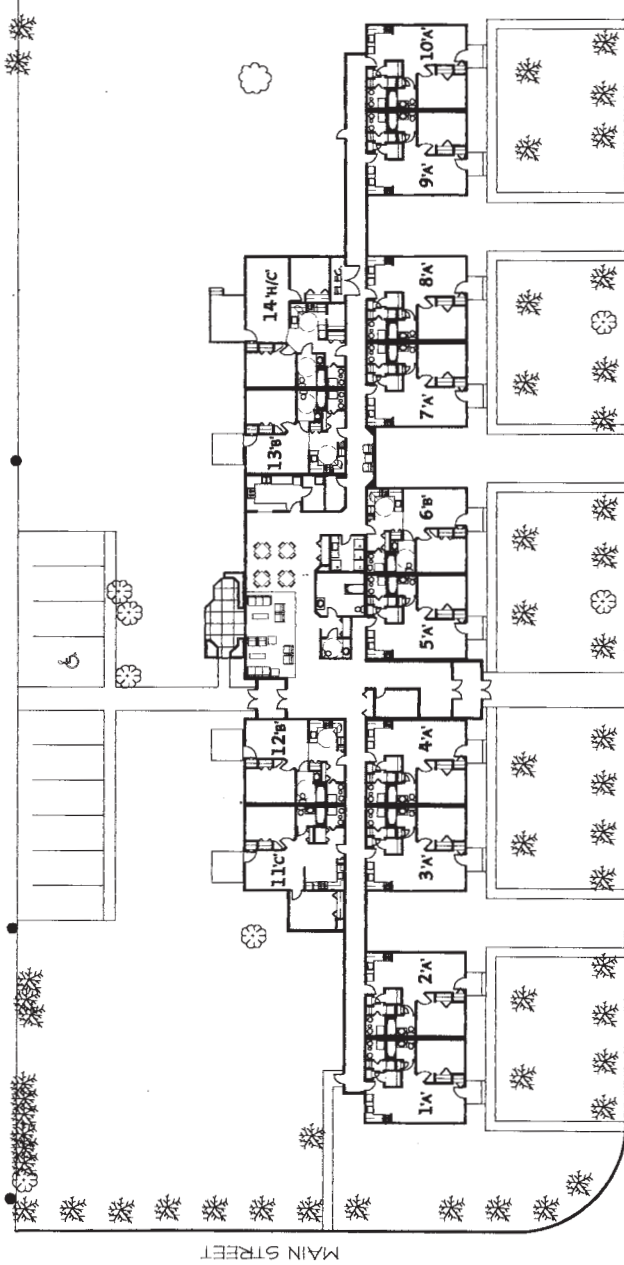
for parking is currently charged. All other tenants are responsible for their own power charges. Rent for all units includes heat, water, and sewer. Incomes are reviewed annually to ensure the rental rate is fair. Television and cable are the responsibility of the individual. The calculation for rent based on income includes all earnings from sources such as the following:

- Old Age Security and Guaranteed Income supplement
- Canada Pension Plan Benefits
- War Veteran's Pension, Disability Allowance
- Superannuation and pension income
- Annuity and private pension income
- Income derived from assets, bank interest, bond interest, stock interest
- Income from rental properties and farming operations.



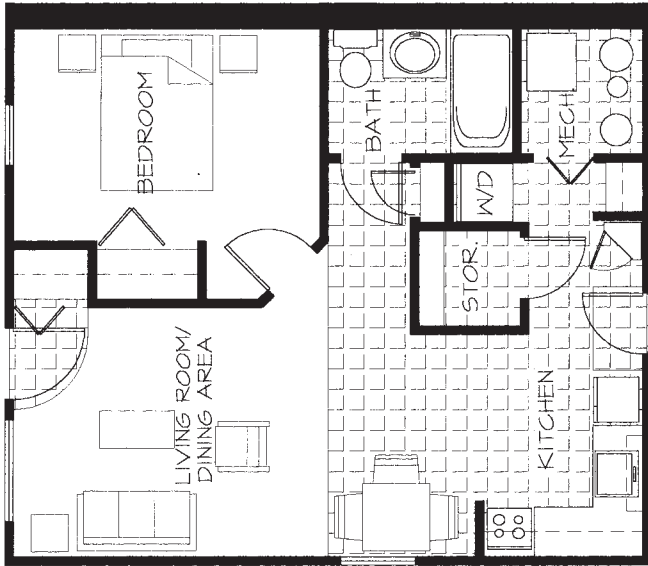
New construction, built to house office, bathing, and treatment rooms, looks like the upgraded entrance to an ordinary house in a street of ordinary houses.

Watson Seniors Housing Project

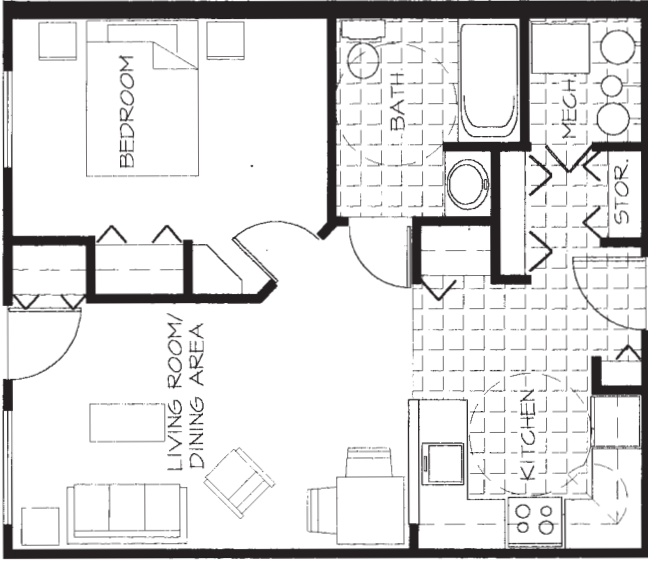


4TH AVENUE N.E.

Main Floor Layout
David W. Edwards Architect Ltd.

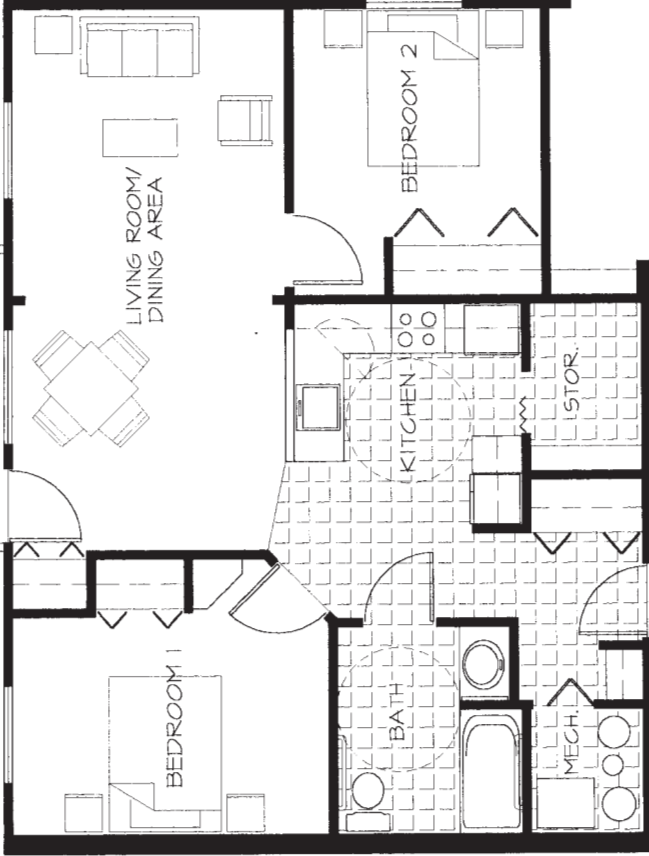


Suite Type 'A' – One Bedroom Unit
David W. Edwards Architect Ltd.

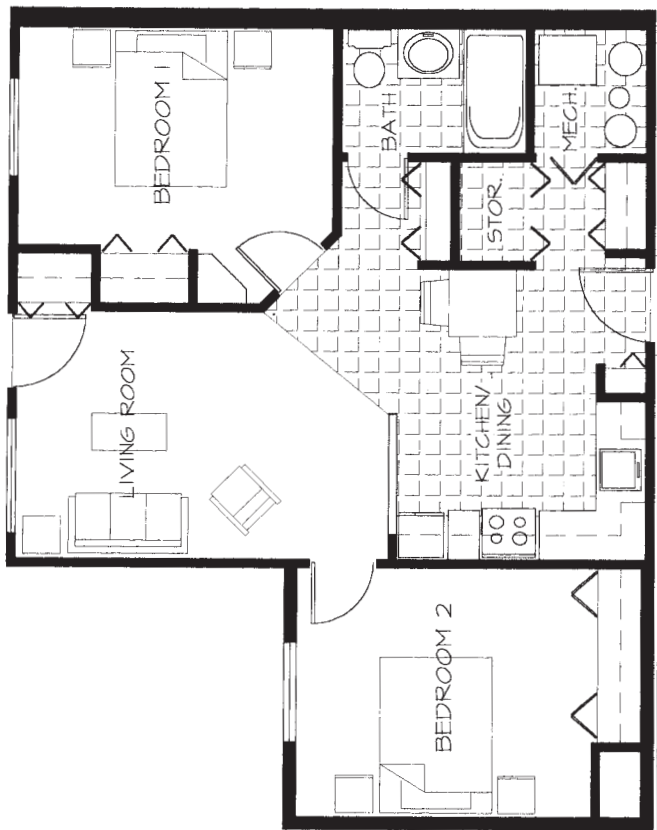


Suite Type 'B' – One Bedroom Unit
David W. Edwards Architect Ltd.

Watson Seniors Housing Project



Suite Type 'C' - Two Bedroom Unit
David W. Edwards Architect Ltd.



Suite Type 'C' - Two Bedroom Unit
David W. Edwards Architect Ltd.

General Information

Sunshine Manor is an enriched subsidized housing project located in Watson. It is a retirement complex that offers a combination of housing and services. Special programs and enhanced services are available to assist individuals with their daily requirements which maximize independence, and at the same time maintain or improve the quality of life for seniors and the disabled.

Housing Style

The building is a one-storey complex with 12 self-contained one-bedroom units and two self-contained two-bedroom units. One of the two-bedroom units is completely wheelchair accessible. Each suite has its own private entrance and an entrance to a common hallway that leads to a large lounge, kitchen, dining room, and tub room. There are also 16 one-bedroom semi-detached units within a one-block area of sunshine Manor. Sunshine Manor is centrally located among all the senior housing units and is the activity centre for the tenants.

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This sign is the only indication that this is a housing complex.



Housing Services

Maintenance. The repairs and maintenance necessary are provided by Housing Authority staff. Emergency maintenance is also available as needed.

Yard Maintenance. The Housing Authority is responsible for maintaining the yard in both winter and summer.

Safety and Security. All units are equipped with smoke alarms and strobes to provide an early warning in the event of fire, and the main entrance is equipped with an intercom security system. Safety seminars are held to explain how individuals can live as safely and securely as possible.

Tenant Programs

Sunshine Manor is enriched by programs to help maximize independence such as:

- **Meal Program.** Consisting of a full-course meal at noon which is served weekly in the common dining room, available to all tenants and their guests. Participation in the meal program is voluntary and the cost is minimal. Meal requests are made in advance. Arrangements can be made to address special nutritional requirements as needed.
- **I'm Okay.** Monitoring provides a system to keep in touch daily with other tenants in case of illness or accident. Information pertaining to personal alarm systems for individuals requiring 24-hour monitoring is readily available.
- **Fitness and Activity Programs.** Consisting of regularly scheduled physical and social activities adapted to the needs of the tenants.

- **Vial of Life.** Provides easy access to important medical information about the tenant in case of emergency.
- **Emergency Information Cards.** Placed beside the phone with important phone information in case of an emergency.
- **Tenant Association.** Provides the formal mechanism for the tenants to plan and coordinate social and recreational programs. The common space is provided to allow for these group activities.
- **Bathing Program.** Provides an opportunity for tenants to access the whirlpool tub in the common tub room. Home care will assist individuals with an assessed need for bathing assistance. Tenants who wish to bath independently can do so by receiving advance training on the use and sanitization procedures of the tub. A buddy system is encouraged to monitor safe entrance and exit from the room.

Sunset Manor – Guest Suite Humboldt, Saskatchewan

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General Information

The Sunset Manor Guest Suite was developed by the Humboldt Housing Authority to accommodate the families of senior tenants wishing to spend time with their family.

Accommodation

The guest suite is located at #10 Sunset Manor, 545-3rd Street. The suite contains a double bed, microwave, and coffee machine.

Accessing the Suite

All Humboldt Housing Authority senior tenants' family can access the guest suite by contacting the Humboldt Housing Authority office. A key will be released upon payment of the suite. Keys will be returned to the Housing Authority office or placed under the back door if the office is closed.

Length and Cost of Stay

The length of time a guest can occupy the suite is indefinite. The guest suite will be booked in advance to avoid the suite not being available when required.

The nightly rate for the guest suite is \$25. Payment must be made in advance to the Humboldt Housing Authority office.

Cleaning Process

The cleaning personnel will be called to clean the suite as soon as the key is returned. Cleaning duties: laundry, vacuum, dusting, stock all needed supplies, complete inventory check-off list.

Comment Sheet

A comment sheet will be left in the suite for every guest to fill out. The cleaning personnel will replace comment sheet as well as return sheet to the Humboldt Housing Authority office.

Inventory Check-Off List

The inventory check-off list will be posted on a wall in the guest suite. Cleaning personnel are responsible

for completing the inventory check-off list and communicating with the Humboldt Housing Authority if there are any missing items.

Bulletin

A bulletin describing the guest suite will be sent to all Humboldt Housing Authority seniors.

Occupancy List and Room Booking Log

An occupancy list is in the guest suite binder located on the shelf above the PC station. The occupancy list indicates whether the guest suite is vacant, booked or occupied.

Key Control

Keys for the security door, suite, and storage cabinet will be kept at the Humboldt Housing Authority office.

In Other Communities

The community of Bruno, Saskatchewan developed a pilot project in 1995 similar to the Watson initiative but with an added health care component. (See fact sheet.)

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Biggar, Saskatchewan has changed the services offered in three self-contained apartment buildings. A space for dining and a small communal kitchen have been created and a daily (or three times weekly, depending on demand) meal is served to tenants who chose to buy meal tickets in advance. The meal is provided by a local service club, church group, or contracted service. During my visit to Biggar, the cook was ill and some of the tenants stepped in to prepare and serve the meal. I am told that initially there was resistance to the meal program. However, the

advantages of a hot meal and the socializing at dinner time rapidly made this a popular option. The tenant organization received a grant to purchase the dining room furniture. This support to tenants comes with little or no cost to the Housing Authority.

I was told that local communities became very inventive about use of apartments and duplexes when the Saskatchewan government talked about moving them to other communities. No community wanted to lose its seniors' facility.

Housing Pilot – Expanded Shelter Concept Assisted Living Project, Bruno

Housing must be flexible to meet the needs of tenants. This enables them to maintain their independence. It is done through risk management and tenant empowerment. Independence of seniors is being able to remain in housing longer.

Purpose of Pilot

- To coordinate and promote a complement of enhanced services that meet the needs of the tenants and the elderly in the community
- To increase the occupancy rate in the newly renovated senior housing project

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Background

- The project opened October 1, 1995 after the relocation and linking of semi-detached units. The project now has a common hallway and amenity

space including a kitchen. The local community built an adjoining Wellness Centre which includes offices, examination rooms, waiting room, and a therapeutic tub for individuals with special bathing needs.

- Health professionals are now providing services in one central location.

Housing has a newly-formed tenant association in the project and the amenity space will now allow for group participation in activities.

Beneficiaries

- **Tenants.** Provides the ability for tenants to initiate a variety of activities and services which also include seniors from the community.
- **Family.** Maintains their elderly family members in a supportive and service-oriented environment within the community.
- **Housing.** Illustrates to the community and other agencies the role housing can play in addressing community needs.
- **Community.** Provides a proactive and compassionate method of addressing this particular need within the community.
- **Health.** Provides an economical approach to addressing health needs within the community: Wellness Centre, whirlpool tub, and Activity Coordinator. As well, defers placement of seniors into institutional care.

Partners

Bruno Housing Authority (BHA), Humboldt Territory Office, tenants and the tenant association, Town of Bruno, Central Plains Health District (CPHD), Saskatchewan Housing Corporation (SHC)

Communication

Project can be a model for other similar programs throughout the province.

- Officially opened October 1, 1995 with coverage organized by SHC.
- *Humboldt Journal* carried articles from the opening.
- Brochure developed.
- Manual developed by the Humboldt Territory Office for distribution to other territory offices and large housing authorities.

Current Status

Pilot complete, ongoing business

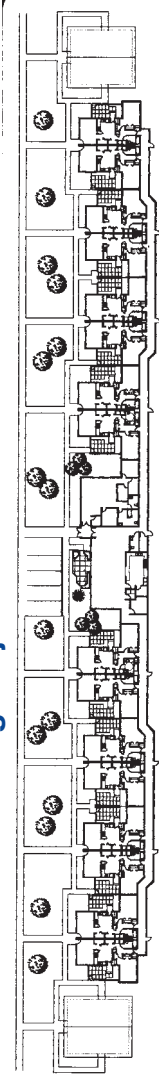
- Reconfiguration is complete, operational, and occupied.
- Meals provided on site at noon seven days a week. Grant from Health Board enabled program to be initiated and it should be self-sufficient in two years. Housing facilitated the meal program as part of the pilot. The community has now fully taken over the operation of the meal program as ongoing business.
- Activity coordinator hired in 1996 for one year through rural initiatives grant from the Health Board. She will initiate programs for all the seniors in the community

as well as tenants in the project. To date, programs include: arranging transportation to and from the site, safety seminars, wellness clinics, exercise class, speakers, *etc.* These activities are part of the ongoing business by the community.

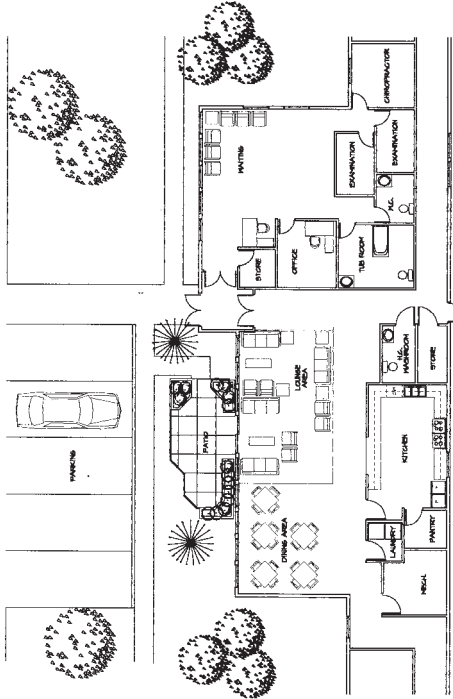
- Evaluative report includes the following observations:
 - Housing promoted enhanced services by completing the reconfiguration, initiating a meal program, and introducing the I'm OK and Vial of Life programs.
 - Community has now taken ownership of organizing the meal program, other enhanced services, and all activities in the Wellness Centre. To date, the therapeutic tub, located in the Wellness Centre, is not being utilized.
 - Occupancy rate prior to reconfiguration was 45 per cent. With four fewer units after reconfiguration, current occupancy rate is 100 per cent.

Concept also initiated in Watson.

Bruno Seniors Housing Project

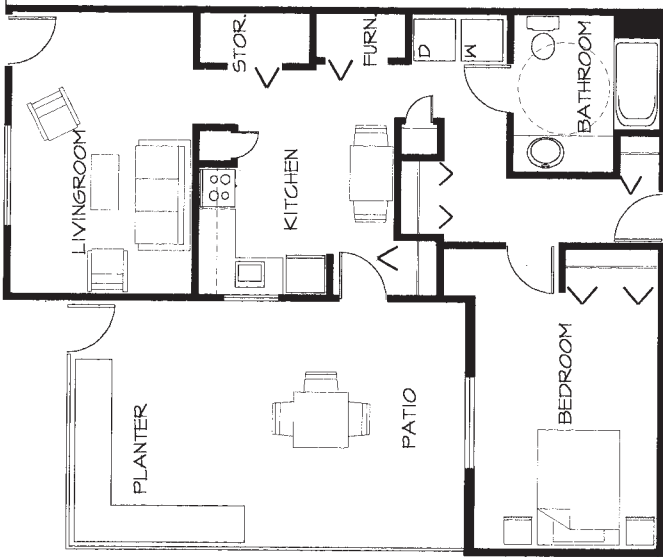


Main Floor Layout

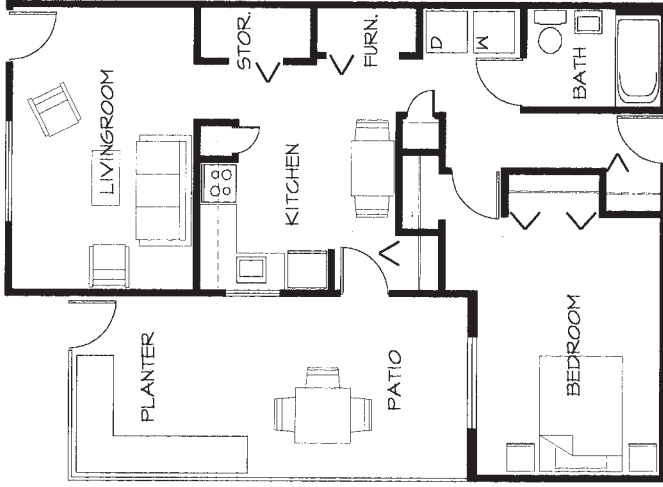


Community Area
David W. Edwards Architect Ltd.

Bruno Seniors Housing Project



One Bedroom Handicap Unit
David W. Edwards Architect Ltd.



Suite Type 'B' - One Bedroom Unit
David W. Edwards Architect Ltd.

Housing Pilot – Special Needs Populations Respite Short Stay, Biggar

Housing must be flexible to meet the needs of tenants which enables them to maintain their independence. This is done through risk management and tenant empowerment. Independence of seniors is being able to remain in housing longer.

Purpose of Pilot

- To provide a suite for short-stay use by clients and their families requiring accommodation while accessing service through Home Care, Acute Care, or Long-Term care.

Background

- There are vacancies in a housing project and a need to offer expanded services by the health care community.
- Home Care will furnish the suite and provide the support services to any clients staying in the unit.

Beneficiaries

- **Tenants.** Access to services will allow for a better quality of life and more privacy than an acute care setting.
- **Housing.** Illustrates to the community and other agencies the role housing can play in addressing community needs.
- **Community.** Demonstrates to families and the public the cooperation between several community groups.

- **Health system.** Allows short-term stay in a non-acute setting with more privacy.

Partners

Biggar Housing Authority (BHA), North Battleford Territory Office, Greenhead Health District, Home Care, Town of Biggar, Saskatchewan Housing Corporation (SHC)

Communication

Project can be a model for other Health Districts where there are pressures for long-term care yet an individual does not require institutional care.

- Article and picture in *Biggar weekly*.
- Brochure developed by Home Care and distributed to current home care clients and their families, placed in health offices.
- Poster developed and placed in hospital, special care home.
- Open house for respite suite and reconfiguration held November 3, 1996.

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Current Status

Ongoing business

- One respite unit has been fully operational since mid-July, 1996. Unit was furnished by home care with community-donated dollars. Home care leases the space and manages the referral of individuals, unit cleaning, collection of rent, *etc.* The occupant pays \$15 per night

to Home Care of which \$10 goes to Housing, and the balance is used to pay telephone and electricity costs.

- Occupancy to January 31, 1998 is approximately 35 per cent; average length of stay is about three to four days. (The maximum stay is two weeks). All those who stayed there (including one with a physical disability who does not drive), have been visitors of clients in the hospital or special-care home. Both facilities are located adjacent to the housing project. (Note: A number of family members arrive by bus or train, and there is no taxi in town.)
- Comments to date have included convenience of location, telephone, and convenience of having access to cooking equipment when they are on call for the clients they are visiting (in Palliative Care, for example).
- Evaluative remarks from both Housing and Health highlighted the working relationship for the benefit of the community. Families would not have been able to afford the stay, to come as frequently to visit individuals in the hospital or special care home, or stay as long with each visit if the short-stay unit were not available.

General Information

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There are three seniors' projects close to each other in Biggar. The short-stay unit is located in one of these buildings. Clients using the short-stay unit may be able to access some of the services that may be provided following reconfiguration in the other buildings:

- two units for disabled
- larger kitchen and communal dining space

- indoor scooter storage
- assisted bathing area
- Home Care office and assessment area
- Housing Authority office
- automatic door openers.

Reconfiguration is complete and services now include a meal program served evenings, twice weekly, and a therapeutic tub for individuals in the building and from the community with the help of Home Care. The common area space is used more frequently for tenant activities and wellness clinics. In the one building where the meal is served, consideration is being given to expanding the meal program to three times a week. The cook posts sign-up sheets, sells meal tickets, and charges \$6 for a meal.

Annex 2.5

Assessment of the Satellite Home Program in the Niagara Region

The results of that review were reported
by Doug Rapelje,
Niagara Region Housing
Program CEO,
Health Management Forum
Winter, 1985.

“Operators, residents, and family members were questioned about the program and their satisfaction with it. Operators reported on the numbers of residents requiring assistance with certain activities of daily living. The most significant were shopping (61 per cent), banking (46 per cent), handling money (36 per cent), mending clothes (36 per cent), getting in and out of the tub (35 per cent), bathing (35 per cent), grooming (28 per cent) and tidying own room (21 per cent).

“Residents reported their own activities in household duties. These included making beds (97 per cent),

tidying own room (95 per cent), clearing the table (62 per cent), dishes (52 per cent), and working in the garden (29 per cent).

“Sixty-nine per cent stated they went to the Home for the Aged for activities. Ninety per cent of the residents said they would recommend living in a Satellite Home to others. Twenty-nine per cent said the most important factor was that it was not an institution.”

The summary of the review stated: “Generally the responses were extremely positive, encouraging, and supportive of the program. A homelike atmosphere, personal attention, and freedom or independence were consistently noted as the main advantage of Satellite Homes. The few negative comments related to the menu, the non-existence of organized or social activities, sharing bedrooms, and the problem of stairs if the resident became disabled.”

Annex 2.6

Home Sharing in the Niagara Region

A successful example of home sharing can be found in the Niagara Region of Ontario. In his paper “Home Sharing for Older Adults,” Niagara Region Housing Program CEO Doug Rapelje makes the following points.

“Aging often imposes limitations which may be one or any combination of physical, social, or financial constraints. The financial or physical upkeep of a home may become a burden. Despite the burdens encountered, to relinquish one’s home (particularly for institutionalization) may be seen as an unacceptable dependency.

“In many cases opportunity to share accommodation may prevent the need for an older person having to leave his or her home and slow down or prevent the need for institutional care. It may even provide the means to allow an individual to leave institutional care. What may be perceived as unmanageable in the situation where one is living alone, may not be so when there is companionship and a sharing of abilities and resources.”

Explaining the success of the Niagara project, Mr. Rapelje says: “The major distinction in programs is

whether the service provides ongoing counselling to its clients or operates strictly as a referral agency with little or no ongoing contact with the client once the match is made. In the latter type of service, the contact with the client would include intake and screening, checking of references, and an interview prior to referral but little follow-up. The former type of program (including the Regional Municipality of Niagara's Home Sharing Program) provides a broad range of service including in-home interviews and inspections, introductions, assistance in negotiations between sharers, and follow-up assistance and counselling."

Some programs offer the client the option of a formal agreement. The Niagara program clients are simply advised to discuss formal arrangements with family and their solicitor.

Annex 2.7

Advantages and Disadvantages of Garden Suites*

Advantages of the Garden Suite Concept

- Facilitates family life and contact with the elderly, thus alleviating loneliness and a sense of isolation.
- Allows seniors to maintain their privacy and independence while accessing the security and support of family members.
- Less costly than institutional care.
- Larger homes vacated by the elderly tenant are available for families.
- The family unit, especially important in rural areas of Alberta and aboriginal communities, would be maintained.
- The unit is flexible and portable to meet local needs as they change.

* To obtain workshop material, see Appendix B.

- Creates the potential for higher density housing on existing available residential land.
- Has the potential to attract private sector investment.
- Seniors would be offered one more housing alternative

Disadvantages of the Garden Suite Concept

- Not In My Back Yard (NIMBY) syndrome.
- There is a possibility that land use bylaws and zoning regulations may inhibit the use of garden suites in some urban locations.
- The program is suitable for seniors in reasonably good health. There may be problems in moving frail elderly individuals to alternative accommodation when it becomes necessary.
- Control of the units must be maintained to avoid abuse by host families or inappropriate use of the unit.
- Potential exists for problems with removal of the unit, hook-up to existing services and lot size, although these issues can be dealt with through a careful regulatory process.

Annex 2.8

Description of a Housing Co-op

The Housing Co-op Council of Manitoba uses this clear description of a Housing Co-op.

1. A housing co-op is an incorporated, nonprofit business organized by people who have joined together to provide their own housing, at cost, through joint ownership.
2. A co-op is member-controlled and those who occupy the units are its members.
3. Membership carries the responsibility of democratic control, and involves active participation in all of the activities that take place.
4. Each member has a vote in all decisions made about the business of the co-operative.
5. Since a co-op is housing on a nonprofit basis, the monthly charges rise only with a rise in the costs of materials and services.
6. Housing co-ops provide affordable and modest housing for their members.

7. In addition to building a community, the members also run an incorporated business.
8. Housing co-ops, in addition to building new housing developments, also help to revitalize old neighborhoods by refurbishing old housing stock.
9. Federal and provincial housing programs offer subsidies to members of housing co-ops who cannot afford market rent.

Annex 2.9

Saskatchewan Assisted Living Services (SALS)

The following information is reproduced
with the permission of
Saskatchewan Housing Corporation
an Agency of Saskatchewan Municipal Affairs,
Culture and Housing.

SALS offers five key services which are optional for the tenant:

- Meals
- Laundry
- Housekeeping
- Personal response system
- Coordination of social/recreational activities.

Saskatchewan Municipal Government offers the following housing principles and housing priorities.

Housing Principles

- Housing programs and policies must integrate with other provincial priorities to promote stability and to increase independence of households and their communities.
- All levels of government have a shared responsibility in providing community-responsive housing programs and policies that build on individual and community capabilities.

Housing Priorities

- Addressing the needs of our growing seniors population.

Saskatchewan Health offers their set of principles as follows.

Health Principles

- Increasing community involvement and control over the health system.
- Emphasizing disease and injury prevention, health protection, health promotion, early intervention, and population health.
- Improving the balance between institutional services and home or community-based programs.
- Coordinating and integrating health services for a more responsive, efficient, client-centred system.
- Ensuring a financially sustainable, publicly-funded health system.

SALS defines the following roles.

Housing Role

- Provide accommodation and select tenants
- Coordinate and implement services
- Maintain an independent living environment
- Balance a “mix” of tenants
- Partner for risk management with the tenant, their family, the health, social service, and housing systems.

Health Role

- Provide assessment, personal, and professional health services
- Partner in a coordinated risk management approach
- Participate in planning service delivery.

Delivery Role

- The design for the delivery of SALS is based on a framework of values, principles, and policies, and a process which allows maximum flexibility at the local level.

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Description of Services

Meal service. One meal per day, served in a common lounge. This promotes social interaction, encourages good nutrition, and assists in the overall well-being of the individual. Tenants choosing this service will pay for the meal. The service may start with meals provided several times per week and gradually build to seven days per week. Tenants will continue to prepare their own meals, snacks, or light lunches.

Decreasing appetites, the loss of desire to prepare a balanced meal, and the need of many tenants to take their medication with food, are only a few reasons why tenants have requested meal programs in the past.

Laundry service. For light or heavier items such as bedding and towels. Physical limitations may make the task of handling heavy, wet, or large articles difficult. Laundry facilities will continue to be available for tenants' use. If desired, tenants may request that personal items be included in the service offered. Tenants choosing the laundry option will pay for the service.

Housekeeping service. For light or heavier cleaning. Physical limitations such as the decline in sight, hearing, or strength may make housekeeping duty difficult to perform. Typical tasks might include vacuuming, dusting, washing floors, and changing bed linen.

Tenants will also have the option to request help with seasonal tasks such as washing walls and windows and cleaning behind stoves and refrigerators. Tenants choosing the housekeeping option will pay for the service.

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Coordination of organized social and recreational events. For tenants who, at times, experience difficulty making arrangements for transportation or organizing their tenant association activities. Where there is a demand, funds will be available for the coordination of activities and scheduled requests. There is no cost to the tenants for this coordination. However, any costs associated with an activity will be the responsibility of the tenant.

Where a housing project has a special tub room available for independently bathing, the coordinator may be responsible for scheduling use of the room.

Personal response service. For tenants who wish to have an improved level of security and a mechanism for urgency response.

The personal response system can provide peace of mind for those who live alone. A small transmitter carried by the tenant enables a call for assistance at any time. With the press of a button, the transmitter automatically causes the phone to dial a sequence of pre-programmed numbers. Responsibility for selecting the response sequence is that of the tenant or the family. The housing authority will provide the equipment, but the tenant will be responsible for arranging the response contacts and any service fees. The housing authority will not be listed as one of the prime responders. However, they will assist in coordinating a 24-hour answering service.

Cost of Optional Services

Each housing authority will determine tenant demand for services and explore opportunities to use local resources. To keep the services affordable, the local housing authority will facilitate the most economical way to deliver services. Delivery will be implemented on a cost recovery basis. The cost of services is in addition to the monthly rent paid by the tenants.

Key Policies

The following key policies have been developed to ensure that social housing projects support and enhance independence, dignity, and choice.

- Services are optional and are not a condition of either being accepted into senior social housing or remaining living in a suite. Tenants may choose a service at any time during their tenancy or cancel their participation in an assisted living service by providing notice to the housing authority manager.
- SALS promotes an independent living environment. Therefore there is no provision for 24-hour supervision on site. Exceptions are made for a short-term need such as palliative care or acute care recovery. Individuals can continue to make private arrangements for 24-hour supervision just as they would if living in their home in the community.
- Tenants are allowed to have 24-hour attendant care. If the suite is the attendant's permanent residence, the caregiver will be included in the lease agreement and the caregiver's income will be included in the rent calculation. The attendant will only provide service to persons within a single unit.
- The meal service will not be offered more than once a day, to encourage tenants to continue preparing some of their other meals. Tenant associations are encouraged to continue organizing additional functions such as social events or potluck suppers.

Process for Initiating an Assisted Living Service

1. If there is consensus by tenants and the housing authority that there is an interest, a planning team is formed. The team should have representatives from the housing authority, health district, a member of the community, at least two tenants, and a family member.
2. Demand is determined for service through a tenant/market survey.
3. The housing authority prepares a proposal submission for Saskatchewan Housing Corporation (SHC) including a detailed business plan, ensuring that the services are sustainable.
4. Approval from SHC is required prior to implementation of Saskatchewan Assisted Living Services. The demand for services may lead to possible renovations and require start-up funding. Submissions will be reviewed for sustainability and resources allocated to ensure a province-wide distribution.

Funding Assistance

- It is recognized that the development and delivery of the SALS initiative will create an additional administrative workload at the local level. Funding will be provided for Housing Authorities to support additional functions.
- Funding to Housing Authorities will be available at the local level for costs related to the coordination of services.

- Any renovations or improvements, such as expansion of common areas or the development of kitchens needed to deliver the services, will be considered as part of the ongoing budget process.

Annex 2.10

Serving an Aging Population

Highlights of address to the Economic Development Conference held in Jasper, Alberta in October, 1998 by Gail Johnston, 1997 Muttart Fellow and CEO, Evergreens Foundation.

What would you as an elderly person expect from your community?

- Sound infrastructure that is well-maintained.
- You want to feel safe with good policing, fire protection, and medical care.
- You want good shopping with adequate access and parking.
- You want state of the art education for all.
- You want leisure activities and opportunities that interest and excite you.
- You want an opportunity to practise your religious belief and socialize with others.

- You want a reasonable tax structure, and you want your tax dollars well invested.
- You want a reasonable framework of regulations that creates order but is flexible enough to promote new ideas, innovation, and growth.

These are some universal requirements of any community. They are the wishes of a person 30 years old or 80. The variable is usually the order of importance. For instance, parking near shops takes on greater significance for someone aged 80 than for their 30-year-old friend.

How do you assess the priority placed on services by the elders in your community?

You start by *asking them*. A complete, comprehensive consultation process must take place in each community.

In consultation with your senior population you may find that, as well as respect and a useful place in the community, seniors want some other things.

- **Good transportation**—including convenient parking—is key to the ability to remain independent. Public transportation can take many forms from a bus, to subsidized taxi service, to a courtesy car provided by a service club and run by volunteers (as is done in Biggar, Saskatchewan). Why not have a courtesy car driven and administered by volunteer senior drivers?
- **Visible policing and neighborhood watch programs.** This may include education on issues such as safety, scams, and self-defence.

- **Adequate health care in the community and in the home.**
- **Home maintenance and adaptation programs.** These are the wave of the future. Cost-effective solutions for maintaining a home, yard, and outbuildings as well as financial assistance with home repairs and adaptations are worth pursuing. The programs are available in most provinces in Canada and many countries—the “Stay Put” program in Oxford, England and the “Care and Repair” initiative in the United Kingdom, are well worth investigating. Closer to home, the Northwest Territories home repair/adaptation program enables elders to remain in their homes longer. The Alberta Seniors Special Needs program is currently taking applications for home adaptation and repair based on need and capped at \$5,000 per year.
- **Services to help elderly people cut through red tape and complete forms.** This is an ideal initiative for a retired person with a government background. Put some money into these programs run by retired people. The honorarium may be small, but every little bit of financial recognition is appreciated and needed by seniors. I have seen other small, inexpensive courtesies, for example, the bilingual signs in Hafford, Saskatchewan (Ukrainian/English) and the “Slow Seniors Crossing” signs in Watson, Saskatchewan.
- **Consider tax relief.** In British Columbia’s lower mainland, there is a program of deferred property tax for elderly people living in their own home. Eventually the taxes are paid, with interest plus a small administration fee, from the sale of the home or out of the estate.

- **Encourage your local banking institutions to offer reverse mortgages and similar seniors-oriented programs.**
- **Relax building and zoning restrictions to allow for innovations in seniors' housing.**

I strongly recommend that you encourage action by the seniors in your community in areas of volunteerism, board membership, interaction in the schools, transportation, and meals on wheels (to name just a few). We have a huge, well-trained, and experienced resource here. Find a way to make it work for your community. If you don't, it can work against you. Bad decisions can result from pressure brought to bear on elected officials by powerful, well-meaning but poorly informed seniors.

As there will always be people who need a helping hand, make sure that you have an adequate stock of sheltered or assisted facilities. Approach this subject carefully and with real consultation with the elders in your community. Don't take secondhand information: if you are told, "My neighbor Elsie needs lodge care," don't take their word for it. Ask Elsie yourself. There's a good chance Elsie feels she is coping just fine and will tell you to butt out.

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Approach the subject of facilities the way you would a business: What is the market? Do we have enough customers to justify the project? Take an inventory of the existing stock and services. Look for a variety of cost-effective ways to satisfy the customer.

Each community must solve this puzzle in their own way with solutions that suit them. Perhaps you need a large facility, perhaps an Abbeyfield or a smaller group home,

perhaps some shared apartments with a rent supplement designation. Perhaps you want to incorporate several homes near the lodge as satellite facilities instead of building an addition. Many solutions are available.

One last thought. Remember, when planning seniors' services, plan for yourself. Ask yourself, **What do I want?** When you have that figured out, talk to the elders in your community with an open mind. Between you, you can arrive at the best solutions for now and for the future.

Annex 2.11

Hitchhiking as a Strategy: How a Senior Citizen Label Can Promote a Balanced Form of New Housing

This address was given by Berny van de Donk, of the United Dutch Association of Senior Citizens – Project Office Senior Citizen Label at a Finnish-Dutch seminar on Independent Living for Seniors (ILSE) in The Hague, June 1998.

If I were to ask you how you want to get old, many of you would first mention good health. Then you would immediately add that you would like to be able to live comfortably and would certainly not like to end up in a nursing home or an old people's home. Growing older in your own home and not having to move house when old age brings infirmity; that's the picture you – and many elderly people too – would draw.

The question is whether the average home can meet these requirements. Despite the fact that most houses in

the Netherlands are of decent quality, we don't have enough of them. A shortage of homes which are suitable to continue to live in when you get older, by which I mean homes which are safe and secure, accessible, comfortable, and adaptable. We are still adding homes to the housing stock which still have shortcomings in this respect. As a precaution, the elderly want or, if you want, are still forced, to move to an intramural institution (or to one of the many modern replicas) simply because their old home is completely unsuitable for them.

More than five years ago the Senior Citizens' Organizations (see Attachment 1) jointly decided that it was time to do something about this and so, working with the Steering Committee for Experiments in Housing (SEV), the Senior Citizen Label was born: a consumer quality certificate for new housing. What this actually represented was a schedule of requirements for new buildings. The full implementation of these requirements would be greatly appreciated by the consumer. It is the combination of requirements which makes this label so unique. For example, safety aspects are coupled with accessibility requirements and vice versa. In this seminar I would like to tell you why this strategy of hitchhiking proved to be a successful one.

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What Is the Senior Citizen Label?

At the end of 1991 the Steering Committee for Experiments in Public Housing (SEV) and the Dutch Associations of Senior Citizens started to consider the feasibility of developing a nationally recognized and uniform set of standards for housing for the elderly. These were standards which senior citizens and their organizations would like to see applied not only to

housing but also in the environment in which they live, to make housing “suitable for the elderly.” Therefore, the Senior Citizen Label is a consumer quality certificate for housing for the elderly. The “suitable for the elderly” certificate may be awarded if the requirements of the senior citizens’ organizations are met. In this way the senior citizens’ organizations are acting just like consumer organizations. This enables us to fill the gap left by government which, in its drive towards deregulation, has greatly reduced the number of building regulations.

In March, 1993 the first experimental version of the documentation was published and 5,500 copies were sold. After 18 months of experimentation, a revised package was published in September 1994. Now we look at more than 100 projects (estimated 4,000-5,000 houses) with this certificate.

Why Do We Need a Senior Citizen Label?

The Senior Citizen Label was created because an ever-increasing proportion of new housing and building renovation, refurbishment, and conversion work in the Netherlands is aimed at the elderly section of the population. At the same time, however, there was no uniform and wide-ranging frame of reference. There were and are a whole range of independently drawn-up local lists of requirements in circulation which often contradict one another. The wheel was constantly being re-invented. The number of terms used is in itself indicative: terms such as old peoples’ home, senior citizens’ home, and housing suitable for the elderly, as well as “home for life” were being used both along side and in conjunction with one another.

For both the consumer and the developer this was confusing: the consumer, inundated with all these splendid terms, gets confused about what makes one home better than another. There are homes which are promoted as suitable for the elderly which have thresholds of more than 10 centimetres, or worse still, are in apartment blocks with no lift.

The housing developer looking for a good set of requirements had to choose from at least 42 different lists. In most cases the developers then used these to distill their own list of those requirements which they consider to be most important: to create the 43rd list. The senior citizens' organizations took it upon themselves to look into ways of bringing this confusing situation to an end.

There were various reasons for a special set of standards for housing for the elderly. Firstly, the senior citizens' associations felt that a framework was needed: the essential requirement had to be a complete and independent home, that is what the elderly want. All too often it is assumed that the need for company also grows with advancing years. This is not necessarily wrong and may be a deliberate choice; however, the senior citizens' organizations believe that this should not be at the expense of living space. Another reason is that, statistically, the elderly are more likely to suffer from various physical disabilities and this can be anticipated through preventive building. Maintaining independence and identity are supported by being able to continue to live in the same place when old age brings infirmity. Those over 50 too, have more free time which is generally spent at home; therefore the home must have sufficient space to pursue hobbies.

The senior citizens' organizations had another important reason for developing a consumer quality label: decisions about building locations and types of houses would, in future, be decentralized to the lower levels of government or to the housing associations themselves. This meant that the focus of the promotional work shifted from the national to the mainly regional and local level: in future the local branches would have to deal directly with local parties such as the municipality, housing association, and project developer. The Senior Citizen Label would therefore enable the local branches to make a useful and appropriate contribution to the discussions.

How Was the Label Created?

The general need for a clear set of standards was confirmed during the initial research phase for the development of the Senior Citizen Label. Part of this phase included a round of discussions with seven national organizations involved in providing housing for the elderly. They all underlined the importance of this step; most thought they could make good use of a set of standards in their daily activities. On the basis of the requirements in the 42 existing lists, two panels of senior citizens were presented with numerous potential criteria. At three meetings per panel they were asked whether each point should be considered absolutely essential, urgently recommended, or unnecessary and, of course, why. The panels' responses were included in the final set of standards for the Senior Citizen Label. The three associations for the elderly all endorsed the criteria.

The Schedule of Requirements

Before we take a brief look at the categories into which the 71 requirements are divided, we will first consider certain important elements of the package.

- a. The principle behind the development of the set of standards was that a home which is suitable for the elderly must be able to house them for the rest of their natural life. It should be a “home for life.” This requires preventive measures; preventing accidents by attending to safety (*e.g.*, by using non-slip floors). Besides which, the home must be prepared for the future and anticipate old age and its infirmities. People living in homes which have the label should not have to move if disability occurs in old age. That does not mean that the whole dwelling has to be altered, but that it can be at a later stage. For example, the Senior Citizen Label does not require a shower seat but the walls must be strong enough to install one if necessary.
- b. Cost neutrality: one of the basic principles of the Senior Citizen Label is that the total cost of the set of requirements should not be higher than normal. The construction sector is conservative and will generally accept new ideas more easily if they don’t cost much money. And the sooner some of the requirements are accepted in the construction sector, the sooner the wide door becomes standard instead of the narrow door. Furthermore, many elderly people have limited means which makes it important not to unnecessarily drive up the already high costs of renting new-built homes. Fortunately, it turned out to be possible to include all the essential requirements in the package without increasing costs. This applied to the 31 basic requirements.

Extras such as a thermostatic tap, height adjustable kitchen elements, *etc.*, are still too expensive to be included in the basic package.

- c. Consideration of the environment, the building and the home itself: a particularly suitable home on an upper storey which can only be reached by stairs, a beautiful new housing estate without shops or public transport: problems which could so easily be avoided. The Senior Citizen Label is about finding the right balance, therefore, there are basic requirements for the environment, the building, and for the home itself.
- d. Space for local negotiation: the set of requirements does not deal with the subjective side of living. There is no demand for communal rooms to be included such as guest rooms or care facilities, for example. In addition only 31 of the 71 requirements are obligatory (as an absolute minimum) to the Label; the rest are negotiable.

Unfortunately, in the time available today it will not be possible to cover all 31 of the basic requirements, let alone the 40 urgent recommendations. A summary of the four categories will have to suffice (Attachment 2 gives a list of all the basic requirements).

1. Safety and security: which covers the prevention of accidents in the home and discouraging crime.
2. Ease of use: this includes criteria connected with the possibility of minor disabilities and the need for comfort; in this area too, a number of requirements relating to the environment have been included, such as accessibility of public transport and/or shops in the vicinity.

3. Accessibility: this provides standards for making a home or residential building accessible for wheelchair-users (*i.e.*, as visitors).
4. Adaptability: which means that the home can easily be adapted for wheelchair-users and, just as important, for those with other disabilities.

At least the basic requirements must be met in each category. The thinking behind this is that a builder who has only considered adaptability will also be forced to take safety into account; otherwise he will not be awarded the Label. The requirements laid down in the package are thus closely interrelated, so that less popular measures “hitch a ride,” so to speak, to ensure that the home for life and its surroundings are built according to the wishes of the Senior Citizens Associations.

The Senior Citizen Label in Practice

The senior citizens’ organizations have set up a joint project office for the label. This project office is responsible for the organization and further development of the set of requirements. This office also includes a national pool of auditors or inspectors: older people with experience in the construction industry who can check whether building plans meet the criteria and after completion of the construction work they can inspect the homes on site. In this way a given project can be supported (on request) right from the initial drawings through to the handing over of the keys. The quality certificate is only awarded once the building is completed. It still occurs all too often that during construction important elements are cut for economic reasons or just wrongly installed: out of routine a doorbell is installed too high or a contractor reads 200 instead of

20 millimetres thus making the threshold 10 times higher (for administrative and logistic reasons we had to replace the inspectors by professional bureaus). The cost of the entire process is no more than 3,000 to 6,000 Dutch guilders (approximately US \$1,500-\$3,000) per complex.

Experimenting with the Senior Citizen Label

The set of standards is not fixed. Only by testing the standards in the field will we discover whether the Senior Citizen Label is practicable and precise enough. Similarly, the methods and expertise of the Senior Citizen Label Project Office will have to be evaluated. The senior citizens associations would also like to determine how their local branches could enhance the promotion of this quality certificate.

The main conclusions at this stage were:

- There is a great deal of interest in the label. The housing associations in particular and those who commission housing, as well as the committees of the senior citizens' organizations have bought and used the label brochure.
- Those who commission housing who have developed new projects in accordance with the requirements of the label are largely satisfied; 85 per cent reported that they will use the label on a regular basis in the future, 15 per cent will use it occasionally.
- Some developers will not display the plaque presented with the Label because it was considered that the term "Senior Citizen Label" has a stigma attached to it.

- Some municipalities use the Senior Citizen Label as a basis for granting subsidies.
- The set of basic requirements has been judged to be feasible by all those who commission housing in the Netherlands and over 50 per cent of this group thought the cost impact is neutral.
- It appeared that it was not feasible to apply the criteria to existing housing; the requirements to make a home suitable for a wheelchair-user are too expensive.
- Local branches of the senior citizens' organizations say that they can use the set of standards as a tool to promote their interests. In this way their discussion partners (municipalities, housing associations, *etc.*) have come to appreciate their greater involvement at local level. Although occasionally the director of a housing association may still adopt a defensive attitude: "So you think we don't know how to build for you?"
- Although the requirements for the environment are almost never a problem to achieve, developers argue that it's a wrong principle to be responsible for something they cannot influence.

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Overall, the Senior Citizen Label can be considered a perfect tool to get more attention to the requirements of the elderly; if we would have decided to just publish these demands, we wouldn't have been that successful.

Finally

The Senior Citizen Label is not specifically intended for the public housing sector. Project developers and owners' associations are among the applicants. Nevertheless,

the housing associations are still a very important target group for the senior citizens' organizations. At a time when the financial ties between central government and the housing associations are being cut, the public sector umbrella which protected the housing associations from outside influences has been removed. Risks can no longer be shifted to the government, and people will have to be more inventive and more customer-oriented. A new look at the forces at work is required. However, the housing associations must not forget their original roots: they began as house builders for the weak in society in order to provide social development. At the beginning of this century they began by improving hygiene, through building larger and lighter homes. In the 1950s and 60s they responded to the baby boom by furnishing every home with basic washing facilities to care for the family. It is now high time to take a good look at the developing demographic patterns and take into account the wishes of the elderly. The Senior Citizen Label offers that opportunity.

In the near future the Senior Citizen Label will then become less closely linked with age. This is not strange when you take in to consideration that 99 per cent of the requirements of the Label apply to all ages. Together with other consumer organizations, the senior citizens' associations are looking for a term with less stigma attached to it but which still covers the current meaning. Also we're trying to make it an even more acknowledged certificate by transferring the organization to an official certifying organization that is popular and well-known by developers.

In the meantime the Project Office will continue to support and monitor new housing developments. One category of requirements hitches a ride along with the rest of the criteria in the package, which has so far proved

to be a successful method of travel along a sometimes difficult road. In this way we are trying to persuade developers to pack all four categories of requirements in their suitcase as they leave on their journey. Only then will we be on the right road. Thank you!

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Project Office Senior Citizen Label
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Attachment 1

The Senior Citizens' Associations

In a society which is aging, the senior citizens' organizations have become increasingly socially and politically active. But what kind of organizations are these? There are three major senior citizens' associations in the Netherlands: the Catholic Association, the Protestant Association, and the nonconformist or General Association of Senior Citizens. Altogether they have more than 500,000 members. Anyone can become a member from the age of 50 by joining a local branch. There are about 2,000 branches in the Netherlands. In the past the activities of these local branches were mainly dedicated to bingo, cards, and chit chat. Nowadays they are concerned with much more than providing social contact and recreation.

These associations are now also dedicated to:

- Promoting the interests of senior citizens at national, regional, and local levels (without reference to any political party)

- Promoting the emancipation of the elderly (through participation and integration).

In these associations future policies are determined by the members themselves at all levels. Every association has its own national offices with both professional and voluntary staff to prepare and implement the policies adopted. In practice there is a great deal of cooperation between the three associations on many different projects, including on the Senior Citizen Label.

Attachment 2

The 31 Basic Requirements of the Senior Citizen Label

The Environment

- Public transport within walking distance (500 m)
- Shops for daily provisions and post office/bank are easily reached (500 m possibly with public transport)
- Good access routes from the public highway to the home/building
- Sufficient lighting in the immediate vicinity of the home (including paths and car parks)

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The Building

- Sufficient lighting in and around the building
- All entrance accessories accessible and usable by everyone

- Minimal height differences at thresholds
- Sufficiently large doors
- Sufficient space around doors
- A lift suitable for wheelchair-users
- Safe stairs
- Safe stair rails
- Sufficiently wide halls and galleries

The Home

- All primary rooms at the same level or accessible by means of safe stairs
- Safe stair rails
- Minimal differences in levels
- Sufficiently large doors
- Sufficient space around doors
- Secure door hardware
- Operation of windows, doors, and electric switches is safe, practicable, and accessible for everyone
- Three-room home
- A lamp by all outside doors
- All entrance accessories accessible and usable by everyone
- Adequate space for furniture

- Large enough bedrooms
- Large enough kitchen
- A safe shower
- Toilet is accessible for wheelchair-users
- Bathroom is suitable (or can be made suitable) for wheelchair-users
- Access to outdoor area (balcony, terrace)
- Fitted with a central heating system of sufficient capacity

Part 3
Support for
Community Living

Support for Community Living

*Youth is the time for the adventures of the
body, but age for the triumphs of the mind.*

—Logan Pearsall Smith

Introduction

Every elderly person I spoke with over the past year said that “home” was their first choice of accommodation.

Providing community support for elderly people to stay in their own homes, and for their caregivers, has many benefits. The Niagara Region of Ontario, for example, estimated that enhanced community support for the elderly through a variety of programs reduced admissions to aged care facilities by 50 per cent.

A study done in 1991 by the government of Japan*, comparing the lives of seniors in Germany, Japan, South Korea, the United States, and the United Kingdom,

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* 1991. Government of Japan. Policy Office, Aged Management and Coordination Agency.

identified the major providers of support for the elderly as their spouse, or children living with them or separately, or close friends. But in an aging society, an increasing number of seniors are themselves caring for their extremely elderly relatives. In that case, who supports the caregiver?

Only 8 per cent of Albertans over the age of 65 live in a health or housing group setting. Through seniors-friendly community initiatives, home care, adult day programs, and other options, Albertans are offered some degree of support for the elderly and their caregivers. But we can do better.

The trend in Europe and in most of the countries I contacted was to deliver care to keep seniors living in their own home safely and comfortably; to help seniors maintain their home by adapting and repairing as necessary; and to provide a network that promotes independence in the community.

How such a scenario may be established is shown in the programs and approaches described in the following pages.

Overview

Saskatchewan Assisted Living (SALS)

SALS is a new program close to home. It will attempt to deliver services to frail elderly in social housing on a demand/needs basis.

Carer Program

Australia has recently initiated a program of support for caregivers. The program is described in detail in Annex 3.2.

Community Aged Care Packages

This is another example of the Australian government putting dollars into programs to help the elderly stay at home, as long as they do not require ongoing medical or nursing care. By providing support services such as shopping, gardening, and assistance with social activities, old people in need of financial aid are helped to maintain their independence. Details of the program are given in Annex 3.3.

Elder Care Leave

Could we apply the principle of maternity leave to the care of elderly parents? Japan is doing it.

Elder Care Centres

Information centres in urban and rural regions provide seniors and caregivers with advice, information and sometimes care as well. Japan is doing it. So is Australia.

Tax Relief

Some provinces have introduced tax incentives designed to help seniors maintain their independence.

Care and Repair Programs

Programs to repair and adapt seniors' homes exist throughout the world. The United Kingdom's comprehensive program to repair all housing stock has a few new angles.

Renters' Assistance

This is a very popular idea. Countries offering renters' assistance include Canada, New Zealand, Sweden, Australia, and the Caribbean. If we are looking for examples of public/private partnerships, this one has been sitting right under our noses for a very long time.

Pension Advances

Borrowing on your old age pension is permitted in some countries. Australia is one of them.

Adult Day Programs/Respite Care

Providing adult day care and respite care is critical to maintaining the frail elderly at home. In Canada, some provinces provide such programs. So do a number of other countries.

Reverse Mortgages

Offered in Alberta since August, 1998, reverse mortgages are of interest to seniors who want to have access to their equity in their home, but still maintain ownership.

Saskatchewan Assisted Living Services (SALS)

The objective of Saskatchewan's SALS program is to enable seniors living in social housing to remain in their homes. SALS provides community-based services for tenants who need a combination of shelter and supportive services to retain their independence.

This initiative is of great interest to many housing authorities in Alberta. It requires a commitment to coordinating housing and health services in the best interest of the elderly who live in social housing units.

The program is described in detail in Annex 2.9.

Carer Program

A "carer" is a person who, through family relationship or friendship, looks after a frail older person in the community or someone with a disability or chronic illness. The carer looks after such a person either in the carer's home or in the client's own home.

Australia has recently chosen to recognize the indispensable role of these individuals and has introduced a program that includes income support, benefits, educational opportunities, respite, and support through a system of Carer Resource Centres.

In 1998, Australia had approximately 1.5 million carers. That means that on average there is a carer in one in every five Australian households. About 540,000 principal carers look after people with severe or profound disabilities. (A principal carer is an individual

who has taken on sole responsibility for a disabled or elderly person, and is usually a spouse or a parent.)

The carer program is described in detail in Annex 3.2.

Community Aged Care Packages

The Community Aged Care (CAC) Package is an Australian concept. It is a planned and coordinated package of community care services put together to help frail older people remain at home by meeting their complex care needs. These people would otherwise be eligible, at the least, for low-level residential care (similar to the care Alberta's lodges provide).

In 1998, the Australian government invested Aus \$280 million in the Staying at Home—Care and Support for Older Australians package. They saw it as “a necessary and positive investment which will assist many thousands of Australians now and in the future.” Currently the Australian government funds CAC packages at a ratio of 10 to every 1,000 people over the age of 70. In 2002 that ratio will change to 12 packages to every 1,000 people over the age of 70 in response to projected increases in the aged population.

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Community Aged Care Packages services are provided by community organizations but funded by the commonwealth government to ensure that care is uniform and of high quality. Services offered as part of the care package include help with bathing, dressing, meals, laundry, home maintenance, social activities, transport, shopping, housework, and gardening. Services are flexible and can change as needs change.

To be eligible to receive a care package, an individual must first be assessed, usually by an aged care

assessment team which will determine whether a care package is suitable.

The CAC Packages program is in addition to Australia's Home and Community Care program (HACC). The HACC program, which has many similarities to our home care program, has a health care focus. CAC Packages are oriented more to other aspects of home support. HACC provides various kinds of support services through local government, community, religious, and charitable organizations as well as through state government agencies, and is co-funded by commonwealth and state governments.

The Community Aged Care Packages program is described in detail in Annex 3.3.

Elder Care Leave

In Japan, a program called Care Leave for the Elderly will be put into effect in April 1999, as part of that country's "Vision for a Caring World." The government has taken this innovative step in recognition of the family as primary caregiver and also recognizing that families with two working partners are the reality.

In essence, elder care leave is similar to child care leave or our maternity leave. It is designed to allow one partner (usually the wife) to take a set time as paid leave from employment to care for an aged parent who has suffered an acute health problem. The time away from work can be taken with pay and without fear of job loss or demotion. Through this program the government of Japan hopes to see a marked reduction in the amount of time the elderly spend in acute care hospitals.

In conjunction with care leave for the elderly, elder care centres have also been established to offer assistance and advice to caregivers on all aspects of caring for the elderly (see below).

Detailed information on these and other Japanese initiatives for the elderly is given in “Part 5: International Perspectives.”

Elder Care Centres

In an attempt to support seniors and their caregivers, the government of Japan has established a network of elder care centres in 22 municipalities. These centres are a one-stop-shopping option for seniors and caregivers looking for information, respite, and therapies. This single point of entry approach to all services offered to the elderly greatly simplifies the process of finding out what is available and accessing what is helpful. With elder care leave encouraging family members to care for acutely ill parents at home, this has become a critical part of the picture.

A government policy document states that the intent is to establish urban and rural centres to support in-home care for the elderly so that citizens can seek advice and information about services in the area in which they live. Care management systems will be enhanced to ensure that the needs for care are properly understood and appropriately met.

Australia has also established centres for elder care. These facilities provide information and support for the elderly, and also support carers. They are seen as

more of an information stop. So far, the program is only offered in cities.

Tax Relief

The burden of property tax is often a real hardship for elderly homeowners. The senior who has paid off a mortgage must still pay for heating, electricity, water, sewer, and garbage removal. They must spend money to maintain their home in good repair. They must pay for groceries, clothes, haircuts, and all the essentials of life. If they operate a vehicle, their costs sky rocket. Many jurisdictions have recognized this, as well as the benefits of keeping seniors in their homes for as long as possible. In response, they have reduced, deferred, or eliminated property tax.

The following are some examples of that approach in Canada.

- In Alberta tax relief is recognized through the shelter allowance portion of the Special Needs program. A senior paying more than \$550 a month (single occupant) or \$700 (couple) for shelter may include the difference in their shelter allowance claim. Shelter costs include rent, mortgage, property tax, home and contents insurance, average monthly utility costs, telephone, cable. To qualify for benefits, a senior must, among other things, be over age 65 and be eligible to receive Alberta Seniors Benefit.
- British Columbia has a property tax deferment program. Any homeowner over 60 years of age may defer payment of property tax on their principal residence. The surviving spouse of a person over 60,

and homeowners who are disabled or have a disabled spouse or relative living in the home, are also eligible. A mortgage on the property cannot exceed 75 per cent of the assessed value. Owners of manufactured homes or those who have a long-term or life interest lease on their home are eligible under the same conditions. Deferred taxes must be paid with interest when the property changes hands or when it ceases to be the owner's principal residence.

- Northwest Territories programs include a forgiveness of the first \$1,500 of property tax for anyone over the age of 60.
- Manitoba offers the School Tax Assistance for Tenants 55 Plus program. To offset the school tax portion of rental costs, the program provides an annual grant of \$175 to tenants aged 55 years or older. The grant is payable yearly. Applicants must be 55 or older, rent their home from a private landlord, and their annual income must not exceed \$23,800. Benefits under this program are retroactive for up to four years. During the fiscal year ending March 31, 1997, the government of Manitoba paid out 6,662 claims on this program.

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Throughout the world, creative tax relief options are used as one way of encouraging older people to remain in their original residence.

The United States has been very inventive in using tax relief to encourage creative capital funding. Nonprofit groups wishing to create low-cost housing can apply to the federal government for tax credits. Then they sell the credits to developers or a group of investors who invest in the project over a set period. The nonprofit group owns and manages the project. This arrangement is

attractive to investors: they get tax credits on their investment as well as a return on the money invested.

An interesting idea has been discussed in Alberta and deserves consideration. The suggestion is that family members caring for an elderly relative should be eligible for some form of tax relief. As these tax-paying carers are saving the system money, the idea appears to have some merit.

Care and Repair Programs

Through a home adaptation and repair program, Britain has taken very effective steps to improve its housing stock—an extremely important move considering that only 5 per cent of the population in the United Kingdom over the age of 65 live in a form of institution or group setting.

Consider also the following statistical picture of housing and home ownership in England (true to 1997*).

- There are approximately 50 million people in England and 20.5 million dwelling houses
- 68 per cent of dwellings are owner-occupied (free or leasehold)
- 18 per cent or 3.6 million dwellings are owned and managed by 317 local authorities
- 5 per cent or 1 million are owned and managed by entities known as Registered Social Landlords. These are mainly housing associations, of which 2,232 were registered with the Housing Corporation in 1995. (The

* Document from Sal Ratnayake, Housing Policy and Home Ownership Division, United Kingdom Government.

Housing Corporation is a government agency whose role is to fund and regulate housing associations—now known as Registered Social Landlords, or RSLs.)

- 10 per cent or 2 million are in the private rental sector

Housing owned and let by local authorities and Registered Social Landlords is subsidized by the government and referred to as social housing.

English housing stock is comparatively old. About 25 per cent of homes were built before 1919 and 20 per cent before 1944. This has an effect on housing conditions. However, in 1997 only 1 per cent of England's homes lacked basic amenities such as indoor plumbing, whereas a survey six years earlier had estimated that 10 per cent of older people were living in houses without basic amenities. This shows the huge strides in home care and repair made in the 1990s by the Home Improvement Agencies. There are 202 of these government-funded agencies in England and 30 housing associations are involved in managing 121 of them.

The Housing Corporation views the home care and repair program in a very positive light. A policy document states: "Many housing associations have skills which can be applied irrespective of tenure. Helping older owner occupiers to stay at home in safe and warm properties in a good state of repair also reduces the demand for specialized accommodation."

Home repair assistance is a discretionary form of assistance, available to anyone, and specially designed to provide practical help for small-scale repairs to a dwelling, houseboat, or mobile home. Help is in the form either of a grant or materials. Grants can also be

given to help toward the cost of adapting or providing facilities to enable a disabled person to continue living at home. Citizens apply for grants by contacting local housing or environmental health departments (See Annex 3.4 for more details of the program).

When administered locally, agencies can be much more sensitive to the needs of the elderly and can also maintain a directory of reputable, local contractors who are prepared to accommodate elderly clients' idiosyncrasies. The Stay Put initiative in Oxford is an example.

Stay Put recognized that many elderly citizens were reluctant to tolerate the disruption of renovation and tradespeople in their home. They were also reluctant to contact a faceless bureaucrat with their needs. In response, Stay Put opened an office in a busy shopping centre frequented by the elderly, and took steps to make this a friendly place for seniors to drop in for coffee and a chat. They developed a directory of tradespeople who were prepared to work with odd requests, and the program became a resounding success because it worked to accommodate people's needs.

One example: an elderly lady had expressed concern about the noise and confusion that would be associated with adding a new bathroom. As she wore a hearing aid, it was suggested that the work be done at night, when the hearing aid was on the dresser. She agreed, and was delighted with the result. "They were just like the elves in a fairy tale. Every day I'd wake up and rush in to see what magic they'd created," she is quoted as saying.

Some United Kingdom housing associations also run a "handy persons scheme." The association office provides reliable, accommodating people who will

work for a reasonable fee and do minor repairs and odd jobs in seniors' homes.

Many nations have some form of home repair and adaptation program, although criteria differ widely. For example, to qualify for upgrade and adaptation programs in Spain, the home must be at least 10 years old. In New Zealand a senior can apply for an advance on their pension in order to do home repairs and maintenance. No interest is charged on the advance, and the senior usually has two years to pay it back.

Closer to home, in Alberta, funding is in place to help needy seniors with home repairs and adaptations. But many seniors tell me they either don't know about the program, or they don't know where to start. Can we make these programs more accessible and user friendly?

Is there some way we can help seniors get estimates and work their way through all the forms and quotes and documents and inspection reports? Should Management Bodies play a role in this system, as their equivalents do in the United Kingdom?

Renters' Assistance

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In **Canada** we are familiar with the Rent Supplement-Private Landlord program in one form or another. Most provinces use the concept to help renters in financial need (the program was discontinued in British Columbia in 1993). Although this subsidy is not targeted specifically to senior citizens, it is being used in some areas—such as Grande Cache—Alberta, to assist elderly renters.

Some provinces and countries have found innovative ways to help renters.

British Columbia's SAFER (Sheltered Aid for Elderly Renters) offers help to low- to moderate- income seniors over 60 who pay more than 30 per cent of their income in rent. Financial assistance is available on a sliding scale to make up a portion of the difference between 30 per cent of a tenant's income and their rent. Maximum assistance for singles is \$520, and for a couple is \$575. The assistance formula is adjusted to give the greatest help to those with the lowest income.

The On Reserve Native Housing program in British Columbia provides rental housing to low- and moderate-income Band members. A rent subsidy pays the gap between tenant revenues and economic rent. Tenants who receive assistance under the SAFER program guidelines are income tested. All others pay 25 per cent of their income to a maximum equal to low-end market rent.

Manitoba also has a SAFER program. The program provides direct monthly cash assistance to persons aged 55 and over who rent their living accommodation from a private landlord and whose rent is more than 25 per cent of household income. The program subsidizes between 60 to 90 per cent of the difference between income and rent. Maximum benefit is \$170 per month.

Under the School Tax Assistance for Tenants 55 Plus program, a Manitoba resident 55 years or older can apply for an annual grant of \$175 to offset the school portion of rental costs. Eligibility requirements include: the applicant's annual income must not exceed \$23,800; this must be their principal residence; they must rent from a private landlord; and they must be age 55 or older.

Newfoundland offers a Rent Supplement program similar to Alberta's. In 1996-97 it provided \$3.5 million in subsidies to private landlords to pay the difference between the market rent and the rent that a low-income family or senior can afford to pay.

Quebec's LOGIRENTE program assists renters over the age of 57. The Société d'habitation du Québec (SHQ) pays part of the rent of households in this program whose rent is more than 30 per cent of their income. The subsidy pays 75 per cent of the portion of the rent over 30 per cent of household income. Maximum rents are set to determine the allowance. This program is entirely financed by Quebec and is in addition to the rent supplement program co-funded by CMHC, the SHQ, and the municipalities.

Northwest Territories seniors over the age of 60, living in subsidized housing, pay no rent.

The Territories also offer an income-tested fossil fuel subsidy for its seniors. This is of particular benefit to elderly living in their own homes, as heating costs are very high in the north.

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Other countries also recognize the need for renters' assistance.

Housing New Zealand is the major provider of public housing in **New Zealand**. The recent trend is for the government to divest itself of housing inventory. Where they used to buy or build social housing at a greater rate than they sold it, the trend has now been reversed. Forty-three per cent of older tenants rent from Housing New Zealand. As part of housing reform, rents for Housing New Zealand properties have gradually been

increased to market value. This has caused significant affordability problems for the elderly. To further complicate the picture, the government has introduced a Matched Tenancies program that encourages single or small-family tenants to move from three- or four-bedroom units into smaller accommodation.

Recognizing the hardship that these initiatives will have on elderly New Zealanders, a tenure protective policy was created. Under this policy, elderly tenants who were resident on October 1, 1992 and are over age 65 are not required to move; and a subsidy is provided to offset rent increases if the increases drive the rent higher than the rental rate average.

New Zealand also offers the Accommodation Supplement, introduced in 1993. It provides for a 65 per cent subsidy for the portion of rent that exceeds 25 per cent of household income; or, in the case of homeowners, 65 per cent subsidy for regular housing expenses that exceed 30 per cent of household income.

A special New Zealand innovation is the 55 Plus program. The program was introduced by Housing New Zealand to stabilize tenants' rent for three years while they make decisions about their future. To be eligible, the principal tenant or their partner must be 55 years or over and have lived in the tenancy since July 30, 1991. Under this provision, the tenant's rent cannot be raised above the average regional rent, or above their existing rent if this is greater, for a three-year period.

The elderly in **Sweden** may receive a basic pension at age 65 if they have lived in that country for 40 years (since age 16) and have contributed to a pension plan. As with the Canada Pension Plan, they may choose to

draw pension at 60 or defer it until age 70. There are many coordinated benefits a Swedish pensioner can apply for. One of these is the state housing allowance. This is a means-tested benefit and the rules for eligibility are determined by the state.

Time On Our Side—A Five-Year Plan for Western Australia’s Maturing Population, presented by Minister for Seniors Rhonda Parker, identifies some interesting statistics in that country. Australia’s elderly citizens control about one-quarter of the Aus \$1,240 billion invested by all Australians. However, most of that wealth is invested in housing: it is estimated that three-quarters of Australia’s seniors live in their own homes and only 5 per cent live in nursing homes or hostels. In terms of financial income (cash flow), seniors are not at all well off. According to the 1991 census, more than three-quarters of seniors reported an annual income of less than Aus \$16,000 and two-thirds of seniors depend on social security payments as their only income.

A system of income-tested subsidy for elderly renters is in place. Australia’s Rent Assistance program provides rental subsidy for seniors who rent from private landlords, rent or board in a granny flat, pay fees and service charges in a retirement village, pay a service charge in shared equity accommodation, pay site fees for a mobile or caravan home, or pay mooring fees for a vessel. Assistance is even supplied to home owners in special care situations where a senior has moved into another house because of care requirements. Assistance is provided to the “care home” and the original home is also eligible for some special treatment. For example, the home is not considered equity for the purposes of calculating accommodation bonds, if certain family

members still live there. Single seniors who share their accommodation with someone else receive a special rate.

Tiny countries like **Grenada** (that provides assistance under a Public Assistance program based on income) and **Dominica** (that provides subsidy by extending an annual government subvention to privately owned senior citizens' homes as well as a limited government pension to elderly people in need) recognize the role of government in providing affordable housing for the elderly.

Renter assistance programs foster the idea of elderly citizens remaining in familiar surroundings. It has been suggested that Alberta could better serve seniors by making a needs-based subsidy applicable to seniors renting from any landlord in Alberta.

Pension Advances

Several countries offer seniors the chance to borrow from their pension. The programs are all similar and I have chosen to highlight Australia's program. The following passages on Pension Loan Scheme and Lump Sum Pension Advances are taken directly from the Australian government publication, "Home and Residence Choices for Older People."

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Pension Loan Scheme

You may be able to increase your fortnightly income by applying for a loan under this scheme. Full rate pensioners cannot apply, because they already receive maximum amount of pension.

Who can apply for a loan?

You may be able to get a loan if either you or your partner:

- only get a part-rate Age or Service pension, or cannot get any Age or Security pension because either your income or the value of your assets is too high; one of you must have some entitlement under either the income or the assets test
- own real estate in Australia (such as your home) that you can use as security for the loan.

How much is the loan?

You can receive fortnightly installments to bring your total pension payment up to the equivalent of the full-rate pension.

How is the loan repaid?

You can choose to set aside an amount from the value of the property that you offer as security for the loan. It is guaranteed that you keep at least this amount after repaying the loan plus interest, if your property is sold. A competitive rate of interest is charged on the outstanding loan amount. Loan payments are not taxable. You will have to pay costs for securing the loan. These costs can be added to the loan.

Can you withdraw from the loan arrangement?

The scheme is voluntary and you can choose to withdraw from the loan arrangement at any time. You can then either pay back the loan plus interest or leave the debt, with interest accruing, to be recovered from your estate.

Lump Sum Pension Advances

You can get an advance of your pension paid as a lump sum. You can use the advance to help with any expenses and you will not have to show us receipts or prove how you spent your advance.

How much is the advance?

Between \$250 and \$500, depending on how much you are normally paid each fortnight.

How often can you get an advance?

There is one lump sum advance payment in any 12-month period.

How is the advance repaid?

The advance is repaid over six months by deductions from your fortnightly pension payments. There is no interest payable on the advance.

All the programs I discovered in my research were variations of Australia's. The ability to re-shingle a roof, repair walks, replace an appliance, or simply top up pensions to improve cash flow were all cited as desirable by seniors. Many seniors felt this system was much safer than reverse mortgages.

Adult Day Programs/Respite Care

Most communities in Canada have recognized the value of adult day programs and the need for respite care to support the elderly individual living in the community.

Day Programs

In Alberta, day support programs are group programs, which individuals may attend on a daily basis. They are intended for people who are frail or disabled and who need health maintenance, rehabilitation, and social or recreational activities. The programs take place in a variety of settings.

Variations on this theme exist throughout the world. For example, in Great Britain there are groups of seniors who meet on certain days for specific purposes such as doing laundry, gardening, or having dinner together.

Some countries, like Sweden, have begun to realize their goal of placing healthy, active seniors in charge of the day programs.

France has several examples where children are a part of the program, with elderly people teaching or acting as companions for children in day care.

Saskatchewan is using a form of day care to integrate institutionalized seniors back into the community. Seniors are re-integrated through day programs that put them back in touch with the outside world. They are then given an opportunity to live in a supervised unit to try their relearned skills. This pilot program is featured in Bruno, Saskatchewan.

Japan offers educational opportunities to the elderly in day care. This is part of a lifelong learning program and is not just health or wellness information. A senior can explore any field of study.

Manitoba's Rimmer House offers special programming for Alzheimer's patients that mirrors the activities of healthy seniors but is paced to suit the mental activity of an Alzheimer's sufferer.

There will continue to be innovations in day care programs to support the elderly individual's choice to remain in the community.

Respite Care

The concept of respite care is also vital to the well-being of seniors and their caregivers in the community. An Alberta scenario has stuck in my mind and truly illustrates the vital role this program plays.

At a meeting last year I was told of an elderly lady who was caring for her husband who had Alzheimer's. Because her husband wandered at night, she was unable to sleep. From her home in the country she was driving across a major city (a round trip of about 200 km) to take him to a respite unit to sleep at night. She would then drive home, sleep for a few hours and repeat the trip to pick him up. This lady was 81 years old. She was exhausted, and her need for flexible adult day and respite care was obvious. I am glad to say I have since been assured that the local community is now offering her the support she needs.

Many lodges in Alberta offer respite care if vacancies exist, but I do not know of a lodge in rural Alberta that

has dedicated respite units. The nature of lodge funding precludes any of them from intentionally keeping a unit vacant for this purpose.

Perhaps provincial funding of one or more respite units in every lodge is an idea worth pursuing.

Reverse Mortgage

It has been said that the most under-utilized asset of most people is their home. In the late 1980s that changed as people were offered an opportunity to access equity in their homes. The reverse mortgage concept has caught on all across North America. Problems encountered in Japan and New Zealand are described in Part 5: International Perspectives. Here I will concentrate upon the Alberta experience.

Simply put, reverse mortgages allow a senior citizen (in Alberta both partners must be over age 62) to borrow money through a legal and binding agreement using as collateral the equity they have accrued in their home. The loan can be structured in several ways and is currently offered through chartered banks such as the Royal and Toronto Dominion. The Canadian Home Income Plan (CHIP) offers access to a percentage (between 10 and 45 per cent) of the appraised value of a senior's home, based on age, gender and marital status. The older the senior, the larger the percentage they can access. A home must be in a place that meets the underwriters' requirements. Towns in which reverse mortgages are offered are selected based on the local real estate market and the resale potential of property. Leasehold property, co-ops, and larger acreages are not eligible.

Some Points

- Whether the cash received is in a lump sum, monthly payment or a combination of both, it is considered a loan and consequently is tax-sheltered.
- Seniors can enjoy the added income while retaining title to their home
- If property values increase, the increased equity belongs to the senior. If property values decrease, the senior is secure in the knowledge that they can stay in their home of the rest of their life. If a couple is purchasing a reverse mortgage, the loan is not due until the death of the second partner.
- There is built-in flexibility in most plans whereby the senior can sell the property, rent the property for short periods, or pay off the loan at any time. A prepayment penalty is charged if the loan is paid back in the first three years.
- CHIP reverse mortgages are secure. Once the contract is signed, there is little or no contact with the lender except for a yearly statement.
- Interest payable to the lending institution is added to the principal and is paid by the estate or the senior if they sell. This interest is currently four points above the Canadian bond rate. Interest rates are adjusted annually.
- Closing costs, sometimes also called the hidden costs, are in three categories. The cost of appraisal, the cost of legal review of documents, and closing costs such as registration of documents. The first two costs are paid up front by the senior. Closing costs are taken out of the mortgage proceeds.

- CHIP reverse mortgages became available in Alberta in August 1998. It seems that many of the problems other countries encountered with reverse mortgages have been resolved in this program.

More information is available from the Canadian Home Income Plan, 1-800-563-2447, or from any branch of the Royal Bank or the Toronto Dominion Bank.

Annex 3.1

An International Comparison of the Lives of Elderly People

An international comparison of elderly people's lives done in 1991 by the government of Japan's Policy Office—Aged Management and Coordination Agency provides some interesting information on seniors in Germany, Japan, South Korea, the United States, and the United Kingdom. The study shows the important role that a spouse or child plays in the support of an elder.

When asked, "Who would provide you care in case of sickness?" 9.5 per cent of the elderly in the study in the United Kingdom said they had no one to turn to. In the United States and Korea, only 2.7 per cent felt they had no one. In Japan and Germany, 3.1 per cent and 3.9 per cent respectively gave that response.

Asked "Who would you turn to in the event of anxiety or mental suffering," 2.8 per cent of Japanese, 1.3 per cent of Americans, 5.7 per cent of British, 6.5 per cent of South Koreans and 2.1 per cent of German respondents said they had no one to turn to.

Response was even more dramatic to a question about assistance with financial troubles. In this case, 8.3 per cent of Japanese, 10.5 per cent of Americans, 19.2 per cent of United Kingdom respondents, 13 per cent of South Koreans, and 9.1 per cent of Germans had no one whom they could ask for help.

Spouse, children living with them or separately, and close friends were identified as providing the balance of support.

Annex 3.2

Carer Program – Australia

A carer may feed, bathe, dress, toilet, medicate, and supervise the person they look after. They often assume responsibility for financial matters and total health and well-being of the individual in their care. Caring is a physically, emotionally, and financially demanding role. It is often a 24-hour a day job, undertaken with little assistance from anyone else. The Australian government has created the following support network for carers.

- Benefits are provided in the form of time off with pay. A carer may cease to give care for 20 hours per week to undertake employment, training, or education; cease to provide care for 63 days per year for vacation or respite; and continue to receive payment for three months if the carer travels overseas with the person being cared for.
- Carer Respite Centres are being set up in 58 regions in Australia. These Centres will specialize in helping carers find and use respite services in their local area. The Centres will work with the carers to plan sensible approaches to respite and other support needs and will also provide 24-hour emergency respite cover.

- The JET program was originally introduced to improve the workforce participation of sole parent pensioners. In 1993 carer payment recipients also became eligible to participate. JET facilitates access to education and vocational training and employment opportunities.
- Carer Resource Centers have been set up in each capital city. These centers give carers support and information on how they can better manage the care needs of the person they are caring for, as well as information about the other government programs that can help them.
- Carer payments are made on the following basis.

Who is entitled to receive this payment?

People who are unable to participate substantially in the workforce participation because they are providing full-time care, in the home of the person or persons receiving care, to:

- a person aged 16 years or over with a severe disability
- a child (under 16 years of age) with a profound disability
- two or more disabled children (under 16 years of age) whose combined care needs are equivalent to that of a child with a profound disability.

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How many people receive the payment?

As at June 30, 1998, there were 33,979 recipients of carer payment, an increase of 4,421 (15 per cent) over the number at June 30, 1997.

Key stakeholders

- Carers Association of Australia
- Australian Council of Social Service (ACOSS)
- Australian Council for Rehabilitation of Disabled (ACROD)
- Association for Children with a Disability

Trends

The total number of people receiving carer payment has grown over recent years. In the table below, carer payment recipients are categorized as follows:

- Carer (Age): people caring for people in receipt of Age Pension
- Carer (DSP): people caring for people in receipt of Disability Support Pension
- Carer (other): people caring for people not in receipt of either pension

	June 94	June 95	June 96	June 97	June 98
Carer (age)	7,441	8,324	9,500	10,954	11,740
Carer (DSP)	9,450	10,633	13,483	15,735	18,556
Carer (other)	808	1,141	2,054	2,869	3,683
Total	17,699	20,098	25,037	29,558	33,979
% increase	-	14%	25%	18%	15%

As at June 30, 1998, 55 per cent of the people who received carer payments were female.

The continued increase in numbers of carer payment recipients is due largely to an increase in the number of Disability Support Pensioners, greater public

awareness of the payment, and the effects of extending qualification for carer payment.

The introduction of the “profoundly disabled child” measure from July 1, 1998 will contribute to an increase in the number of people receiving carer payment. However, the increase is not expected to be substantial.

Facts about Carer Payment

Background

The purpose of carer payment is to provide an adequate level of income to people without other means of support who are unable to participate substantially in the workforce because of their caring responsibilities.

Eligibility Conditions

To qualify for carer payment, the carer must:

- be an Australian citizen or be allowed to live in Australia permanently (a two-year waiting period applies to recently-arrived immigrants) and be living in Australia at the time the care is given
- be personally providing full-time care to:
 - a person aged 16 years or over with a severe disability
 - or a child (under 16 years of age) with a profound disability
 - or two or more disabled children (under 16 years of age) who require a level of care equivalent to that required by a child with a profound disability
- be providing the care in the home of the person being cared for.

The person needing care must:

- be aged 16 years or over
- be an Australian citizen or be allowed to live in Australia permanently and be living in Australia at the time the care is given
- need full-time help with personal care because of a severe physical, intellectual, or psychiatric disability; or need constant supervision because their disability causes them to be a danger to him or herself or others
- need the care permanently or for an extended period of six months or more (less if their condition is terminal)

and must be either

- receiving a DSS or DVA pension or income support payment
- ineligible for a DSS or DVA pension or income support payment solely because they do not meet the qualifying residence requirement
- not receiving a DSS or DVA pension or income support payment and have income and assets below the limits that apply for a person to receive minimum Family Allowance.

From July 1, 1998, eligibility for carer payment was extended to carers who care for a child (under 16 years of age) with a profound disability or two or more children (under 16 years of age) with disabilities. In the case of a child with a profound disability, the child must need a high level of attendant care to maintain comfort, sustain life, or attend to bodily functions that the child

cannot manage by him or herself. In the case of two or more children with disabilities, the level of care required by the children must be equivalent to that required by a child with a profound disability. The child or children must be cared for in their own home and need continuous personal care for a minimum of six months (unless the condition is terminal).

Carer payment is subject to the pensions income and assets tests.

Current Rates

The current standard (single) rate of carer payment is Aus \$354.60 per fortnight. The rate of carer payment is indexed in March and September each year.

Annex 3.3

Community Aged Care Packages

Who are the individuals who offer the service?

In the “Standards and Guidelines” for the program, the following is offered as a guide to selecting an approved provider.

The provider must be a person who:

- is of good character and reputation
- has the necessary ability to provide, and experience in providing, care for care recipients of the aged care service, including care recipients needing special attention and care recipients who are people with special needs
- is able to manage the aged care service in accordance with sound principles
- is able to comply with the conditions to which approval and grants under the Act are subject
- is able to meet the needs and characteristics of the community in the region.

To receive funding under the program, a provider must be incorporated as a business and apply for Approved Provider status. An approved provider status may be revoked if the Minister is satisfied that the provider no longer is suitable (this is subject to the appeal process).

Applications are assessed by the Secretary based in part on the following criteria:

- The relative need for community aged care packages in a region including in terms of the availability of other community services
 - The expertise of applicants to provide care, including for special needs groups, as well as to manage a project
 - The breadth of community consultation undertaken in preparing a proposal
 - Adequacy of assessment arrangements to be established
 - Arrangements made for coordinating the development, delivery, monitoring, and review of community aged care packages
 - Arrangements proposed to ensure quality care
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- The proposal's viability
 - The capacity of the organization to commence operation from a particular date
 - The likelihood of the proposal being able to satisfy the needs of the region more effectively than another form of care.

Additional factors taken into account include:

- Areas where residential facilities are considered to be inappropriate approaches to meeting local needs, for example, some Aboriginal and Torres Strait Islander communities
- Areas where residential facilities would be difficult to establish or sustain, for example, rural and remote communities with small populations or inner city areas where land costs are prohibitive
- Areas which do not have an adequate level of existing community aged care alternatives.

Aged Care Planning Advisory Committees have been established within each State and Territory to advise the Secretary. These committees comprise both government and non-government members. Each member must have a personal knowledge and/or experience in the delivery of aged care.

Notice of the number of community aged care packages available, and any special needs groups or areas to be targeted, is advertised through major newspapers as part of an annual approval round.

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What does the client pay?

Fees for the service vary. The amount charged is part of the agreement between the service provider and the client. Generally, service providers charge between Aus \$23 and Aus \$30 per week. For people on maximum rate pension the charge cannot exceed 17.5 per cent of the pension.

What are the rights of the client?

- To be involved in deciding which care services are the most appropriate for his/her needs
- To be given enough information to help them make informed choices about services received
- To be given a written care plan of the services to expect
- To receive services that take account of lifestyle, cultural, and religious preferences
- To be able to take part in social activities and community activities as they wish
- To be treated with dignity and have privacy respected
- To complain about the service received without fear of losing services or being disadvantaged in any way
- To choose a person to speak on their behalf for any reason.

What are the client's responsibilities?

Along with rights come responsibilities, and the client's responsibilities are clearly described.

- If you receive a CCA Package, you have a responsibility to treat people, including service providers, staff, and other consumers, with dignity and respect. You also need to understand the fees applying to services.

What are the responsibilities of the service provider?

- Assist the client or their representative to make decisions about services best suited to assessed needs based on informed choices.
- Offer a written agreement which clearly sets out rights and obligations of both parties.
- Provide the client with a written care plan of the services to be received.
- Consult with the client, family, or representative and explain fees to be paid for services received.
- Regularly review the client's status to make sure the services received are appropriate.
- Refer the client to other services if the need arises.
- Respect lifestyle choices and encourage the client to maintain their preferred level of social independence.
- Make sure that the client knows about and understands their rights regarding privacy and confidentiality.
- Treat client and client's home with dignity and respect.
- Make sure that the client knows the type of information kept regarding them and let the client see that information if they so wish.
- Deal with issues raised fairly, promptly, confidentially, and without retribution.

Housing Linked Care Packages

The 1994-95 budget provided 150 Housing Linked Care Packages in 1994-95, and an additional 300 each financial year thereafter, targeted at persons with financial hardship living in designated rental housing developments. These developments would range from congregate settings with high concentrations of aged people, such as boarding houses, or detached public housing spread across a particular suburb. In some cases housing linked care packages may be approved for housing projects under construction or yet to be built to allow for planning of services. In planning projects, there is consultation with stakeholders such as state housing authorities.

In most cases, the most suitable housing developments are public or community housing because these tenures offer secure accommodation to the financially disadvantaged frail aged. There is, however, scope for the program to be targeted at private renters where they are likely to be able to stay in their accommodation for some time, and the delivery of housing linked care packages could clearly help this group avoid entry into residential care.

Annex 3.4

Britain's Program of Home Repair Assistance

The following text is quoted from the United Kingdom government handbook, *Home Repair Assistance*.

Home repair assistance (HRA) is a discretionary form of assistance specifically designed to provide practical help through either a grant or the provision of materials for small-scale works of repair to a dwelling, houseboat, or mobile home. A disabled facilities grant is a grant toward the cost of providing adaptations and facilities to enable the disabled person to continue to live there.

If you are considering applying for a grant, you should contact the local housing or environmental health department.

Getting advice

It is a good idea to get advice from a qualified person when considering the need to carry out any works to

your property. You should also consider how best to meet the costs.

In looking at possible options, advice may be sought from your local council office, social services authority, Housing Advice Centres, and Citizens Advice Bureaux. There may also be a local Agency Service Centre which can provide advice and practical help on aspects of improvements and adaptations. Agency Services are run by local councils, housing associations, and other organizations and many (such as Care and Repair, Staying Put or Anchor) offer assistance mainly to elderly people.

Before applying for assistance

You should find out the extent and type of work which needs to be done and the likely cost. Whether or not the work is grant-aided, it is important to ensure that the work gets done properly and at a reasonable price. For major work it may be best to employ a qualified architect or surveyor to plan and oversee the work. If you get a grant, the cost of their fees can be included in the cost of the work eligible for assistance. It is also sensible to employ a reputable builder. Some councils keep lists of local architects, surveyors, and builders who specialize in renovation work. When you apply for assistance, your council will normally require a written estimate before deciding on the cost of the works eligible for grant. It is sensible to get competitive quotes from reputable builders and it may be worth using one who belongs to a trade association which operates a guarantee scheme such as those run by the Building Employers Confederation or the Federation of Master Builders. The council may be able to give you a list of builders or be able to advise you about employing one.

Who can apply for home repair assistance?

An applicant must:

- be aged 18 or over on the date of application
- live in the dwelling as their only or main residence or care for an elderly (aged 60 or over), disabled, or infirm person
- have an owner's interest in the dwelling or be a tenant of the dwelling, alone or jointly with others; or occupy the dwelling under a right of exclusive occupation granted for life or for a period of more than five years
- have a duty or power to carry the works in question
- be in receipt of an income-related benefit (*i.e.*, income support, an income-based jobseeker's allowance, family credit, housing benefit, council tax benefit, or disability working allowance). This does not apply if you are elderly (*i.e.*, aged 60 or over), disabled, or infirm or care for someone who is in one of these three categories.

Where the applicant lives in a houseboat or mobile home or if they occupy the dwelling under a right of exclusive occupation granted for life or for a period of more than five years, they must satisfy a three-year qualifying period.

The prior qualifying period does not apply where:

- The works are to adapt a dwelling to enable an elderly, disabled, or infirm person, who lives or proposes to live in the dwelling as his or her only or main residence, to be cared for
- The works relate to the means of escape from fire or other fire precautions

- The dwelling is in a renewal area.

What is home repair assistance available for?

Assistance is available in the form of grant or materials for carrying out works of repair, improvement, or adaptation to a dwelling. Within these general guidelines it is for a local authority to decide what works they will grant-aid. Such works could include securing the basic fabric of the property from the entry of wind or rain, protecting the occupants from immediate exposure to danger, insulation, the replacement of lead pipes, crime prevention measures, the removal of radon, repairs to windows and doors, a wheelchair ramp, or grip rails.

How will the amount of assistance be calculated?

Home repair assistance is intended for small-scale works with assistance limited to £2,000 per application and £4,000 in relation to any property over a three-year period.

The standard of work

- While it is not a requirement that a property meets the fitness standard on completion of the assisted works, the local authority will need to be satisfied that the works have been properly completed before paying grant or recording the cost of materials supplied.
- Your local authority will be able to advise you on their requirements for such certification of the quality of works.
- If at any time during the course of contracted works or on completion of contracted works you are not satisfied with the standard of work, you should raise the matter with the contractor and notify your local authority.

Part 4
Capital Funding:
Innovative Options

Capital Funding: Innovative Options

*All this progress is marvellous...
now if only it would stop.*

—Allan Lamport

Introduction

As one of my favorite sayings goes, the only person who likes change is a wet baby. In Alberta we have seen changes in abundance over the last few years, and it is obvious that most Albertans support the tough changes the government has made. But, unlike that wet baby, we haven't always liked them.

One of the major changes that social housing providers have felt has been the province's withdrawal of capital funding.

Around the world, it appears to be generally accepted that governments have a role and a duty to provide adequate housing for the poor, be they old or young. And without some form of support, the creation of social housing is all but impossible.

Tom Carter, professor of geography at the University of Winnipeg, says it clearly in his paper, “Current Practices for Procuring Affordable Housing.”

Without the deep ongoing subsidy programs provided by the senior levels of government, it may be impossible to accommodate the very low income households that are unable to access adequate affordable housing in the private sector. For many, household incomes are not keeping pace with inflation. This discrepancy tends to be true of some of the most rapidly increasing groups in society – single-parent families, elderly women and Aboriginal households. Without a sustained program of housing support by the senior levels of government, many Canadian households may face deteriorating housing circumstances in the future.

Time and again taxpayers have told me it is immaterial to them which level of government supplies that very necessary support. As one person I talked with said, “I don’t much care which level of government provides the money. After all, it was originally my money, and I want to see it back in the form of service and support to my community. I want to know I have a place to go if and when I need it.”

Providing land, waiving fees, guaranteeing mortgages, providing technical support, and making direct grants are just a few ways that governments can lend their support. Joint ventures between three levels of government, private enterprise, and the nonprofit sector seem to be the way of the future—when everyone buys into a project, the financial burden becomes more manageable for all.

In this section I describe the few—there were only a few—innovative ways of funding social housing I discovered in other countries and provinces.

Overview

Business Immigration Program

A thumbnail sketch of Ontario's Housing Fund is supplemented by a full description in Annex 4.1.

Community Revolving Loan Funds, Housing Development Fund, Land Trusts

These funds and trusts are explained, with Canadian examples.

Life Lease Financing

Although an old idea in Europe, life lease financing has now become popular in Canada. The concept, described in detail in Part 2, is covered here in general terms.

Public/Private Partnerships

Examples of successful public/private partnerships are described. One of the most interesting is a program in Europe that combines purpose-built seniors' units and conventional, privately owned and operated apartment buildings.

Accommodation Bonds

This Australian program requires individuals who are seeking placement to provide bonds based on equity.

The program is outlined briefly here, and described in detail in Annex 4.2.

Business Immigration Program (Citizenship and Immigration Canada)

The Ontario Residential Development Corporation (ORDC) is a government venture capital fund controlled by the province of Ontario. It has access to funding from the Business Immigration program of Citizenship and Immigration Canada.

There are several points of particular interest.

- Each project must incorporate at least one innovative feature (planning, building technology, building material, *etc.*).
- This is a private/public partnership.
- It uses existing municipal infrastructure.

The fund is described in detail by George Hough, of Ontario's Housing Policy Branch, in Annex 4.1.

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Community Revolving Loan Funds

A community revolving loan fund is quite simply a fund or pool of money donated by nonprofit organizations, members of the public, or corporate sponsors for the purpose of creating social housing. The fund is usually managed by a local financial institution such as a credit union.

Money from the fund is lent at a preferred interest rate to groups establishing social housing projects based on

need and the ability to pay. The return to the investor is similar to that on a savings account and allows the investor to realize a modest return on investment while furthering a worthy cause.

Housing Development Funds

A municipality creates a housing development fund by setting aside a portion of the property tax collected for this purpose. The amount is established during the annual budgeting process. Over time, as enough money is saved in this reserve, some might also be used to provide low-interest or interest-free loans to people to help them acquire a home. The money might also be used as capital to fund housing construction by the municipality.

In some cases, housing development funds have been established as trusts and are administered by a board of directors. They provide loans to people at reasonable interest rates. Loans are paid back to the loan fund, which, over time, grows because of interest collected.

The Winnipeg Real Estate Board has established a trust fund to help create an affordable homeownership program for first-time homebuyers. Realty broker funds (created from realtors' contributions of a portion of their commissions) and other funding sources provide the capital to purchase and rehabilitate properties for resale to first-time buyers. Purchasers participate in the renovations, and up to half of their 5 per cent down payment may be in the form of sweat equity.

Quebec has set in motion a plan to reach the goal of 500 new housing units *each* year for seniors who have limited ability to provide the necessities for themselves.

One of the funding methods the province has created is the Fonds québécois d'habitation communautaire (Quebec Community Housing Fund). The fund was created in September, 1997 in response to community needs. Its purpose is to pool the efforts of stakeholders in the housing sector—governments, community organizations, and private enterprise—in order to promote the development of good quality, affordably priced community housing.

The priority of the fund is to promote cooperative and nonprofit housing units as a means of encouraging social and economic development in communities. A large percentage of the units created are designed as permanent housing with support and services for people over age 75 and for seniors with reduced mobility. The services offered and how they are financed are the responsibility of the organization sponsoring the project, in association with the local organizations who work with those receiving the support and services.

The fund is a nonprofit organization whose board of directors is composed of representatives from community groups, municipalities, financial institutions, and the Société d'habitation du Québec (SHQ). To top up the annual \$43 million contribution from the government of Quebec, the fund is also mandated to solicit and administer donations, bequests, and other contributions from partners, associations, foundations, businesses, and citizens with a view to encouraging and stimulating the expansion of community housing in Quebec.

Projects must include the acquisition of land or buildings, or both, as well as construction work. This work may involve renovating existing residential units,

recycling buildings (transforming nonresidential spaces into apartments or rooms) or constructing new units.

The amount awarded by the fund—for a seniors' housing project, it would cover 50 per cent of the cost—is in the form of a forgivable loan. If the organization meets the terms and conditions of the agreement signed with the fund, the loan becomes a grant. The SHQ guarantees the first mortgage loan contracted with a participating financial institution.

To be eligible, projects must receive financial support from the community equal to at least one-third of the grant awarded by the fund. Community financial support can come from municipalities, charitable organizations, businesses, or fundraising activities. Contributions can also be non-financial, such as a gift of land or a building, an interest-free loan, a decrease in taxes, and so on. For more details, you may call the program's information line at (418) 643-7676.

Community Land Trusts

British Columbia's Community Housing Land Trust Foundation (BC-CHLT) describes itself as a “private, nonprofit society created to acquire and hold land for the benefit of the community. The primary purpose of the CHLT is to maintain and increase the amount of affordable housing for low-income people, seniors, and people with special needs.”

BC-CHLT encourages government, cooperatives, and social housing groups to transfer land (primarily existing affordable house sites) into the land trust. It also acquires land and funds through private donations

and endowments. This fund ensures that land costs will remain affordable regardless of the market price of land. Accumulating equity in the pool of land assets may enable the trust to develop new affordable housing without the need for direct government funding. The trust retains title to the property in perpetuity.

Typically, a CHLT builds or remodels existing units and sells or leases them as social housing. A trust also leases parcels of land to households for a small fee, and these households build housing without having to worry about land costs. When a house is sold, it may be sold on the open market (without the land cost, and with the new owner agreeing to the same lease conditions as before) or back to the land trust, depending on the structure and rules of the land trust. In the case of the BC-CHLT, when the household moves, the unit must be sold back to the trust at a fixed contract price which is less than market value. The household is guaranteed equity in improvements made, but any other increase in value remains with the trust.

In New Brunswick, some or all start-up funds are contributed by nonprofit and community-based organizations, grants and loan programs from governments, investment of employee pensions, or philanthropic contributions. In some cases, the properties are tax-defaulted properties donated by municipalities.

In British Columbia, the city of Kamloops has developed a fund for creating social housing units in the future by leasing land to developers rather than selling it. This gives the city more control over land use and provides ongoing funds from the leases that can be used

for other purposes such as building seniors' housing. The city of Kamloops still owns the land and shows it as part of their inventory. Two seniors' projects have been built on land leased from the city.

Randy Diehl, Kamloops director of development services, says, "The land leases permitted us to lower the up-front costs of these projects. That allowed us to put other affordable housing criteria into the projects. For example, the (price) of the units came down. We also got the sponsors (the people putting the project together) to agree that 15 per cent of the units would be set aside for rental purposes, not for sale, with rent rates that enable the occupants to get provincial subsidies. Both projects were financed privately. Not a dime of public money went into building them."

The land-lease agreements earned Kamloops \$100,000 from each project as first instalment rental payments. The city put that money into a new fund set up to aid social housing projects for families.

"There is \$200,000 in a social housing fund that never existed before," Diehl points out. "Another long-term benefit from this project is that 15 per cent of the equity from the resale of any of the privately-owned units goes right into the fund. This stipulation is written into our land-lease agreements. We are now starting to collect money from resales and our fund is approaching about \$250,000." For more information you may contact Randy Diehl, City of Kamloops, at (250) 828-3572.

Life Lease Financing

Life lease housing is catching on fast across Canada. This option is targeted to seniors with some equity to invest. In return for a refundable entrance fee, the senior gains security of tenure and many of the advantages of home ownership without the risks.

The size of entrance fee determines the monthly charge. Tenants may move at any time, secure in the knowledge that their suite will be bought back by the facility board and their original investment returned.

Highlights of life lease housing are that it is:

- developed and operated on a nonprofit basis
- a community of like-minded people which offers:
 - affordable living
 - financial security
 - financial liquidity
 - security of tenure.

Because the housing is operated on a nonprofit basis, residents are assured that their rent reflects the actual costs of running their facility.

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There are currently several thousand life lease units in Canada with the largest concentrations in Manitoba and Ontario. Manitoba recently passed the first life lease legislation in Canada.

In many cases, a private developer enters into an agreement with the sponsor group (usually nonprofit). The developer builds and markets the complex and then withdraws leaving the nonprofit group to administer it.

Life lease is described in more detail in “Part 2: Types of Housing for Seniors”.

Public/Private Partnerships

Private developers and builders readily admit they cannot afford to build homes for low-income people. They rightly point out that they are in business to make a profit, not to go bankrupt trying to provide personal social assistance. Realistically, the gap between the rent a low-income person can afford to pay and the capital and maintenance costs of the home can only be bridged by government.

- Alan Redway, former federal minister of housing, in a letter in *Canadian Housing*, Winter 1999

This is a very strong statement, and one I have heard echoed throughout Alberta. The burden of creating social housing is sliding off the table and into the lap of municipal government. This is an unmanageable expense for that level of government to handle alone.

Meanwhile, as the social housing sector struggles to meet the need without federal or provincial dollars, public/private partnerships are being promoted as one solution. The mandate of the Canadian Centre for Public and Private Partnerships in Housing, a program of CMHC, is to act as a catalyst to promote public and private partnerships in housing. In a 1998 document, the Centre offers:

- **Mortgage Loan Insurance.** A product that makes it easier for nonprofit groups to obtain financial backing from lenders for their affordable housing project. It is protection for the lender if the nonprofit borrower defaults on the mortgage loan (fees and premiums vary).
- **Proposal Development Loans.** Interest-free loans to help nonprofit organizations prepare detailed proposals to develop affordable housing for seniors, persons with disabilities and low-income households.

- **One-on-one consultation.** (at no charge) with partnership experts who will guide you through the full range of financial options available.

The Baker Centre in Yellowknife, which I visited



Baker Centre, Yellowknife

Baker Centre is the heart of the complex, with offices and common spaces for the elderly and the community to share.



Aven Court, Yellowknife

Self-contained cottage units designed for independent living. Residents have taken on the responsibility for a great deal of the programming that happens within Baker Centre.



recently, is an example of a public/private venture that works, I believe, because it is not just a housing complex but a service centre with the potential to realize income through the services it offers.

Baker Centre is a senior citizens' recreation, business, education, and health service facility that really does seem to offer all necessary services to its members. The complex sits on the same site as Aven Manor (Level 3 care) and Aven Court (self-contained cottage units). The land for Baker Centre was donated by the city of Yellowknife. The capital funding came from private and corporate donations and fundraising by seniors' organizations. CMHC was involved in the development phase. Operating costs are offset by rental of office space and meeting rooms to seniors' groups, private individuals and organizations such as CNIB and the territorial government. Senior citizens' organizations cater weddings and other social functions to provide operating funds.



Aven Manor, Yellowknife

This courtyard off Aven Manor is set up for people with dementia. Note the secure area and circular pathways.



Aven Manor, Yellowknife

The dining room in Aven Manor. The facility offers Level 3 care, similar to Alberta nursing homes.

An example of the impact and success of the Centre's programming is "Lunch for a Bunch," a dinner for elderly in the area, hosted by seniors' organizations and held regularly. A network of volunteer drivers provides transportation, and drivers will take a meal to someone not well enough to attend that day. This program has grown steadily since it began in Fall, 1997, and is completely operated by the senior citizens in the community.

Salmon Arm, British Columbia, is in the development stage of a project with some similarities to the Baker Centre. This is a joint venture of Branch 109 Seniors Association, Shuswap Lake Seniors' Society, and the Lakeview Housing Society. They hope to see ground broken for a four-storey seniors' housing facility in

downtown Salmon Arm by Summer, 1999. The main floor will comprise a community activity centre that includes a games room, food services, and leased office space and meeting rooms. The second through fourth floors will contain 42 units of life lease housing units, with both one and two bedrooms. Executive Director Tom Lie expected to start selling housing units and signing up tenants for leased office space by mid-March 1999. To quote a comment from the Shuswap Seniors' Society, "Those who say it can't be done are interrupted by those who are doing it." For more information about this project you may contact Tom Lie, Executive Director, Shuswap Seniors' Society by e-mail at tlie@jetstream.net

In Newfoundland, Baxter Rose, director of programs for the government of Newfoundland and Labrador, offers examples of three public/private partnerships within that jurisdiction.

Kelly's Brook Apartments, St. John's, Newfoundland. 145-unit apartment complex. This project has 59 rental supplement units for seniors in a three-storey complex. The units are rented to Newfoundland and Labrador Housing Corporation (NLHC) tenants. NLHC pays the difference between the amount the tenant can afford and the market rental rate.

Lions Manor Cottages, Placentia, Newfoundland. 20-unit row-housing complex. There are four buildings, each with five units, for a total of 16 one-bedroom units and four two-bedroom units. Two units are handicapped equipped. This project is sponsored by Lions Manor Inc. and is located near Lions Nursing Home. It allows seniors to live independently with some support, as needed.

Vivian Manor, Port Rexton, Newfoundland. Eight-unit row-housing complex. There are two rows, four units in each, and a total of four one-bedroom units (two are handicapped equipped) and four two-bedroom units. Trinity Bight Homes, which is composed of members of the local community development association, helped NLHC acquire a site, provided a design for the project and gave client information. The group has since taken over management of the complex. The project won the NLHC architectural competition in 1988.

The life lease concept, wherein a private developer builds and markets a complex and a not-for-profit group retains ownership and management of the facility, also appears to work well. In Europe, prime examples of this blend are the blocks of seniors' flats in newly constructed apartment complexes. When a developer applies for a building permit in an area, the need for seniors' flats is assessed by the city. If it is decided that seniors' flats are needed, the government purchases a block of the flats (usually the first floor) and the builder constructs these to the requirements of the housing authority. This program is working very well in many European communities and also fosters the "continuation of a life already lived" philosophy so popular in Europe today, where blending of the elderly and young families is seen as very desirable. For more details of this type of program, see "Part 2: Abbeyfield Houses."

Accommodation Bonds

A discussion of funding methods would not be complete without mention of Australia's controversial Accommodation Bond System.

Upon entering a hostel, the care service may ask the elderly client to pay a bond. The bond is calculated on a sliding scale based on assets of the tenant and can go as high as Aus \$92,000. It acts as an interest-free loan to the service. When the client leaves the service the bond is refunded, less an amount for each year of residency up to a maximum of five years. This sum is regarded as the resident's contribution towards improving the standard of accommodation.

An Australian explanation of the system is given in Annex 4.2.

Annex 4.1

Ontario's Affordable Housing Fund and Ontario Residential Development Corporation

Ontario Residential Development Corporation (ORDC) is an Ontario corporation, the purpose of which is to increase the supply of affordably priced housing in the Ontario residential marketplace. ORDC, also known as Housing Fund Ontario, is a government venture capital fund controlled by the Province of Ontario. Housing Fund Ontario operates under the Business Immigration program of Citizenship and Immigration Canada (CIC) and must comply with both CIC and Ministry of Municipal Affairs and Housing (MMAH) objectives and guidelines.

Quorum Funding Corporation, a private immigration fund management firm, was selected as the promoter and manager of Housing Fund Ontario and agent of MMAH through open competition. Housing Fund Ontario will raise up to Cdn \$35 million from 100 overseas investors. Housing Fund Ontario has already

attracted a total subscription of well over Cdn \$2 million from nearly 70 investors. Marketing will conclude at the end of 1998.

The fund serves several policy objectives. First, each project must meet Ministry objectives for the fund: at least 42.5 per cent of all housing built must be affordable under Ministry definitions, and each project must be built within the built-up urban environment and incorporate at least one innovative feature (planning, building technology, building material, other). The fund will also produce needed jobs and, being focused on intensification, will also serve the many policy objectives intensification will bring Ontario's urban centres.

Since June, 1996, Housing Fund Ontario has invested in eight development projects. The first has been completed, bringing a modest return to the fund. Housing Fund Ontario's current plan calls for the construction of 1,105 housing units in nine projects, 674 (61 per cent) of which have been, or will be, sold at prices under MMAH affordable price ceilings. The estimated sale value of these nine projects is over Cdn \$200 million which has been initiated with an investment of just over Cdn \$16 million. Housing Fund Ontario will continue in operation for five years past January 1, 1999 and will therefore produce many more housing projects.

Housing Fund Ontario enters into development projects in several ways: as a lender of high-risk builder's equity, as a joint equity-holder with a developer, or as prime developer and investor. The fund takes a high-risk position on every housing project and therefore carefully assesses the merits and risks inherent to every potential project before selecting only those with the greatest potential for success.

The fund builds modern urban live-work homes for singles and couples, ground-oriented family housing, mid- and high-rise apartment condominiums, and retirement-oriented housing. Most projects are of condominium tenure, some are fee simple ownership. Some are new construction projects, others involve the demolition of pre-existing buildings before new construction commences, others involve the acquisition of commercial or industrial buildings which are being converted into residential tenure. Every project is located in the built-up urban area, thereby optimizing the use of existing municipal infrastructure and rejuvenating or preserving existing neighborhoods.

Housing Fund Ontario projects incorporate one or more innovative aspect which serves to demonstrate new or different ways to plan, build, or operate housing. It is hoped the innovative component will induce other builder-developers to consider and implement these advances in upcoming housing projects, thereby fostering the repeated updating of the home building industry.

ORDC typically levers its investment monies, such that the sale value of projects will be about 10 times the invested amount, although this ratio varies widely dependent upon the individual situation. ORDC monies are held for a holding period of five years, during which time any individual dollar in the fund may be invested in four or more housing projects. As a result a Cdn \$35 million fund may well result in the construction of housing sold for as much as Cdn \$1.2 billion.

CIC regulations prohibit MMAH or the Government of Ontario from guaranteeing, assuring, or even implying there may be a rate of return on an investor's

money. CIC requires this to be a high-risk investment fund. As such, the rates of interest charged and the financial operations of the fund are exclusively left in the hands of Quorum Funding Corporation. The lending rate for any project is directly related to the risk inherent in the project and the negotiating abilities of Quorum and its developer partner in question.

Housing Fund Ontario is continually searching for prospective projects which would meet MMAH objectives and satisfy its own investment objectives. For further information on the fund or expressions of interest from potential partners in residential development, please contact Stephen Li of Quorum Funding corporation at 416-971-6998 or via the Internet at sli@planeteeer.com or George Hough of MMAH at 416-585-6361 or via houghge@mmah.gov.on.ca.

George Hough
Housing Policy Branch
Ontario Ministry of Municipal Affairs and Housing

Annex 4.2

Accommodation Bonds – Australia

This information is taken from an Australian government information brochure.

Accommodation Bonds were previously known as “entry contributions.” The accommodation bond is an amount agreed between the resident and the care service. It is like an interest-free loan to the service which may deduct up to \$2,600 per annum, calculated monthly, for up to five years (a maximum of \$13,000).

Who must pay accommodation bonds?

New residents entering hostel level care may be asked to pay an accommodation bond. Only residents who can afford to pay an accommodation bond may be asked to do so.

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How much are accommodation bonds?

There is no fixed amount for an accommodation bond. However, you cannot be charged an accommodation bond that would leave you with less than a set level of assets. The current minimum level of assets is detailed in the table of fees and charges attached.

Most service providers will have a set range of charges and will be prepared to discuss how much you can or wish to pay.

Before you move in, you should ask the service how much it charges for an accommodation bond, decide if this is agreeable, then decide how you will make the payment.

When do I need to make the payment?

After moving in, new residents have six months to pay their accommodation bond if they choose to pay a lump sum. They need to agree on the amount of their accommodation bond when they move in, and they may be charged interest on the amount from the time they enter the facility until it is fully paid.

What are my payment options for a bond?

Accommodation bonds can be paid as:

- a lump sum
- periodic (fortnightly or monthly) payments
- a combination of lump sum and monthly payments.

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What happens when I leave the service?

When you leave the service, your accommodation bond is refunded within two months, less an amount of up to \$2,600 a year for up to five years. That is, a maximum of \$13,000 can by law be kept by the service towards improving the standard of accommodation. The refund will not include interest on this money. After five years no further amount can be deducted.

What are the protections for residents?

You cannot be asked to pay an accommodation bond unless you have signed an agreement that sets out your rights and responsibilities. You generally have seven days after you enter a facility to sign the agreement.

You can only agree to pay an accommodation bond when you enter the facility and you cannot be asked to pay more than you originally agreed to, even if your circumstances change.

Under the prudential arrangements, when the resident pays a bond the provider must:

- guarantee in writing to repay the bond balance within the statutory time periods, which are within seven days if a resident transfers to another service or two months in any other circumstance
- be insured against events that may affect their ability to refund bond balances
- give residents a written statement within four months of the end of each financial year, certified by an independent auditor or accountant, about their performance against the prudential requirements. A copy of this statement is also available to each resident who wishes to enter the service.

It is important to realize that this accommodation bond is extra to the daily fees paid. Most residents are asked to pay a care fee. This includes a basic daily care fee and, for some residents, an income-tested amount depending on the resident's income and their level of care. A schedule of fees is given below.

Table of Fees and Charges

Description	Old Rate Applicable to April 1, 1998	New Rate Applicable to April 2, 1998
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Basic Daily Care Fee

Full Pensioner	\$ 21.10	\$ 21.52
Part Pensioner	\$ 21.10	\$ 21.52
Non-Pensioner	\$ 26.40	\$ 26.91

Residents receiving hostel level care before October 1, 1997

Full Pensioner	\$ 20.30	\$ 20.72
Part Pensioners	\$ 20.30	\$ 20.72
Non-Pensioner	\$ 25.60	\$ 26.11

Maximum amount that can be paid as a daily income tested fee

Full Pensioners	N/A	N/A
Part Pensioners	\$ 12.60	\$ 12.80
Non-Pensioner (single)	\$ 36.90	\$ 37.65

The maximum daily income-tested fee will only apply if you have a private income per annum of:

Full Pensioner	N/A	N/A
Part Pensioner (single)	\$ 20,000	\$ 21,000
Part Pensioner (married)	\$ 41,000	\$ 42,000
Non-Pensioner (single)	\$ 56,000	\$ 57,500
Non-Pensioner (married)	\$112,000	\$114,500

Table of Fees and Charges (continued)

Description	Old Rate Applicable to April 1, 1998	New Rate Applicable to April 2, 1998
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Minimum amount of assets a person must be left with when calculating amount of accommodation bond or charge

Single person	\$ 22,500	\$ 23,000
Married person	\$ 45,000	\$ 46,000

Amount of assets that will be taken into account in calculating the accommodation charge*

Minimum	\$ 22,500	\$ 23,000
Maximum	\$ 44,400	\$ 44,900

Limit to accommodation bond size for pensioner supplement eligibility

	\$ 90,500	\$ 92,000
Assisted resident cut off	\$ 36,500	\$ 37,000
Pensioner supplement**	\$ 5.30	\$ 5.30

* People with assets between these amounts may pay an accommodation charge on a sliding scale, based on the margin of assets above \$23,000 divided by five years.

** Pensioner Supplement is indexed as at July 1, 1998.

Part 5
International
Perspectives

International Perspectives

*Last century made the world a neighborhood;
this century must make it a brotherhood.*

— J. S. Woodsworth

Introduction

In the previous sections I arranged information according to type of program being discussed. While that suited the purposes of this report, it did not afford me an opportunity to tell you about many interesting things I learned from the material I received from other parts of the world and from discussions with people from other countries.

In this section, therefore, I would like to offer you some different perspectives—not all of them to do with housing—gathered from around the world.

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Overview

Japan has taken very seriously the challenge of an increasingly elderly population, as its initiative “Vision for a Caring World” shows. Information on **China**

concentrates on past policy and demographics. **New Zealand's** changes in its housing programs for older citizens have had an impact. **Brazil** has recently begun a study to determine the needs of the elderly. **Iceland**, an interesting small nation, often forgotten, has a housing policy characterized by an emphasis on self-help.

Looking at the way in which the **United Kingdom** structures its regional housing authorities may help us in Alberta learn more about effective use of our management bodies. Reforms to the care of the elderly are in the forefront of **Australia's** housing programs. **Germany** and **Austria** have some innovative housing programs and community initiatives; GeroCare in **Germany** is a concept for education and communication.

While **India** struggles with issues such as clean water and sanitation facilities for the population, it is researching the use of alternative building materials. **Dominica** and **Grenada** are two islands with similar programs in the Organization of Eastern Caribbean States. **Spain** has chosen to promote care of the elderly by their families. **Denmark, Sweden,** and **the Netherlands** are leaders in the field of seniors' housing and care. Much information was available about **Lithuania**. In the **United States** programs differ from state to state.

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As for a national perspective, I have not attempted to give one here. In the past year, I have learned that we Canadians are sadly inept communicators as a group. But when talking to service providers and government staff in other provinces and territories, I was greeted with enthusiasm and overwhelmed with questions about our programs. If you have a question about another province and cannot find the answer on their government web site,

I would suggest you pick up a phone and call them – I can provide names if necessary (See Appendix B). You will be surprised at the helpful response.

Japan

In 2007, Japan will become the first country in the world to have 20 per cent of its population over the age of 65. Already, 20.5 million of its citizens are over 65 years of age, and the government can foresee a time when care workers will not be able to call on seniors in their homes as often as they would like to. Recognizing the feeling of loneliness and isolation that may result, Tama, the robotic, no-litter-box, cat has been designed to provide companionship to elderly Japanese. The manufacturer hopes eventually to link the robo-cats to on-line medical and emergency services and weather reports, so they can receive and relay information to their owners. According to the Japanese press, the government is considering supplying these toys to elders.

Far out? Do not be deceived. A great deal of thoughtful and careful planning is going on as well.

Three unusual phenomena are at work in Japan. Recognized by the government, they are called the three “too much” phenomena.

Too Much 1. Japanese children study too much. In addition to regular school sessions, children of all ages are enrolled in Juku (additional class work after school to prepare a student for university entrance exams). Juku is a daily occurrence, so students have very little free time or family time.

Too Much 2. Japanese people work too much. They work an average of 1,966 hours a year compared to Germans who work 1,590. The government hopes to reduce work hours to about 1,800 a year by the year 2000 (about the same as in Canada).

Too Much 3. Japanese old people have too much free time. According to a 1997 survey, seniors over age 70 watch an average of 5.5 hours of television a day (compared to 2.5 hours for other age groups).

The second “too much” is drastically affecting the model of care of the elderly in Japan. The Confucian model of filial piety is rapidly being eroded. In a survey done by Dr. Naohiro Ogawa, professor of economics at Nihon University and author of many books including *The Family, the Market and the State in Aging Societies*, women of reproductive age were asked, “What do you think of looking after your elderly parents?” For many years most respondents said it was a good custom or one’s duty. But in 1986 that percentage began to change. By the late 1990s fewer than half the women surveyed thought it was a good custom. Dramatic changes are occurring in the roles and attitudes of Japanese women. With improved educational opportunities and job futures, marriage is often considered less attractive or unnecessary. In a 1995 study, 50 per cent of women in their late 20s were still single, and 75 per cent of women in their 20s planned to remain single. About 30 per cent of newlyweds still live with parents. As Japanese families are small, it is conceivable that a wife may end up caring for four aged parents. This is obviously a very real problem.

An interesting phenomenon has occurred in several Japanese cities. The city approaches an elderly couple and offers them a reverse mortgage. The couple accepts and lives very comfortably with the added income. Then they die. The children who have been caring for them, completely unaware of the deal their parents made with the city, find themselves homeless. Fortunately, this scandal has now been well-publicized.

Japan's demographics show that their elderly population will peak in 2007. That year, 20 per cent of the population will be over the age of 65 – Japan is the first country in recorded history to experience this phenomenon. In some Japanese communities, 87 per cent of the population will be over 65 years of age by 2025. In such a community, the tax implication alone is staggering. To further complicate the picture, the fastest growing segment of the population in Japan is the group over 100 years of age, which is increasing at a rate of 13 per cent a year.

Predictions are that by 2025 Japan will be the oldest nation in the world, followed by Italy. It is also predicted that the capacity of the Japanese family to support the frail elderly will be reduced by 50 per cent in the next 10 years.

How is Japan preparing for this frightening prospect?

At the Summit of Eight Conference in Denver, Colorado in June, 1997, Japan's Prime Minister Hashimoto presented his country's "Initiative for a Caring World." This innovative initiative has gone a long way toward turning what might be perceived as an enormous problem into an interesting and exciting challenge. At the conclusion of the conference, the eight nations attending

the summit (Canada, France, Germany, Italy, Japan, United States, United Kingdom, and representatives from the European Union) presented this statement:

Increased life expectancy and improved health among our elderly are two major achievements of this century. In the next century, these successes will present us with both opportunities and challenges, as longer life expectancies and lower birth rates significantly raise the proportion of seniors in our countries' population. Prime Minister Hashimoto's "Initiative for a Caring World" has provided us the opportunity to focus on the implications of these developments.

We discussed the idea of "active aging"—the desire and ability of many older people to continue work or other socially productive activities well into their later years, and agreed that old stereotypes of seniors as dependent should be abandoned. We considered new evidence suggesting that disability rates among seniors have declined in some countries while recognizing the wide variation in the health of older people. We discussed how our nations can promote active aging of our citizens with due regard to their individual choices and circumstances, including removing disincentives to labor force participation and lowering barriers to flexible and part-time employment that exist in some countries. In addition, we discussed the transition from work to retirement, lifelong learning and ways to encourage volunteerism to support family care-giving.

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These ideas, based on the Japanese document, are greatly influencing the eight countries as they devise guidelines for developing their own policies. For that reason, I include the following passages from Japan's "Initiative."

- It is vital to implement measures for an aging society under a system in which members of the society can help and support one another.

- Considering the elderly's positive will to work, continuous employment up to the age of 65 will be promoted with the aim of allowing the elderly to work regularly until they are 65 if they wish, utilizing the knowledge, experience, and abilities which they have acquired over many years. In addition, diverse opportunities will be provided so that the elderly can find jobs, depending on their will and abilities.
- Various measures will be promoted, such as professional ability development, working hour reduction, further assurance of equal employment opportunities and labor conditions, and the propagation of child-care leave for the elderly, so that working people can exhibit their abilities throughout their professional careers while they are coping with their profession, family and community life.
- In order to promote continuous employment until the age of 65, the introduction of post-retirement continuous employment systems will be encouraged and directed. Consultation and assistance concerning fair wages and personnel management will also be promoted. Furthermore, various subsidies concerning the employment of the elderly will be utilized.
- The Center for the Utilization of the Professional Experience of the Elderly will be promoted.
- In order to provide temporary and short-term employment opportunities after retirement on a regional basis, silver human resource centre programs will be enhanced, including the expansion of target areas.

- Employment and working environment will be improved so that working people can cope both with their jobs and childcare and care for the elderly by creating an atmosphere where it is easy to take leave for nursing and elderly care and return to work or continue to work while caring for children and elderly alike.
- The popularization of the childcare leave system will continue to be promoted, and of the early introduction of care-leave for the elderly systems, the implementation of which will be compulsory in April, 1999, will be encouraged.
- To allow residents to seek advice and obtain necessary information about care in areas which are familiar to them, specific measures, centring on in-home care support centres, will be taken. Care management systems will also be enhanced to properly understand the needs for care and link them to necessary services.
- To meet the increasing and diversifying demand for health and welfare services as well as to provide such services more efficiently, private service providers will be used, regulations on care service providers will be eased, measures to foster private service providers, including loan systems, will be taken with the aim of expanding long-term care related markets and employment.
- Since volunteer activities help the elderly to achieve their own goals, participate in local communities, contribute to enhancing community welfare and promote a spirit of social solidarity and mutual support, social foundations need to be developed so

that anyone can freely participate in volunteer activities while their own initiatives are respected.

- Opportunities will be provided for the elderly and young generations to promote mutual exchange, and voluntary activities of the elderly will be supported.
- In addition, to help utilize the elderly's abilities overseas with the advance of international exchange, systems will be developed so that expertise and skills of the elderly and retired people can be utilized for overseas technical cooperation and so on.

Important Points in Promoting Measures for the Aging Society

- The role of families and local communities in supporting individual's self-help efforts and maintaining living conditions will be emphasized. In particular, consideration should be given to the importance of volunteer activities which support the elderly. In addition, the public and private sectors should share appropriate responsibilities. Measures should be implemented efficiently by making the most of creativity and flexibility of private service providers based on the principles of competition. Moreover, local administrative bodies should be utilized.
- To obtain the understanding and cooperation of people in promoting measures for the aging society, people's opinions should be reflected, and effective public relations and education should be implemented.
- Information about changes in economic societies associated with aging should be continuously collected and analyzed. Necessary systems should be developed

so that the elderly and local residents may have easy access to this information as well as other information about the use of measures for the aging society.

- Measures should be implemented steadily, giving consideration to training and securing necessary personnel, based on plans with goals that are made as clear as possible.
- Measures which can be trusted by people should be promoted through administrative reforms, such as deregulation, decentralization, and the disclosure of administrative information.
- Consideration should be given to resolving governmental issues that are closely connected with measures for the aging society, such a gender-equal society and normalization of the disabled.

Important Points in Promoting Measures for the Living Environment

Since houses serve as the basis of people's living, housing environments will be improved so that people can choose their houses based on their life plans, thereby ensuring lifelong, stable, and comfortable residential lives. To achieve this goal, housing standards will be improved, the rationalization of housing production will be promoted, and housing styles will be diversified so that people can live with or neighbor to their parents. In conjunction, welfare systems that allow self-support or care for the elderly will be promoted.

To ensure safe and smooth activities of the elderly, public transportation systems, sidewalks, and public buildings will be made barrier-free, and comprehensive

measures will be taken to facilitate community development that takes the elderly into consideration.

In addition, measures will be taken to protect the elderly from traffic accidents, crimes, and disasters so that they can live with peace of mind.

Furthermore, considering the status and socio-economic features of the aging society, living environments will be developed to create comfortable urban atmospheres by the use of water and green, and energized agriculture, forestry and fishery villages.

Ensuring Stable and Comfortable Housing

a. Promoting the provision of high-quality housing

To provide high-quality houses which serve as the basis of a stable and comfortable life, efforts will be made so that half of the households nationwide can achieve the target housing standards by the year 2000 and half of the households in all major cities can achieve the same goal as soon as possible after that. In particular, measures will be taken to ensure that there will be no more households that are below the minimum housing standards, focusing on apartment residents in major cities.

To achieve this goal, support will be provided for young people to acquire or improve their own houses. With respect to apartments, support systems will be implemented to facilitate the supply of high quality private and public apartments.

In addition, housing production, distribution systems, and consumer consultation services will be improved.

b. Diversifying housing styles

The construction and extension of houses will be facilitated by the use of loan systems to allow people to live with their parents in their own homes.

Moreover, public rented houses or apartments will be supplied, giving priority to households with the elderly as well as meeting the needs for living together with neighboring and group homes which do not involve blood relations.

c. Developing houses for self-support and care

Through the propagation of the Design Guidelines for the Aging Society and loan systems, the construction and renovation of houses suitable for self-support and care for the elderly will be provided. In particular, new public rented house or apartments will be constructed in accordance with certain specifications, giving consideration to the functional deterioration associated with aging.

In addition, by coordinating housing and welfare measures, the supply of residential buildings which are equipped with daily assistance and care systems for the elderly, and the development of housing complexes with life-support systems will be promoted.

To obtain a complete copy of “Japan’s Social Security Initiatives: Building a Caring World,” see Appendix B.

Are there new ideas here that we can use? I believe there are.

The concept of parental care leave is a good one. In a society like ours where 92 per cent of the elderly are living alone or with family, having a family member available to nurse an elderly person back from a fractured hip or similar acute illness would take pressure off the health care system. A system of parental care leave would also allow a younger family member to help a parent without fear of job loss or demotion.

Another good idea is the centre to support in-home care. There are currently centres in 22 Japanese municipalities and more are planned. In a “one-stop-shopping” concept, they offer information; advice; physical, emotional, and medical support to caregivers; respite care and basically every kind of information and help a family member might need to care for an elder. Our regional health centres offer a good deal of this, but in Japan’s aged care centres the non-medical issues are also addressed.

The initiatives are admirable that encourage seniors to work and volunteer as long as they are able and want to. The concept of lifelong learning and use of a seniors’ “talent bank” both at home and overseas is also interesting. It is a focus that will go a long way toward fostering healthy and active lifestyles in later life.

It is critical for Japan to adapt existing housing stock to accommodate the elderly and to set standards for new construction that will be user-friendly for life. Although some senior citizens’ homes are being built by the private sector, they will be of little significance in a country with the huge numbers of elderly that Japan faces. In a country that estimates it will have 2.8

million seniors needing nursing care by next year and 4 million by 2010, the idea of privatizing nursing services within a regulatory framework makes sense. The government has separated nursing services from existing medical care and has established a social insurance plan to cover nursing (this program is expected to cost US \$35 billion in the year 2000). The cost places it out of the reach of public organizations alone, and private participation is indispensable.

Japan also has an exchange program with the United States to study aging initiatives

China

China has some special aging problems that will require special solutions which we should follow closely. Currently, one-fifth of the world's population is Chinese. This represents about half of the elderly in Asia, and the percentage is growing rapidly. In the year 2020, more than 230.6 million Chinese people (about 15.6 per cent of the Chinese population), will be over the age of 60. Their baby boomer generation came in clusters, when the economy was good. At the end of the 1970s, the "one child" family planning policy began to take effect. While there will be fewer children available to support their parents, the Chinese constitution specifically states that "adult children have the responsibility to support their elderly parents." China also has a "family support agreement," most often used in rural China, which specifies exactly how children will look after their parents.

New Zealand

My New Zealand contact sums up the seniors' housing situation in her country in a few words: "There is very little in the way of specific housing programs for older people who are living in the community. Most of the housing assistance in New Zealand is in terms of the Accommodation Supplement, which is available to people of all ages, on low income, who have high housing costs."

The accommodation supplement was introduced on July 1, 1993 as the main form of government assistance. It is available to people of all ages. It provides for a 65 per cent subsidy for rental rates that exceed 25 per cent of household income or, in the case of a homeowner, 30 per cent of their mortgage and taxes. The accommodation supplement is subject to a cash assets test.

According to the most recent census data, 76 per cent of those aged 65 and over lived in a mortgage-free private dwelling, and a further 9 per cent owned their home with a mortgage. The major housing issue facing these seniors is meeting the costs of home maintenance, local authority rates (taxes and utilities), and home alterations. Major maintenance is often required to a home than has been occupied for many years.

Age Concern Councils and the Retired Persons Association operate volunteer schemes to assist older home owners with minor repairs and maintenance.

Several programs assist homeowners:

- Advances on superannuation to meet the cost of home maintenance and repair.
- Grants for home alterations.
- Rates rebate schemes in which low-income New Zealanders can receive a tax rebate if they meet certain requirements. In 1994-95 only 3,600 received the rebate, 33 per cent of whom were single pensioners.
- Papakainga* loans are available to people to build on land that has multiple ownership. This is a financial option for older Maori who wish to return to their papakainga when they retire.
- Any homeowner with a regular house-related payment of more than 30 per cent of their income can apply for the accommodation supplement.
- The New Zealand Housing Corporation ran a pilot program in 1990-91 called Helping Hand Loans. This was in essence a home equity conversion scheme and was well received. When the government did not choose to continue it, private companies offered a similar program. When the Advisory Council for Senior Citizens investigated it, they found that high compound interest rates resulted in the client rapidly losing equity in their home. This, coupled with the failure of some home equity companies in other countries, which forced homeowners to sell their home, has made the elderly population reluctant to trust private schemes. Older New Zealanders are calling on the government to underwrite these schemes or to offer them through the Housing Corporation.

* A Maori word meaning home place or village.

- The Department of Social Welfare administers government policy which, through registration of a caveat on the home, provides for the equity of a person's home to be used towards the cost of residential care services.

What about rental accommodation for older people?

- In 1991, most people aged 65 and over lived in private dwellings. Only 7 per cent lived in rest homes, hospitals, and similar accommodation, and most of these were aged 80 and over.
- Twelve per cent of the elderly live in rental accommodation, but rental units are often too small (bed-sitting rooms or small one-bedroom apartments with no room for a caregiver). Even if a larger unit were available, the cost of moving is prohibitive. It is predicted that there will be higher demand for rental properties suitable for the elderly in the future.
- Forty-three per cent of older tenants rent from Housing New Zealand. As part of the housing reforms, rents for Housing New Zealand properties have gradually been increased to market rate. Community organizations report that these higher rents have caused significant affordability problems for older people. With the move to market rents, Housing New Zealand introduced a policy of “matching” tenancies, reinforced through higher rentals for larger properties, to encourage single tenants and couples who lived in three- and four-bedroom homes to move to smaller homes or units.
- In June, 1996 there were 13,959 local authority pensioner units which housed 28 per cent of older people who lived in rental accommodation (82 per cent

with income less than NZ \$15,000. Each local authority owns some pensioner housing units. (From a New Zealand government housing paper, October, 1998.)

Comments from older people indicate that they prefer pensioner housing units to be situated in community settings rather than in distinct, and often isolated, pensioner housing areas. A recent survey shows that, although local authorities do not plan to sell pensioner housing, there is no plan to increase pensioner housing stock either.

New Zealand also has other types of housing for seniors.

- Abbeyfield Homes
- Private retirement villages for those over age 55
- Kaumatua Housing units, created in 1960 as a response to poor housing conditions for Maori in rural areas, have been transferred to the local marae committees (management councils). There are a number of criticisms about the design and location of the units. Most of the units have only one bedroom so there is no room for mokopuna (grandchildren) or caregivers to stay.

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The following summary appeared in a recent New Zealand government paper:

Present government health policy promotes community care through the provision of home support services. Unless accommodation is appropriate, the provision of home support services will not be enough to ensure a frail older person can remain in their own home. There is a need for other government policies to be developed to support older people to remain in their own home or to move into more appropriate accommodation.

To obtain more information on New Zealand's Health Care and Accommodation Supplement programs, see Appendix B.

Brazil

A copy of the laws affecting seniors in Brazil was sent me by Under Secretary Joao Batista de Medeiros. The National Institute for Social Insurance is responsible for providing adequate housing options for the elderly. The Institute has developed criteria to promote architecture appropriate for seniors. It also promotes credit lines for constructing seniors' accommodation through housing credits, federal and state governments, and banking institutions.

Brazil has just begun a survey to determine a clear picture of the elder population. When the results of the survey are known, they hope to draw up public policies for seniors. I expect to receive a copy of this assessment and will be pleased to share it with anyone interested.

Iceland

Iceland is a fascinating little country located in the North Atlantic between Norway, Scotland, and Greenland. The second largest island in Europe (103,000 sq. km or 39,768 sq. miles), Iceland was settled in the 9th century by people of Norse origin. The landscape is mountainous, edged by coastal lowlands indented with fjords, and four-fifths of it is uninhabitable. The island is rich in geothermal heat and geysers, and active volcanoes are

used as a source of energy. With a population of 267,890 (1995 census), most of them live in the coastal area in the south and west where the Gulf Stream tempers the climate, bringing relatively warm winters and cool summers. Fifty-eight per cent of the people live in Reykjavik and its surrounding towns. Since 1960 the elderly population has increased by 70 per cent.

In general, housing policy in Iceland has favored owner occupancy rather than renting. More than 90 per cent of Iceland's seniors over the age of 60 are homeowners. During the past 10 years Iceland has successfully completed its first programs of building special housing for seniors. Most of these houses are built by various senior citizens' associations and sold to their members. Local governments adapt their service and assistance for elderly people to these houses. Local governments have also built special houses for seniors, both for sale and for rent.

Since the 1940s, Iceland's housing policy has been characterized by a strong emphasis on self-help and on measures to enable young families to participate in building their own homes.

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Iceland's Housing Bond System, instituted in 1989, is well worth a closer look. Under this system, the state Housing Agency issues government-backed bonds to the seller, who may be either the builder or the owner. The Agency acts as a broker between the buyer and the seller. The bonds are for the specific purpose of buying a home. They are state-guaranteed and earn interest. They are, in effect, a form of subsidy. Income-related income tax deductions of the interest paid on a mortgage were also introduced. A mortgage on a property can be

as high as 70 per cent of the value of the property. The seller receives the housing bonds and can use them for their next property purchase, keep them as savings, or sell them on the market. The government of Iceland says the aim of this program is to increase equality of access to housing a reasonable price.

Perhaps this program's overwhelming public acceptance is threatening its existence. In the first year of operation, 1989-90, loans were equal to less than 1 per cent of GNP. By 1995, loans made by the Housing Agency equalled the total of loans made in the first 14 years of the program. During the program's peak years, housing loans reached 6.3 per cent of GNP. The government elected in 1995 wishes to increase the banking system's participation in housing loans and reduce the government's share of financial responsibility for providing housing.

There is a strong "self-building" tradition in Iceland. Since 1949, people who wish to build their homes themselves or with the help of family members have access to preferred loans and tax breaks.

The state Housing Board grants loans to local authorities for building and operating social housing. Loans are granted for up to 90 per cent of the building cost with a maturity of 43 years for owner-occupied dwellings or 50 years for rental units. Individuals who are allocated social housing can choose whether they rent, lease, or buy the unit. The local authority will buy the unit back if it comes up for sale within 10 years of being built.

Iceland is piloting innovations such as insulation and metal cladding over concrete walls to combat the deterioration caused by the climate.

United Kingdom

The United Kingdom shares with many nations concerns about an increasingly aging population, as the tax base to meet the increased demand for services becomes relatively smaller. The proportion of older people in the United Kingdom population will increase steadily to 2025, when there will be about three younger people for every older person.

For some European nations, the challenge of meeting the housing and care needs of the aged from a shrinking tax base is even greater than for the United Kingdom (see Figures 1 and 2 below).

Figure 1. Percentage of population over age 65.

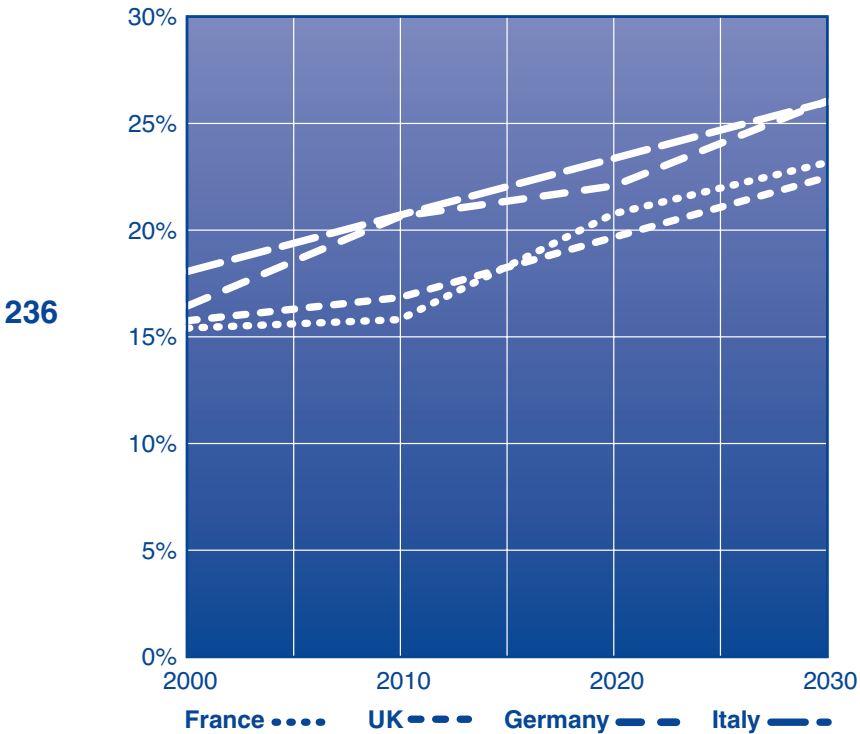
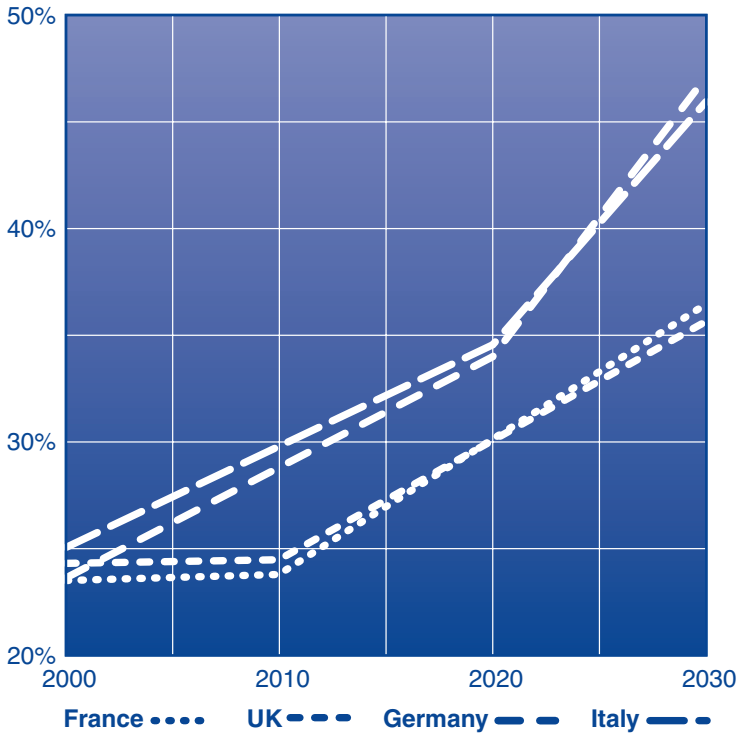


Figure 2. Population aged 65+ as percentage of working age population



Over the past five years, care and housing providers have begun to change their policies to reflect new realities. In particular, the philosophy and practices of community care have helped British society look at the needs and aspirations of the elderly from a different perspective.

Britain estimates that in 1998 it had 11 million people over retirement age (age 60 for women, 65 for men) and the numbers are growing. Yet only 5 per cent of the population over age 65 live in institutional accommodation. The others live in their own homes. A network of home support—which includes visits from social workers and health professionals, meals on wheels,

assistance with domestic chores and day programs—makes this possible. Transportation subsidies for the elderly, as well as special transport for the disabled, allow the elderly access to the community. An aggressive program of home adaptation and improvement has seen Britain's aging housing stock upgraded to a remarkable degree. Housing Associations, Abbeyfields, and almshouses manage some 200,000 specially designed dwellings for older people. However, there is growing evidence—vacancy rates in many buildings, for example—that this type of housing is not as popular as it once was.

The Role of Housing Associations

The network of housing associations (known as registered social landlords or RSLs) is funded and regulated by the Housing Corporation, a branch of government. The 2,200 RSLs are the major providers of new subsidized homes for those in housing need.

The Housing Corporation describes RSLs as follows:

RSLs are diverse, ranging from small almshouses and Abbeyfield Societies to very large housing associations with many thousands of homes in management. They also include large-scale voluntary transfer and local housing companies set up to own and manage council houses transferred out of the local authority sector.

RSLs improve properties and build new homes, primarily for rent, in inner cities, towns, and rural areas. They also provide homes for sale through special schemes to help people on lower incomes become home owners. RSLs own, manage, and maintain almost one million houses and flats and offer over 100,000 hostel bed spaces, which together provide homes for over a million and a half people.

Through the Approved Development program, the Housing Corporation has provided £3 billion over the last three years for building and renovation of homes (on February 13, 1999 one Canadian dollar equalled £0.410096). This has allowed the RSLs to provide over 143,000 new homes.

Since the introduction of private finance into the sector in 1989, private sector lenders have invested over £11 billion in RSLs. This has allowed thousands more homes to be built than would have been possible using public funds only.

Government support for housing in Great Britain includes:

- Capital allocation to local authorities (£754 million in 1997-98) for the renovation of their own stock, grants to RSLs to build new social housing, cash incentives to help tenants in social housing become homeowners in the private housing market, grants to renovate private sector homes, and grants to carry out adaptations to homes for disabled and frail elderly people.
- Expenditure on housing from regeneration programs such as Housing Action Trusts and Estate Action, which totalled £1.3 billion in 1997-98.
- Funding for RSLs from the Housing Corporation to support the development of social housing, which totalled £673 million in 1997-98 and created 37,000 homes.
- Initiatives to help the poor, such as tax relief on mortgage interest payments, income support for mortgage interest payments to help people retain their

homes when, for example they become unemployed, and discounts to tenants in social housing who wish to buy their units.

The Role of Local Authorities

The role of local authorities in housing changed with the new *Housing Act* in 1988. Housing associations became the providers of social housing and the local authorities' role became that of strategic enablers. The local authorities now take more of a corporate approach, linking the services they provide. Local authorities are responsible for allocating tenancies in their own housing stock and in a large proportion of housing association homes, to which they have nomination rights. The law requires authorities to allocate tenancies only to people on the wait list. The allocation scheme (criteria for being placed on the wait list) must give priority to certain specific households – those in unsatisfactory, insecure, or temporary accommodation; those, including pregnant women, children, frail elderly or people, who need housing on medical or welfare grounds or on low income or non-working grounds; and homeless people. Priority is given to people such as the elderly who are considered vulnerable.

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Services for the Elderly

The Housing Corporation promotes an integrated approach to services for the elderly. Although the primary focus is service to housing association residents, they recognize that providing services to older people in private residences reduces the demand for specialized housing. A Housing Corporation document says:

Providing integrated services requires careful co-operation between the agencies involved, both at national and local level. On the ground, it means acknowledging that housing and care are frequently indivisible and we must develop and manage housing and the provision of services and care in a way which acknowledges their inter-dependency....The key to progress towards an effective service of housing and care is to establish a shared vision of community care which translates into a broad cross-agency agreement, producing a practical arrangement which sets down respective responsibilities at a local level.

It appears that the Housing Corporation expects local authorities to develop a coordinated strategic plan for the elderly in their communities. This is expected to include integration of all services to the elderly. The Housing Corporation says that before approving new specialized housing schemes for older people, they will want to see evidence that housing and care needs have been properly assessed through joint planning mechanisms. Although assessment tools are being developed, it seems that each local jurisdiction will be expected to develop their own method of assessing need and planning for services. Corporation funds will go to “schemes meeting local priority needs with well-developed strategies of housing and care.”

The development of an integrated housing policy for older people is an important part of a local authority’s enabling role. New specialized housing is planned with maximum flexibility to enable care to be delivered effectively so that elderly tenants will not have to move again because of care needs. In the past, specialized housing focused on the structure or form of the building, but in the United Kingdom, the focus is now on the whole package—housing and care together. Acknowledging that people’s needs will change,

proposals must now explain how changes can be made as the tenant's needs change.

To maximize the use of existing sheltered housing, renovation programs are under way. As seniors say that having to share space is a major drawback, an effort is being made to convert units to self-contained apartments. The wishes of tenants and prospective clients are taken into account and in some cases the use of the facility is adjusted to meet the need for very sheltered housing. Where vacancies are greatest, particular efforts are made to market the accommodation. It is expected that sheltered housing will provide an important resource for the local community. The services offered to residents may also, with the support of social services, be extended to local older people in the wider community.

The National Federation of Housing Associations, with support from the Housing Corporation, is developing an appraisal guide for managers of "difficult to let" housing. This will help them work out why housing is difficult to let and then assess the options for change.

The Housing Corporation is also looking at the problem of under-use of private homes. Where a senior is living in a home that is considered overly large for their needs, incentive programs are being developed to encourage them to move to smaller accommodation. The corporation is adamant that no pressure be placed on the elderly person—it must be entirely their choice.

Home Improvement Agencies

There are an estimated 202 home improvement agencies in England, and 30 housing associations are involved in managing 121 of them. These housing associations have involved themselves in the home improvement initiative because they believe that helping elderly people stay in their own homes through a program of adaptation and upgrade reduces the need for specialized housing. The Housing Corporation would like to see the program expanded and actively promotes the involvement of housing associations. Some housing associations also run “handy persons” schemes, which help older people with some of the smaller tasks that are often part of the tenant’s responsibilities.

Design and Adaptation

In new construction, a great deal of work is going into design and adaptation. Automatic sliding doors, light-sensitive controls for taps, switches with timed cut-outs, and lighting circuits that automatically switch off all the heating and cooking appliances once lights are turned off are only a few of the innovations. The benefits of emergency alarm systems are well-documented, and thought has been given to providing these systems in all new buildings—one more component of the “home for life” concept. Acknowledging the spreading use of information technology, many new buildings are cabled for personal computers. It is predicted that home shopping schemes will prove useful for people confined to their homes.

Although the concept of reverse mortgages is well known in the United Kingdom, the corporation says these are not much used by seniors, as they worry about the loss of equity in their home.

Australia

Our image of an elderly Australian is of a healthy, vigorous individual who is active, involved with their community – a participant in life rather than an observer. Unlike many stereotypes, this picture is largely true.

In Australia, older people provide most of the care for other older people and for younger people with disabilities. Most older people make an economic and social contribution to younger generations through financial assistance to their children, for example, and through care of the grandchildren. A survey shows that one-third of all volunteer work in Australia is done by the elderly.

Aware that financial resources are finite, the government of Australia has chosen to address the challenge of an aging population by creating a climate for self-help and care for others through a system of support programs such as the Home and Community Support program, the Community Aged Care Package program, Respite and Resource Centres, Carer programs, Aged Care Assessment Teams, and the Domiciliary Nursing Care Benefit.

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In Australia, all three levels of government—federal, state/territorial, and local—have some role in either funding, administering, or providing long-term care and other services to older people. This is done sometimes directly and sometimes jointly. In broad terms, the federal government is primarily responsible for income support payments, residential aged care, and support for carers. The federal government and the eight state/territorial governments jointly fund the

Home and Community Care program as well as housing programs. Local governments play a role in administering or providing some services. The projection that the next 40 to 50 years will see a 100 per cent increase in people over the age of 70 is a key issue underlying Australia's reforms in residential aged care.

Dr. Jacky Fogerty, director of Aged Care Strategic Development for Health and Family Services in the Australian government, sent me this description of the system in mid-1998.

In Australia, funding for residential aged care is the responsibility of the federal government, which spent Aus \$2.6 billion on these services in 1996-97. The federal government deals directly with the service providers and residents.

The state governments do not generally have a role in funding residential aged care, other than as service providers. In the past, state governments operated a number of residential aged care facilities which received federal government funding. However, states are increasingly moving away from this role. Around 90 per cent of residential care facilities receiving federal government funding are operated by the non-government sector such as religious/charitable organizations and the private-for-profit sector.

Background

Residential aged care has traditionally been provided through two separate systems. Nursing homes were the dominant form of residential care until the late 1970s, and they previously catered for older people in need of minimal personal care up to intensive nursing care. Originally, hostels were seen as a form of supported accommodation for older people, developed in response to post-war housing shortages. However, over the past 20 years, hostels have increasingly taken on the role of

providing personal and some nursing care to frail older people. Over the past 20 years, the federal government has acted to contain the growth in nursing home places, and to shift the balance of care, by funding a large expansion in hostels and community care.

The balance of care operates under a planning ratio with a target of 40 nursing home level places, 50 hostel level places, and 10 community aged care packages per 1,000 people aged 70 years or more. The government has recently announced that it will increase provision of community aged care packages to 12 per 1,000 people 70 and over by 2002-03, and that 10 per cent of places will receive a higher level of funding for people with complex care needs. Under this system, nursing home level, or high-level, care provides 24-hour nursing care and accommodation or very personal care, accommodation, and some nursing care for less frail older people.

Community aged care packages provide clients with a tailored package of personal care services in the community designed to substitute for low level residential care. Community aged care packages are in addition to funding for community services under the Home and Community Care program.

The needs-based planning framework has ensured that the proportion of gross domestic product spent on aged care has grown less in the last 10 years than the rate of growth in the target population (people over 70).

Teams of health professionals called *Aged Care Assessment Teams* are jointly funded by the commonwealth and state/territory governments. Assessment teams are funded to act as gatekeepers to care, approving people for different forms of residential care based on their care needs. This has enabled a more targeted approach to funding care, ensuring that different forms of care are delivered based on levels of client need. The government has recently announced that funding for aged care assessment teams will be substantially increased and indexed to growth in the older population.

The need for a more equitable funding. Previously, nursing homes and hostels were funded separately and some residents with similar care needs were being funded at different levels. Different user charges arrangements meant that nursing home level residents paid less than hostel residents with similar, or lower care needs, and that nursing homes had insufficient capital to maintain and upgrade stock. In addition, better funding was needed for the special needs of people with dementia.

The need to improve the quality of aged care infrastructure, particularly some nursing home accommodation. While hostels have had access to substantial capital payments from residents and could thus ensure quality buildings and infrastructure, nursing homes received no capital contribution from residents, and fees and funding were only sufficient to cover daily operating costs. Control of bed numbers meant that occupancy was effectively guaranteed, so nursing homes had no return for additional investment in capital costs. The new arrangements came into effect on October 1, 1997, with some transitional arrangements currently in place to allow existing nursing home and hostel residents and providers to adjust to the changes. Under the new system, the funding for nursing homes and hostels was combined into one system.

The creation of a single classification system spanning both nursing home and hostel care is an important element of the new single system. The system classifies residents' care needs into eight categories for the purpose of determining funding levels. Residents with high levels of care need receive the highest level of funding.

A new system of accreditation is also being introduced to improve quality of care and quality of life for residents. An independent agency has been established, the *Aged Care Standards and Accreditation Agency*, to operate the new accreditation arrangements.

The new arrangements recognize the special needs of indigenous Australians and people in rural and remote

communities. There is a special capital funding program of Aus \$10 million a year targeted to services for residents with special needs, including Aboriginal and Torres Strait Islanders and people in rural and remote communities.

User Charges

There are two main components of user charges for nursing home and hostel residents: daily care fees and capital contributions, called accommodation payments, for residents who can afford them.

Firstly, residents in nursing homes and hostels pay daily care fees, at different rates. They pay a basic daily fee, which is defined as a proportion of the maximum rate of income-tested government age pension so that it is affordable for all residents.

From March 1, 1998, new residents entering care may pay an additional income-tested fee. This additional fee is based on the resident's capacity to pay, assessed using the same rules as for age pension. Sixty-five per cent of residents receive the maximum rate of pension and will not pay an additional fee. Residents cannot pay more than the cost of their care, or a total of three times the lower basic daily fee (currently Aus \$64.56 a day) if this is lower. Most residents will pay much less. Because the government subsidy increases as a resident's income falls, there is no incentive for providers to take residents who pay higher fees.

Secondly, in order to meet the government's priority to improve accommodation in residential care, nursing homes, and hostels which are certified as meeting set standards of care and accommodation can charge capital contributions, called accommodation payments. These payments are kept by the provider and must be used for accommodation and care in that facility.

There are two types of accommodation payment, depending on whether the resident enters nursing home or hostel level care. Residents who enter nursing home

level care may pay the accommodation charge, which is an additional daily fee payable for up to five years from entry. The maximum a resident can be charged is Aus \$12 a day, based on a sliding scale to ensure that the resident is left with assets of at least 2.5 times pension.

Residents who enter hostel level care may be asked for an accommodation bond, which is generally paid as a lump sum and is largely refundable. The provider retains interest on the bond and a retention amount of up to Aus \$2,600 a year for up to five years. Residents can also pay an equivalent periodic payment, or a combination.

Residents must be left with assets of at least 2.5 times the maximum annual rate of age pension after paying the accommodation bond or charge. Assets for a married resident are half the couple's combined assets, and the former home is not included if a partner or dependent child is living there. There are also protections for carers and close family members.

Services must provide 27 per cent of their places to residents who cannot afford to make an accommodation payment. This proportion is 27 per cent of places nationally. The ratio is set at a regional basis to take account of local demographic characteristics. The government pays an additional subsidy for these residents.

The government also provides for residents who wish to pay more for superior accommodation and additional services. Services which are approved as extra service places may charge an additional fee on top of daily care fees and accommodation payments. These currently comprise around 1.5 per cent of places, but demand for these services is expected to grow as retirement incomes increase.

Community Care and Interaction with Residential Care

The Home and Community Care program is jointly funded by the federal and state governments under the Home and Community Care (HACC) Agreements. The federal government provides 60 per cent of funding,

with the remaining 40 per cent of government funding supplied by the state governments.

This is in addition to the commonwealth-funded community aged care packages, the number of which is to be more than doubled, to 12 places per 1,000 people aged 70 and over by 2002-03.

The federal government takes a national role in policy development, planning, and coordinating service provision for Home and Community Care, while the program is administered at the state government level. Services are provided by local government, charitable and private organizations.

The government is maintaining a 6 per cent real rate of growth in community care funded through the Home and Community Care program. To guarantee the sustainability of the program into the future and to assist with the expansion of services, the government is working to implement a nationally consistent and equitable user charges policy. Work is also under way on improved classification of services and development of benchmarks for needs-based planning.

A number of programs provide care management and coordination to assist older people with higher level needs to remain in the community.

Carers

In Australia, the great majority of care is provided by family carers, sometimes with additional support from Home and Community Care services. The federal government has been working with carers to improve assistance and support. Carers can receive an income support payment called Carer Payment, subject to the level of care needs, through the Domiciliary Nursing Care Benefit, which is not income- or assets-tested.

Nursing homes and hostels are required to provide places for respite, or short-term, care and respite care is also available through the Home and Community Care program. The federal government has established a National Respite for Carers program, with Carer Resource Centres across Australia, providing more assistance to carers and better co-ordination and improved funding for respite care.

The government has recently announced a major package of assistance for carers, including a restructured and increased carer allowance with expanded eligibility, increased funding for respite care centres, additional respite places for people with dementia, increased funding for alternative accommodation for younger people with disabilities who have aging carers, and improved funding for continence management.

Interaction between Acute and Long-Term Care

Older people often require a range of services which cross program and government boundaries. These people need useful coordinated assistance, not to be discharged from one program and expected to find their own way to another.

One area which offers particular opportunities for better linkages between programs is in the interface between health and aged care, particularly in the transition between the hospital and care in the community or in residential care. In Australia, this can involve different levels of government, which are responsible for different programs. Residential aged care is funded by the federal government; Home and Community Care services are jointly funded by the federal government and states. Both federal and state governments fund hospital and related health services, which are provided by the states under the Health Care Agreements (formerly Medicare Agreements). The federal government is responsible for a number of public health functions and support for general practice. Also under the Medicare program, which covers all Australians, the federal government reimburses a set proportion of doctors' fees.

The federal and state governments are currently working together to provide greater efficiency, choice, and quality of care for older people and, in particular, to improve coordination and continuity of care between the acute sector and residential and community care. Creating better linkages between services does not mean that we lose sight of the distinction between care services or of people's individual care needs. In Australia, we have maintained a very clear functional differentiation between acute and long-term care.

Better coordination will improve continuity of care for these people and for other older people with complex care needs crossing service boundaries. Pilot programs like the Transition Care projects for older people leaving hospital and the Psychogeriatric Pilot projects, both run by aged care assessment teams, are testing new ways of facilitating transition between services and use of mainstream services by people with complex care needs, through care management and budget holding.

Looking towards the future, the Council of Australian Governments (COAG) Coordinated Care Trials are testing whether we can improve outcomes for people with complex care needs within existing resources through care management, with pooled funding from the full range of health and long-term care programs which they access. They are exploring the outcomes to be gained from better coordination and substitution of services within a managed care framework.

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These trials are the testing ground for the government's vision of a more integrated and coordinated system of acute and primary care, residential care and community services.

That is basically the framework of health support to elderly Australians. However, there are other programs in effect that assist the elderly and encourage them to remain independent.

- Centrelink is an extremely well-organized and useful information system launched in September, 1997 to link a range of government services. Through Centrelink, a senior can receive information on all programs available, as well as free publications such as *Moving House – Your Choices* (this booklet about improving lifestyle in retirement through housing choices provides a practical guide for seniors to selling, buying, the actual move, and how pensions would be affected); *Investing Money – Your Choices* (a booklet explaining the basics of financial planning and investment and discussing the implications of investing on receiving an age or service pension); and *What To Do When Someone Dies* (a guide to the help available for recently bereaved people).
- Veterans Affairs has its own system of support and financial assistance for elderly veterans and their families. The Residential Care Development Scheme is available to help veterans' organizations provide residential care services, arrange for Community Aged Care Packages, upgrade facilities for aged care, improve access of veterans and widows to a high quality of aged care, promote the development of dementia modifications in ex-service organization facilities, and develop projects to address the needs of veterans in rural and remote areas, all through a system of grants.
- The Pension Loan Scheme allows a senior to borrow against the value of property to top up a pension to the maximum rate. Upon the sale of the property or death of the senior, the government is reimbursed with interest.

- Lump Sum Pension Advances allow a senior to borrow up to \$500 every 12 months from the pension fund. The loan is paid back over six months through deductions from pension paid to the borrower.
- Renters' Assistance based on income and assets is available. An advantage Australia offers is that if you must move to receive care, or if you are moving to give care to someone in need, or if your partner still lives in the home, the government will not count your home as an asset.
- Granny flats have a very important role to play in Australia's housing program. Once provided by the government and rented by a senior, many granny flats are now homes in which a senior has a life interest. Centrelink has some definitions and suggestions about granny flat interest.

Granny flats are usually family arrangements to provide company and near-at-hand help for older people. A granny flat can be a separate, self-contained dwelling built on someone else's property; right to accommodation for life; or a life-interest in a private home.

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To be assessed under the granny flat rules, you must have made a valuable contribution in exchange for your accommodation and the granny flat must legally belong to someone else, even though you have secure tenure. To establish a granny flat interest, you may contribute money that you would have paid toward the cost of accommodation or you may contribute assets. When considering assets, a

senior is told that two situations can apply: you can transfer the ownership of your home and obtain the right to live there for the rest of your life, even though you no longer own it, or you can exchange some or all of the things you own—such as money or property—so that you have a life interest in a private residence but not the legal title to the residence. If the senior is not deemed to be a home owner (because contribution to the accommodation was below \$90,000) and if the rent is sufficiently high in comparison to income, a rent supplement is available from the government under the Granny Flat program.

- Retirement Villages are gaining in popularity for seniors who can afford them. Like those found in North America, they are funded mostly by residents' payments, loans, and donations. An entry contribution is also frequently required. Strata title—each unit in a condominium or other structure has an individual title and is sold separately—is uncommon in Australia and lease is most common. Some units are usually available for rent as well.
- The family farm is protected in certain circumstances when the government is calculating assets.

Australian governments appear to recognize that there are benefits associated with an aging population and have found ways to use this healthy, experienced, and motivated resource. They are also aware of the need to explore programs that will allow them to afford the services that aging citizens require.

Germany

Let's begin with a quick demographic look at Germany. In 1995 more than 12 million people in Germany were over 65 years of age. By 2110, this figure will be more than 16 million.

In 1962 the Kuratorium Deutsche Altershilfe (KDA) was created to promote and develop up-to-date models of aid to senior citizens. KDA is a nonprofit organization that finances its work mainly through the proceeds of its foundation funds, which originated in two television lotteries held in 1963 and 1965, but also through donations and funds provided for commissioned work and services. It is an independent organization and does not receive any grants or subsidies from the state. Today KDA has more than 50 staff members working in departments of architecture, social economy, information, public relations, and administration. As the demographics change, KDA becomes a very important voice for seniors in Germany. It advocates for seniors and offers proposals on ways to improve the situation of the elderly.

Many initiatives have been sparked by KDA, including meals on wheels, day programs, respite care, and assisted living. KDA helped to initiate these programs and provided start-up funds. KDA has called attention to deficiencies in the care being provided to older people, informed the public about practical solutions, and generated new knowledge on the topic of old age through publications, press releases, and press conferences. At conferences and congresses, KDA brings together experts from all levels of government, health care and nursing care insurance

schemes, welfare associations, colleges, universities, and other institutions. The objective of these meetings is the practical implementation of improved concepts for providing aid to senior citizens.

I draw your attention to this organization because it is interesting to look at what they are working on today as they plan for the increase in the elderly population.

- One of the first major steps was to call for improved social security for people who require nursing care. Although KDA began talking about this in 1973, it did not become a reality in the form of nursing-care insurance until 1994.
- KDA recognizes that there is a need to improve people's situation at home: "Senior citizens living at home independently in their familiar surroundings are one of the fundamental focuses of KDA's work." Through study and exhibitions, KDA has made the adaptation of dwellings an important topic.
- They have worked to improve living conditions in group settings for 20 years. In the organization's own words: "Architects, economists, social scientists, gerontologists, and psychologists have consulted with each other over the location, the interior design, the conception, organization, and financing of new buildings or the modernization of existing homes. KDA has compiled planning criteria for nursing homes which serve as the basis for model institutions throughout Germany. They believe that what is needed is smaller, centrally-located homes, with maximum of 100 residents and at least 80 per cent of the rooms being single rooms."

- They recognize the need for staff development and training, and promote educational programming dealing with issues of aging.
- Research is under way in a number of areas including providing quality assurance in out-patient care, new forms of care for psychologically impaired seniors, and assisted living options.

One of the major contributions of Kuratorium Deutsche Altershilfe is the establishment of GeroCare. I believe this is a very important organization and one that we in Canada may wish to emulate some day. To describe it, I will quote directly from GeroCare's information brief.

What Is GeroCare?

The wide variety of European associations that deal with issues relating to the older generation are largely the domain of people in politics or the social sciences. Only occasionally does a European exchange take place among people from the field of practice—those places where older people are actually cared for, helped, and given nursing care.

The GeroCare network, established by the Kuratorium Deutsche Altershilfe, brings together people from the field of practice in different European countries to exchange information and experience in a two-day seminar with workshops (a maximum of 20 participants in each) in which discussions focus on:

- directions and strategies in care provision
- new methods of assistance and care of elderly people.

Who is GeroCare?

The GeroCare network is coordinated by the KDA. The individual workshops are organized in collaboration with

various partner organizations.

Who organizes and attends the workshops?

As a rule, representatives from three countries get together to organize a seminar. The partner organizations appoint the participants and should also take part in organizing the workshops and documenting the proceedings.

Participants may come from care and care-resource institutions located in the member countries of the European Union.

Depending on the topic, the seminars are designed for care personnel; experts from the area of care management, organization and planning; psychologists; therapists, *etc.*

A seminar lasts two days and usually takes place in Germany.

Knowledge of foreign languages is not necessary, as simultaneous translation into the languages of participants is provided during the workshops.

What does GeroCare aim to do?

- Gather ideas for new directions and useful strategies in the provision of care and assistance for older people.
- Pass on experience to those in the field of practice through publications and workshops.
- Pass on scientific results obtained in the field of practice.
- Pass on information and ideas from the international field of practice to decision-makers in social science, politics and the government.

Where is information available?

The results of workshops are summarized in a newsletter shortly after each seminar. Detailed reports are then compiled. These contain the speeches, summaries of discussions, articles written by other organizations, a

bibliography, and supplementary information generated by virtue of the contacts. Newsletters and reports are printed in English, French, and German.

Additional information (literature research, addresses, information on institutions and organizations, strategies, *etc.*) is gathered in an information office and is available on request.

For more information on GeroCare, see Appendix B, or e-mail GeroCare at gerocare@t-online.de

Good living space is expensive in Germany – that is why housing benefits were created. Regardless of age, and even if a person is not a citizen, tenants and owners alike may receive a housing benefit from the government if their rent or mortgage “strains the economic efficiency or productive power of the household.” As well as income and cost of accommodation, the number of people in a household and the family income is calculated in arriving at a subsidy. This subsidy is also available to elderly people living in old age homes. The subsidy rate varies considerably between east and west Germany.

Germany has long been known for its rather upscale facilities for the elderly.

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Dr. Werner Klughardt, director of Wohnen im Alter facilities, says that this organization operates on a non-profit basis. They build seniors' residences and resorts, most of them in Bavaria and Baden-Wuerttemberg, and offer three levels of care: independent living, assisted living, and full-time care. Most residents pay the charges privately and only about 10 per cent require social assistance through government subsidy.

Austria

- Austria has 7.8 million inhabitants, some 20 per cent of whom are over 60 years of age. Almost two-thirds of the people over 60 are women.
- In one million Austrian households, the head of the household is more than 60 years of age. Seven per cent of these households consist of only one person.
- Elderly persons who live in small communities tend to have closer contact with their relatives and friends than old people in larger towns. In communities with up to 20,000 inhabitants, 46 per cent of the elderly are visited daily. In municipalities with 20,000 to 250,000 inhabitants, 29 per cent are visited daily. In Vienna only 16 per cent get daily visits.
- More than one-third of all seniors have help with shopping, but only one in four has someone to help with cooking.
- Elderly people not only receive assistance, they also help others. Approximately one-fifth of all persons aged 60 or more take care of their grandchildren on a regular basis.

Unlike many other countries that are encouraging older people to work longer, the age of retirement in Austria has been dropping dramatically. In the last 26 years, there has been a decline in the average retirement age of men from 62.5 to 58.3 years.

Austria is justifiably proud of what it calls “new-style senior citizens.” As a government brochure explains, this expression is used to describe elderly people who

try to keep physically fit, who like to travel and enjoy an active cultural life, who refuse to be forced into a passive role and who have sufficient money to enjoy a fairly high standard of living. It is estimated that fully one-third of Austria's elderly fall within this group.

The Institute for Trade Research (Institut für Handelsforschung) estimates that the purchasing power of Austrian senior citizens totals between AS 120 billion and 150 billion. For the last 20 years, the Vienna Chamber of Commerce has recognized the importance of this consumer group by organizing major information events for senior citizens. These Senior Citizens Today fairs, held annually in the spring, attract more than 150,000 visitors each year. At the fairs, seniors can obtain information and advice on subjects such as health, diet, household problems, housing matters, fashion, hobbies, and tourism. Viennese businesses participate in providing the information, and the event is also a platform for communication, for exchanging ideas, and for enabling active participation in decision making. Elected representatives are present from government to hear the ideas of the elderly and to answer questions. And, of course, entertainment is also a big part of the fair.

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The increase in life expectancy is recognized world wide. However, Austria is the only country I found that attempted to research the *quality* of life for the very old. (The United Nations classifies people 75 to 90 years old as "old persons," over 90 as "very old" and over 100 as "long-lived persons.") Various Austrian studies have shown that 70 per cent of men and 80 per cent of women have to face handicaps during the additional years of life they have gained in the last decades, and the World Health Organization is worried about the amount of nursing care these groups will

require. Austria predicts that nursing care requirements in the western regions of Salzburg, Tyrol, and Vorarlberg will increase by 70 to 130 per cent over the next 30 years. On the other hand, the requirement for nursing care in Vienna is expected to decrease slightly.

An important factor in Austria is the Nursing Allowance program. In 1993 this system was created by law and offers persons in need of nursing care a legal claim to a nursing allowance. People entitled to this benefit include anyone receiving disability allowance, handicapped children allowance, blind allowance, disability insurance as a former civil servant, or a veteran's pension. This nursing allowance enables the recipient to choose their own nursing service.

What Are Austria's Plans for Seniors?

Austria's pension system recognizes 65 years as retirement age but makes accommodation for early retirement. The system also provides pensions for widows, widowers, and orphans, and disability pensions. In addition, many Austrians today have private pensions and insurance benefits. However, poverty in old age still exists in Austria, especially in farming communities. One-third of all farmers have an extremely poor standard of living (as determined by housing conditions, availability of a car or modern household equipment, ability to go on holiday, and financial security). It used to be that the husband, registered as being in charge of the farm, was eligible for pension but his wife was not. Since 1992 this situation has been greatly improved and wives are now entitled to pension benefits. But there is still much catching up to be done to ensure an acceptable standard of living for all elderly farmers.

Austria recognizes that educational opportunities are vital to the elderly. Adult education institutions offer older citizens a broad spectrum of learning opportunities, including fitness and gymnastic training. The North-West Adult Education Centre in Vienna has set up a Senior Citizens' Academy, with a program covering four semesters, where participants can broaden their knowledge without facing exams. Universities in Austria are free. Many seniors enroll in these programs and many more gain academic degrees.

Assistance to senior citizens in Austria is varied. Home help, meals on wheels, home cleaning, laundry services, visiting services, weekend help, and mobile nursing are a few programs that are well-used. It is estimated that 10 per cent of elderly people make use of one or more of these services to remain independent in their own homes.

Residential Homes

In Vienna, about 10,000 elderly people live in residential homes for old-age pensioners. The first such home opened its doors in 1963, when Vienna's municipal council decided to build residential homes on a grand scale (although private homes and others run by municipalities had existed for a long time). The municipality of Vienna makes land available to the Residential Homes Board. Construction is funded by federal housing subsidies, mortgage loans, and funds raised by the board. An important criterion for the choice of a site is that, as far as possible, it will enable future inhabitants to remain in the neighborhood of their former homes. A special care unit is available in

each building for residents who fall ill and need nursing care. The cost of all services and rent is based on cost recovery, not profit. Anyone who cannot afford the monthly rent is required to pay 80 per cent of their income; the municipality of Vienna pays the rest.

Apartments are 30 sq. m (323 sq. ft.) for a single and 40 sq. m (430 sq. ft.) for a couple. Tenants are encouraged to furnish their own flats and facilities are provided in each unit for cooking simple meals. Common laundry facilities and major cleaning assistance are provided. Breakfast is served in the dining room, dinner is served in the individual apartments in thermos containers, and supper is set out as a cold buffet. The cold supper doesn't tie residents down to a fixed supper time, and they can decide when they want to eat.

Organized activities and medical help are also offered. A trained nurse is on duty 24 hours a day. Residents choose their own doctor. If they become ill, they may be moved to a two- or three-bed sickroom where they are nursed and given medical attention. The homes also offer respite care for periods of up to four weeks for seniors living in the community with family support.

There are 32 residential homes in Vienna. The program is regarded as a huge success and the homes are considered a vital resource. As the percentage of new-style seniors increases in the next 20 years, the services offered to seniors may change as more and more elderly people are able to make their own care arrangements. In the meantime, these old-age pensioners' homes offer invaluable support to frail, elderly Viennese.

India

I was not able to learn very much about India's programs for the elderly as the contact person suggested by the office of the High Commission of India is the manager of a real estate consultancy, and social housing for the elderly was a bit out of his field. However, Sanjeev Khetrpal told me that accommodation for the elderly is offered through Lions International, the Rotary Agecare Foundation of India, and HelpAge. These facilities provide support and care as well as accommodation.

Government documents on housing policy provided by Dilbag Singh, Commercial Attaché, High Commission of India, provide an overview of India's housing policies and problems. In that country, housing is a state matter, but the central government is responsible for formulating overall policy on programs and approaches to effectively implement social housing schemes, particularly those for weaker sections of society.

In 1994, the government of India passed a National Housing Policy which emphasized the needs of rural communities. The long-term goals are to eradicate "houselessness," improve housing conditions of the inadequately housed, and provide a minimum level of basic service and amenities to all. This is an enormous task and the government has called on communities and the private sector for help.

The central government in India, as in many other countries, sees its role shifting from provider to facilitator. It will continue to be responsible for housing of the "vulnerable sector," but will "facilitate housing

activity of the lower and middle income groups and encourage, within the framework of the housing policy and local planning, the voluntary agencies in efforts to upgrade shelter, extend basic services, augment income, and promote environmental conservation.”

Emphasis will be placed on social housing schemes including minimum needs program projects in rural areas, shelter for the homeless, technology transfer, housing information systems, and housing of central government employees. All state governments have been asked to prepare detailed action plans for implementing the policy.

As part of the national housing policy, a number of initiatives were taken in the mid-1990s.

- The National Housing Bank launched three important programs: a program of guaranteed loans; a cumulative refinance assistance program; and land development and shelter programs to increase the supply of serviced land and houses.
- The amount of money available through commercial banks for building construction was increased.
- About 20 housing finance institutions both in the public and private sector were created and recognized by the National Housing Bank.
- About 90 per cent of dwelling units financed by the Housing and Urban Development Corporation (HUDCO) are for economically weaker sections of society and low income groups. Loans are implemented in collaboration with municipalities.

- The Footpath Dwellers Night Shelter Scheme is being implemented in urban areas.
- From 1991 to 1995, 60 schemes that benefited more than 20,000 footpath dwellers were sanctioned by HUDCO.

Lack of coordination in planning, access to materials and funding, and concentration on the promotion of new technologies are identified as critical problems. In rural areas the problem is more severe because they are unable to use traditional materials such as timber, bamboo, and thatch.

In this context, more money was budgeted to promote innovation and creation of alternative building materials, and the Building Materials and Technology Promotion Council was formed to promote technology transfer, application of the technology in the private sector, and large scale production of innovative building materials.

An example of the innovation promoted by this council is the utilization of fly ash and other waste materials to make bricks. More than 15 fly-ash-based units have been built in various parts of the country.

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In 1993, the National Building Construction Corporation Limited, a public sector company, made the landmark decision to ban the use of solid wood in building construction. It has since introduced various possible wood substitutes such as medium-density fibre board, wastewood particle board, pressed steel, cement-based particle board, and PVC. Other wood substitutes such as red mud, polymer glass, reinforced gypsum board, and rice husks are being developed. The use of plantation wood such as rubber wood, eucalyptus, and bamboo is also being promoted. It is hoped that these steps will help

protect the environment by stopping the cutting of forests and by making use of waste that would otherwise litter the usable land.

Some of the technologies and new materials and components, already tested and manufactured on a pilot scale, have been identified for mass production. Through HUDCO a network of building centres has been set up to train artisans and others in the use of new technology. And non-governmental and voluntary groups are being increasingly supported to supplement government efforts.

India suffers from an acute shortage of serviced land. This is especially evident in urban areas. The problem is being addressed in part through direct purchase of land, modification of development plans to allow more intensive land use, and the National Housing Bank financing of urban infrastructure development. A scheme has also been developed to encourage persons of Indian nationality/origin who are not resident in India to invest in urban development and housing. (To obtain further details, see Appendix B.)

Urban water and sanitation is another major problem facing India. The central government's overall plan recommended that clean drinking water and sewage and sanitation facilities be provided to 75 per cent of the population by 1997. Less than one-quarter of the recommended funding was actually forthcoming, and money that was received appears to have been used to provide training and technology in selected areas. Once again we see a government providing technical advice and help with the regulatory process, but not providing the financial backup for implementation.

A plan to provide basic services to the poor involves a 60:40 cost-sharing arrangement between the central and state governments. The cardinal objective of the scheme is to improve the overall quality of life of slum dwellers. Following the World Summit for Children held in 1990, India created The National Plan of Action on Children to follow up on promises made. Operational since 1992, NPAC continues to work toward the improvement of conditions for children and women in India.

In the literature I received, there was no mention of the elderly as a separate group or of efforts being made to meet their needs, although I understand that charitable organizations are making a start in that direction.

Organization of Eastern Caribbean States

Two OECS countries responded to my request for information: **Grenada** and **Dominica**, who appear to have programs in common.

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In Grenada, the Government House Repair program is used by needy citizens of all ages to repair and adapt the housing stock. The assistance is in the form of a materials loan scheme for very low-income earners. Elderly people with limited or no income can benefit from the government's Public Assistance program. The only government-operated facility catering to people who cannot care for themselves is Richmond Home. The government does, however, provide subsidies to privately run homes for the aged.

In Dominica it is not the policy of the government to provide any housing for the elderly. Other programming for this group falls under the ministry of Community Development and Women's Affairs. The only housing assistance is an annual subvention given to operators of privately run seniors' homes. The government will provide assistance to upgrade and improve private facilities for the aged if asked to do so by the board of management.

It appears that the tradition of family care for old people is still strong on both these islands.

Spain

In 1996 the Spanish government in conjunction with the regional governments (which are similar to our provincial governments) put in place a three-year plan to assist all Spanish families in housing need. The plan helps residents to access affordable housing and is administered at a local level. It is estimated that 515,000 families were helped between 1996 and 1998. Although the program is in effect throughout the country, local governments are encouraged to establish their own plan as well.

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In essence the program provides assistance to people who are spending more than 30 per cent of their income on housing. Elderly people (over 65) and children in need are eligible for added assistance.

Home adaptation and repair programs are very popular in Spain. To qualify for assistance a home must be more than 10 years old. Programs that encourage family help for the elderly, either through shared accommodation or physical

support, are strongly endorsed. The regional governments of Navarre and Valencia have begun an experimental program in conjunction with the Spanish Red Cross to promote elderly people home-sharing with family. The results of that study should be available in 1999.

The European trend to adapt housing and deliver services to the senior is very strong in Spain. An emphasis particular to Spain is the government's strong endorsement of family participation. In fact, a major government focus is on examining ways to support the family and the carer.

Denmark

Government brochures put it very simply: "Most elderly people in Denmark live in ordinary housing units. Municipal programs provide them with access to care if the need arises."

The government's primary goal is to provide the elderly with the greatest possible choice of housing types: "It is important that the somewhat disparate needs, for security on one hand and independence on the other, can be satisfied in the best possible way for the individual." This statement sums up Denmark's approach to support of the elderly.

In Denmark, housing for the elderly is publicly subsidized and especially planned for the elderly and disabled in accordance with "housing for the elderly laws" passed in 1988. These laws stipulate the size of, and the amenities to be incorporated in, any unit designed for a senior citizen. Detail of this program are given in "Part 2: Senior Citizens' Lodges."

According to a government publication, housing for the elderly can be established through:

- new building (possibly as integrated units in new public housing developments)
- the conversion of existing housing (possibly as the conversion of individual flats in public housing developments)
- the conversion of former commercial buildings or institutions including nursing homes

Housing for the elderly can be built and run by the municipalities, public housing associations, private foundations, and pension funds. Individual municipalities decide how many housing units for the elderly are to be established.

Housing for the elderly is financed by raising an index-linked loan for 91 per cent of the initial cost. The remainder is financed by a municipal loan for 7 per cent of the cost, and a tenant deposit of 2 per cent. Tenants can take out loans to pay the deposit sum if they fulfil the requirements stated in the rent support law.

Tenants pay a “balanced rent.” This consists of the actual maintenance and operating expenses for the flat, and a fixed percentage of the interest and payment on the index-linked loan. The remaining portion of interest and repayment of principal is paid by the state (80 per cent) and the municipality (20 per cent).

Most decisions about the actual building (size, type, location) are left up to the municipality and the builder, subject to the 1988 laws. The laws outline some requirements.

- In general, housing for the elderly should be designed as individual units with private kitchens and bathrooms.
- It shall be possible to summon help from the individual units, day and night, via a permanent or mobile calling system.
- Housing units for the elderly in multi-storey buildings must have elevator access. In some cases, the local authorities can waive this requirement when rebuilding existing housing blocks.
- Average gross area for living units may not exceed 67 sq. m.

The elderly have first right to these buildings. However, a municipality can use vacant suites for disabled or mentally handicapped individuals if they so choose. On reaching age 67, Danes receive an old age pension. If they fall ill or become disabled before then, they are eligible for an early pension benefit.

In Denmark, 20 per cent of the population receives a pension—quite a high proportion. It is not usual for different generations to live together, but it is very common for old people to live in groups in Denmark.

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Although there are 275 municipalities in Denmark, there is no municipal social housing. Instead, as Denmark proudly boasts, the nonprofit housing sector takes care of such housing and its administration: 470,000 flats or houses in 8,000 nonprofit housing estates have been created by 700 housing companies or associations. Local authorities may use 25 per cent of the flats built by the local housing company for citizens who are in need. The

boards and management of these housing associations are made up largely of the tenants who live in the projects.

Elderly Danes are eligible for a rent subsidy from the government if their rent exceeds 15 per cent of their income. This generous housing allowance is seen as a way of encouraging older people to remain in their homes.

Lithuania

I have chosen Lithuania as representative of the Baltic states since, through family who have visited that country regularly for the past 20 years, I have gained insights into the country both as it was under Soviet rule and since 1991 when the Union of Soviet Socialist Republics moved out.

After occupation by Germany during World War II, Lithuania was occupied by the Soviet Union and for 50 years was a communist state—in the view of most Lithuanians, a second class Soviet state. The truth of that is reflected in the condition of buildings and infrastructure today and in the frightening level of pollution—a common legacy of Soviet occupation.

After the Soviets pulled out in 1991, one of the first actions taken by the new national government was to place the majority of the housing stock back into the hands of private citizens. Today only about 5 per cent of housing belongs to municipal governments. Although they paid practically nothing for their homes or apartments, Lithuanians are now struggling to afford the necessary maintenance and upgrading costs. Poorly built to begin with, lacking insulation, often lacking green

space or any exterior ornamentation, and heated by a failing municipal hot water heating system, these homes are no bargain. Great blocks of faceless apartment buildings can be found in the cities, often next to beautiful little churches or homes hundreds of years old.

To further complicate matters, municipal infrastructure is in deplorable condition. In the past, municipal companies performed all necessary maintenance to housing. That expectation still exists in some areas in the new Lithuania, and municipal governments are looking for ways to privatize these companies. With help from the World Bank and select countries of the OECD, energy grants and reduced interest loans are now being offered to help citizens.

As well as rejuvenating a failing housing stock, the national government is experimenting with ways of providing new housing units, especially to young families. This demand is increasing dramatically as communication with the rest of the world improves and expectations are created. Further, the government is attempting to devise a plan to address a growing need for social housing programs. Citizens returning from Russia, mentally and physically handicapped people, orphans, ex-prisoners, the elderly, the homeless, and victims of family violence are cited as groups most in need. The concepts of co-op housing and nonprofit housing organizations as found in Canada are of great interest. When asked to help with restructuring, Rooftops Canada and the Canadian Urban Institute collaborated to send a team of experts to Vilnius, the capital city. With their help, the city hopes to create a model of municipal government and a municipal housing action plan that can be copied by other jurisdictions in Lithuania.

During a visit to Lithuania, the Lithuanian Embassy introduced my representatives to Aldona Krinickiene who administers one of the two homes for the aged in Lithuania. The Kaunas Panemunes Home for the Elderly is described in detail in “Part 2: Senior Citizens’ Lodges”. The program appears to attempt to meet many of the needs of the elderly. Based in large part on western models, this home is considered a very desirable, but also a very expensive, place to live. This was borne out by the fact that although there are thousands of older persons in Lithuania, the 80-suite facility was not full. In an attempt to realize an infusion of Western dollars, the facility is marketing itself to expatriates.

The impact of 50 years of communist rule can be best seen in the elderly. Following on the heels of a world war and foreign occupation, many older people are very cautious and suspicious of change. Whenever possible they create a large vegetable and fruit garden and try to remain self-sustaining. The old people who sell garden produce and beg on street corners use this form of enterprise to supplement their income. Like many other nations recovering from Soviet rule, the Mafia is very much in evidence in Lithuania, and this does nothing to relieve the suspicions of the average old person.

Health care is free with a citizen paying for medication only. No private health care insurance exists at present and the private hospitals operated by people from other countries are out of the reach of the average Lithuanian.

Lithuania was a deeply devout Christian country, but for 50 years this small nation was “discouraged” from practising its faith. Citizens lost their jobs and were subtly punished in other ways if they went to church.

Because of this, the elderly waited until retirement to attend openly. The younger generation is only now going to church. Consequently, the assistance that we in the west expect from our church-affiliated organizations is not found in Lithuania.

The Netherlands

"We want a city with neighborhoods where living, playing, working, learning, and shopping are all close together and enjoyed by young and old together."

— Writing on the wall of a housing centre in Amsterdam

It is not surprising that the Netherlands provides leadership and innovation in programs for seniors. More than a century ago, in 1894, a national committee undertook a survey of the lives of working people and reported on the aged as well. "In general, the old age of a loyal worker is always a grim prospect," the committee reported. "The poverty, and particularly the poorhouse, is what he fears the most. And yet, there is no escape."

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In 1913 a law was passed creating a "maintenance supplement." Essentially, this meant that a family would be charged a fee if an elderly person required care from the state. Consequently, most older people in need were cared for by family members.

It wasn't until well after World War II that any appreciable changes were made in the consideration given to the elderly in Dutch society.

In 1957 the old age pension scheme was introduced. With this new income source, old people began applying for accommodation in retirement homes that had originally been created in the 1920s for the wealthy. Seeing the emerging need, the government began building old age homes, viewing this as a way to help alleviate the post-war housing shortage—houses vacated by seniors would become available to young families.

In 1963, under the *Residential Homes for the Elderly Act*, Holland's elderly citizens were given the right to full and professional care. The legislation created financial provisions for the development and running of old people's homes. Many features of these homes became very unpopular very quickly as individual wishes and needs of residents were generally brushed aside. Nevertheless, the elderly submitted themselves to care—whether they wanted it or not—perhaps because this is what they saw their parents and grandparents do, points out Cora Kooji in her book, *The Elderly Then and Now (Von oude mensen vroeger en nu)*. During the 1970s the homes got a bad name among users and policy makers as it became recognized that the elderly were being institutionalized for the sake of efficiency and standardization. People began to look for new ideas.

In 1974, State Secretary Marcel van Dam said, “Residential homes for the elderly have had their day. Plans to build these sorts of homes in large concentrations will find no favor in my eyes.” Thereafter, a target was set of admitting only 7 per cent of all elderly people to old age homes. Construction of these facilities ceased. In the 1980s, extra-mural services and volunteer support were promoted and a serious start was made to provide more independent

housing. Many new kinds of living arrangements were introduced to allow for individualization.

In 1985 a group housing project was created based on the German model in Bad Segesberg (the Christian Felder Community). The houses in this model are autonomous and each family unit has its own kitchen and shower. The use of communal common space and garden are optional. Beginning with five of these groups in 1985, there are now more than one hundred. The desire for mutual support and security has made this model popular. My Dutch contact explains that these are very definitely communal living arrangements and although they have a great deal in common with modern seniors' apartment complexes, tenants have less independence.

The National Association for Collective Housing for the Elderly reports 147 affiliated housing associations with 2,100 homes. These are projects developed and managed by the people living in them, much as our co-ops and life lease projects are. The Association acknowledges the same problems that we face: tenants aging in place until care requirements cannot be met by other tenants or the services available. This issue is currently being addressed by strengthening the participation or purchase agreements, and stipulating that new tenants must belong to a home-nursing association.

Holland has seniors' housing complexes and home-care complexes. The line dividing the two is a subject of much wrangling and discussion at a government level. The home-care level is intended for people requiring full-time nursing. The housing complexes provide for independent living with a "care infrastructure," although agreement on what this involves is a long way off. Housing complexes were not designed to provide

care on a systematic basis but rather to provide some services and especially companionship. These facilities are also developed and run by housing associations and the added cost of providing common spaces for tenants' use is taken into consideration.

The Netherlands has a program of building adaptation for those in need, as do many other countries. In Holland, though, a great deal of thought seems to be given to whether an old building is worth the expense of adapting it.

In "Part 2: Senior Citizen Label – A Home for Life", I have given details about this new and exciting labelling program. Briefly, the program recognizes the need to create a new type of housing that is user friendly for people of all ages, and has established criteria for achieving this. A label is awarded to builders who comply with the published criteria. The Netherlands appear to consider this their model for housing the elderly. A great deal of the information I received from Holland dealt with design and optimal use of land and infrastructure. According to one of the publications, an architect will not design a building "that is pleasant to be old in" but rather one "that is pleasant to live in." Most builders no longer point out as features such things as lower light sockets, lower balustrades, widened doors, and raised toilets because these are already considered standard items. Peter Sep, an author hired by SEV (an organization much like our CMHC) to write a book on senior citizen labelling, observes: "The irony is that from the moment the elderly became the object of public housing and official attention, the group gradually disappeared from sight. Gloomy predictions about an aging population and a gradually inverting

population pyramid are offset by the greater vitality and youthfulness of the elderly population.” Mentioning a Dutch television comedy featuring two old fogies who live a very active life, he says, “This diverges from the frightening image often associated with old age – that of a mumbling, rambling old woman, stuck by the fire, and lost in the past.” Noting the differences, the architect says, “There’s no such thing as housing for the elderly, because the elderly don’t exist.” Having said this, the author then goes on to discuss housing for this nonexistent segment of society!

To obtain workshop material and information about innovative “Home for Life” projects in Holland, see Appendix B.

United States

Early in 1999, President Clinton in his annual State of the Union address referred to “the stark terror of being old and penniless.” He went on to acknowledge the needs of the elderly in areas of social security, medicare, retirement savings plans, and long-term care. With a pledge to put more financial support behind these programs, he committed his government to improving the lot of the frail, poor, elderly American.

Bruce Craig of the National Aging Information Center in Washington, District of Columbia., points out that “housing issues in the United States are complex, involving different federal agencies, national interest organizations, state government agencies, and local jurisdictions.” Seniors’ housing varies from mobile home parks (there are well over 1 million seniors

living in mobile homes) to luxury continuing care retirement communities. Attempting to get a handle on it is a daunting task, as each state has its own approach and it is impossible to make generalizations. However, I did find that some programs were offered in most states.

It is generally acknowledged that aging in place or remaining at home takes a lot of planning. Programs for adapting a residence, home equity conversion loans, and home rehabilitation programs are in effect in many states. It is also acknowledged that when forced to move, the elderly want to stay close to their home community and familiar surroundings.

A number of relocation options are available in most American states.

- **Active Seniors Communities.** Geared to healthy, active seniors over age 55. These complexes attract the healthy, younger senior and offer a variety of sports and leisure activities.
- **“Seniors Only” Apartments.** These apartments free up equity and relieve a senior of the worry of home maintenance. Subsidy programs vary from state to state.
- **ECHO Housing.** These units for the elderly follow the granny flat concept.
- **Mobile Home Parks.** These units are popular either as a year-round alternative or for snow birds.
- **Shared Housing.** Sharing a home is discussed in “Part 2: Home Sharing.” It is popular in most states and is usually facilitated by nonprofit organizations who screen and provide follow up.

- **Continuing Care Retirement Communities (CCRCs).** These facilities offer an older person a home and support, regardless of future medical needs.
- **Congregate Facilities.** Offered on a rental or purchase basis, these facilities combine self-contained apartments with common space that promotes shared activities.
- **Residential Care.** Supervised care is offered for four to 10 people in homes operated on the Abbeyfield concept.
- **Assisted Living.** Licensed in some states, these facilities offer private living accommodation with the offer of services (including nursing service) as needed and requested by the tenant.
- **Skilled Nursing and Alzheimer’s Facilities.** This is similar to Canada’s concept of long-term care.
- **Seniors’ Day Care.** A vital part of the picture, this program offers support to caregivers.
- **Seniors’ Short-Term Housing.** This is an innovative concept. Seniors are allowed to “try before they buy” in retirement communities to ensure that they have the right mix of services. This is especially useful for someone too frail to live in a hotel environment and who is looking to buy property in a warmer climate.

Housing for active seniors is seen to be a very big business in the United States. In July 1998, Pulte Corp., the nation’s largest home builder, jumped into the market with the formation of a partnership with Blackstone Real Estate Advisors. With a strong emphasis on the customer and extensive research capabilities, they hope to bring to seniors’ housing the approach that has worked so well for them in other

markets. The “active adult” market niche of this company currently generates a bit more than \$100 million annually. With market expansion into seniors’ housing, the company predicts \$500 million annually within five years. The division will comprise 20 per cent of Pulte’s operation. Geared to an affluent market, the units will sell across the United States, with prices varying from \$80,000 to \$700,000. This illustrates the top end of the scale. With many Americans financially secure, some will find these units affordable and desirable.

However, the phenomena of penturbia (see “Part 2: Penturbia”) is gaining momentum. This trend sees older people retiring to small communities that they have admired or vacationed in during their working years. These new-generation seniors are creating their own retirement communities and appear to want more input into their housing than is available in packaged options. The marketplace is very aware of this trend and is doing research to find out exactly what it is these people are looking for.

At the other end of the financial scale, things become confusing.

The *Older Americans Act*, established 34 years ago, is administered by Department of Health and Human Services and is the focus within the federal government for advocacy and services for the elderly. Funding for the administration of this Act is relatively small – \$1.3-billion a year – but the Act was never intended to actually provide services. What it did was to create a special voice to reflect at the federal level the needs and concerns of the elderly. The *Older Americans Act* fund has been used to start initiatives, provide funding for services not

available through other means, fill gaps in service, and leverage funds. It represents one national framework for seniors. There is an office of the *Older Americans Act* in each of the 50 states and seven territories. The state offices plan, develop, coordinate, and arrange services at the state level. This is further broken down into regional offices or agencies, of which there are 665 at present.

The head of the Administration on Aging in the United States, Jeanette C. Takamura, says, “We’re looking at retirement security, health, and long-term care, consumer protection, and we’re looking at *Older Americans Act* programs to see how they may be redesigned so they are responsive to the emerging reality (of an increasingly older population).”

Another national initiative is Section 202 Funding (Housing for the Elderly). The Senate Appropriation Committee calls Section 202 Funding “the most important housing program for elderly, low-income Americans, providing both affordable, low-income housing and supportive services designed to meet special needs of seniors.” The committee has rejected the administration’s proposal to slash funding to this program, and directed a panel to report by February 1999 on “the unmet need for elderly housing...and the physical condition of existing elderly housing.” The panel is asked to include information on what government can do to encourage new and innovative approaches to seniors’ housing that may reduce cost and improve efficiency. There is also talk about investigating a home care concept to allow people to stay in their own homes.

Another American initiative is the Sister City program. Somewhat like our twinning of towns and cities, the sister city program has developed ties between aging

care programs in America and those in selected countries. This appears to be especially beneficial when an American city is linked with one in Mexico. There are 118 of these partnerships between the United States and Mexico and 416 sister cities overall in Latin America and the Caribbean. A great deal of knowledge and understanding is exchanged through this program.

The American Association of Retired Persons has done a great job of providing consumer information for the elderly. Their publication *Selecting Retirement Housing* comes with a list of things to consider when selecting a retirement housing option. The list is comprehensive and could be adapted for use almost anywhere in Canada. *Staying at Home (A Guide for Long-Term Care and Housing)*, *Echo Housing*, *Manufactured Housing Park Tenants*, and *A Consumer Guide to Board and Care Homes and Assisted Living Facilities* are just some of the useful publications available. The books are written in plain language and I recommend them highly. To obtain publications, or for more information, see Appendix B.

There is a wealth of data available on the Internet, and you will find further information on U.S. government programs on their website at www.aoa.dhhs.gov/naic

Sweden

“In Sweden we don’t have national or provincial programs for housing,” says Per-Olav Nylander, my contact within the Swedish government. “The local authorities are always responsible. The 288 local authorities (cities, municipalities, *etc.*) are working

within the framework of legislation made by the government and parliament. Local self-government has been one of the cornerstones of the Swedish constitution. Local government in Sweden is characterized by extensive powers of initiative and action. These powers are based on the general rules defining the powers of local authorities and, very important, on the right of local authorities to levy taxation (income tax).”

Compared with most other countries, Swedish municipalities and county councils enjoy an unusually autonomous position vis-à-vis the state. Local politicians are directly elected at general elections, and municipal and county councils both levy taxes. This system gives local government great freedom to plan and organize their own services and impose the necessary taxes to support them.

“The general objective for care of the elderly in Sweden is: to guarantee a secure income, good housing, and service and care according to needs. Publicly provided support services shall allow freedom of choice and influence for the recipient and maintain high standards. All elderly are entitled to equal access to these welfare goods, regardless of age, sex, ethnicity, place of residence, purchasing power, *etc.*” says a Swedish Institute publication, *The Care of the Elderly in Sweden*. Sweden has a strong emphasis on delivery of care to the home. This philosophy has resulted in a reduction in institutionalization even though the numbers of people requiring care has increased.

The main difference between Sweden and the other countries I studied is that in Sweden the emphasis is on a formal system of care. The high percentage of women

in the labor market as well as the low percentage of adult children living with elderly relatives (about 4 per cent) precludes family care. There are no statutory requirements for adult children to care for the elderly, and voluntary or nonprofit organizations do not play a role in the care of the elderly in Sweden. Obviously, this places a heavy burden on government. However, some studies indicate there is a valuable network of informal support of the elderly through friends and neighbors.

The Adel reform of 1992, put all types of institutions dealing with the elderly under one umbrella: the municipal government. This was done because division of responsibility and lack of cooperation between health and housing (social services) had led to confusion over political responsibility, inefficient use of resources, and problems in day-to-day operation.

In Sweden, 92 per cent of the elderly live in their own home (much the same as in Alberta). The housing stock in Sweden is in very good repair and provides all the amenities we would expect in a Canadian home. The need for home adaptation for the elderly is recognized, however, and work is done as needed either with heavy government subsidy or free. On December 31, 1995 there were 135,000 people living in special types of housing for seniors. This represented 20 per cent of the Swedish population over the age of 80. Rent in these facilities is structured to leave a tenant with one-third of their income in pocket. Services and care are accessed and paid for separately.

The publication *The Care of the Elderly in Sweden* describes types of housing for the elderly.

- **Service Houses.** These are usually blocks of flats containing from 20 to 100 housing units, most of which were built during the 1970s and 1980s. The availability of this type of sheltered accommodation, allocation policies, and consequently the age and fitness range of the tenants, vary from municipality to municipality. Tenants have ordinary rent contracts with the local authority. The apartments consist of one to three rooms, kitchen, and bathroom. Municipal home help services are available to residents (after a needs assessment) the same way they are to residents living in ordinary homes. There is a restaurant in the building, as well as an activity room, chiropody services, *etc.*
- **Old Age Homes.** With increasing numbers of people remaining in their own homes, construction of old-age homes began to decline in the 1970s and almost completely ceased during the following decade. Today, however, old-age homes are still built for elderly people unable to live by themselves even with the aid of home help and home nursing services. Most residents of old-age homes live in small single rooms approx. 10 to 15 sq. m (110 to 160 sq. ft.) with their own toilet. Meals are served at set times in a communal dining room, activities are organized, and care is provided around the clock. Tenants pay rent geared to income.
- **Nursing Homes.** As part of the 1992 reform, responsibility for nursing-home care was transferred from county councils to municipalities. Since 1992, the patient load has generally increased, and there is a growing proportion of patients with dementia, severe medical needs, and terminal illnesses. This trend is attributed primarily to demographic changes combined with shrinking resources, so that nursing-

home care is now available only for the most frail and the most needy. But the trend is also the result of the reform, which shifted former bed blockers in acute care over to the nursing homes. Some nursing homes (or parts of nursing homes) now specialize in hospice care, others in respite care, short-term rehabilitation, or dementia care. Others have become primarily a housing alternative comparable to old-age homes. Some municipalities have no nursing homes at all; instead, nursing-home care is provided to residents in other types of housing for the elderly. This certainly demonstrates the autonomy of the local government to meet local needs with local solutions.

- **Group Dwellings.** In recent years, group dwellings have become an alternative to institutions for people with a great need for care and supervision. Group dwellings include cooperative housing arrangements for, among others, those with physical handicaps or psychiatric problems. Most common, however, are group dwellings for cognitively impaired persons. There is no standard definition of a group dwelling, but it usually means a small housing collective of six to eight people, in which each resident has their own room, shares communal areas, and has access to services and care provided by resident staff around the clock. There has been an expansion of this type of care for dementia victims in recent years.

It is obvious the Sweden's welfare state has provided well for the elderly. However, with the increases expected in the aged population, the projected reduction in economic growth, and the fact that taxes are perceived to be at the maximum acceptable level, can Sweden continue to afford this program? The country is

asking itself that same question. Sweden continues to maintain a fundamental commitment to the principles of universality. They maintain the principle that the state is responsible for the care of the elderly and that services should be publicly funded. However, because of economic realities, they are now talking about a “narrower focus” when determining who receives care, and targeting the senior most in need. It is anticipated that services to the elderly will more closely resemble services offered in other European countries. The government also expects an emphasis on informal care and the support of caregivers. In future, the system is expected to become more decentralized and pluralistic, with alternative providers of service and care.

Part 6
Some Questions

Some Questions

I confess I was afraid of nothing.

—Gabriel Dumont

In conversation with Albertans throughout 1998, many questions were asked and many ideas were put forward that I feel deserve closer scrutiny. Many of the comments echo responses heard at the housing symposium held in Edmonton in June, 1998. I present them here, in the hope that they will stimulate thoughtful discussion about where we have been, where we are, and where we are going with our seniors' support network.

- Have the providers of seniors' housing moved with the times, or are they still acting out a vision of housing that is 40 years old?
- Do governments and departments of government communicate well and work in cooperation in the best interests of the elderly in Alberta?
- Do seniors need a variety of housing options in rural Alberta?
- How do rural communities fund new housing for their elderly citizens?

- What are communities building that will suit a senior today and an elderly person 20 or 30 years from now?
- How does a community accurately assess the need for seniors' services? Once a new facility is created, is there a handbook to help management staff gear up the operation? Does up-do-date resource material exist? Where do rural housing providers find it? Who will help a rural community put a project together and then walk them through all phases of the project from needs assessment to grand opening?
- Are board members and others who work with clients in the field clear on their mandate? Are they open to new ideas? What is the role and what are the limitations of a management body in Alberta? What are the "natural person powers" mentioned in the *Housing Act*?
- Is it time to amend the system of board selection and have members elected to housing authority boards much as they are elected to school boards? Should board membership be contingent upon a history of activity or interest in housing or gerontology?
- Can we continue to consider housing options for the elderly in isolation from other services for seniors? Or is it time we developed an integrated approach to all services for seniors in a community? Is it appropriate for a management body to take a leadership role in this concept?
- How do we resolve the issue of having private and non-subsidized housing meet the need for seniors' accommodation in rural Alberta, when consumers feel they have already purchased a service through their taxes?

- When a lodge is opened in rural Alberta for “Albertans in greatest need,” it is seldom economically viable. To break even or realize a surplus, a facility must have 76 to 100 units (Municipal Affairs data, 1998). This is usually too large for a rural community, and they must opt for a smaller building. Consequently, a mortgage must be amortized by municipal requisitions. Municipalities must decide early on whether to pay the interest charges on a mortgage or dip into reserves and pay for the facility up front. Is it a municipal responsibility to provide new dollars for social housing? Has indepth consultation taken place between the two levels of government? Are municipal councils clear about who is responsible for construction of new facilities? Have management bodies been informed of the results of this consultation?
- We appear to be a society that places great value on activities such as sport and artistic pursuits for our children. Is it time that we placed an equal emphasis on activities that teach children about their responsibility to the elderly? On having a young person making a daily or weekly commitment to help an elder with chores—at the same time learning old skills by working with an elder and hearing oral history? Such a commitment by young people would go a long way toward teaching respect for older people while fostering an awareness of obligation to the community. It would, of course, also provide an invaluable source of help for seniors.

Part 7
Into the Future

Into the Future

Tell me, how did you love this movie?

—Sam Goldwyn

I hope that the information presented in these pages will spark your imagination and lead you in new directions when you look for ideas for support of the elderly.

I know that my needs and expectations as a woman at age 60 are different from those of my grandmother, my mother, my daughter, or my granddaughter. Each generation has a different way of looking at housing and at what constitutes an acceptable level of service. My grandmother was grateful to have a frame house; it was warmer and easier to keep than the cabin. She expected to live with her son and his family until she died. My mother is delighted with her independence and happy to have added amenities such as garbage pick up and home delivery of her newspaper. But she is quick to remind me that she wants to move to the lodge when she feels she needs added support. I like the idea of living in my home for the balance of my life, with support services brought to me if I need them. My daughter is very aware of the need to create her own retirement options. And goodness knows what my granddaughter will see as a retirement alternative. I am not even sure it will be located on this planet.

Expectations change with each generation. Solutions to problems, housing alternatives, and services offered must change to reflect this.

As a result of the discussions I have had in the past year, I believe we are on the cusp of a major change in the way we perceive aging. Everywhere I looked, I saw aging perceived more as normal phase of life and less as an affliction. I saw housing for the elderly become “housing for people” regardless of age, I saw the “continuation of a life lived” philosophy backed up with funding and programming. These approaches are not about a more or less expensive alternative. This is not about a right way or a wrong way of doing things. This is about keeping an open mind and having an honest wish to do what is in the best interests of people.

There are many new ideas in these pages: carer support, elder care leave, construction labelling, satellite homes, home sharing, seniors’ flats in ordinary apartment buildings, penturbia, community care packages are only a few of them. It is amazing how much material is available—I have only scratched the surface.

You will find the Internet a great source of information if you are interested in finding out more. Excellent resources are also available through CMHC (for addresses, see Appendix B). Talk to housing providers in other parts of the country.

Think about developing in Canada a network like GeroCare (see “Part 5: Germany”). If you are interested in developing such a communication network, I invite you to contact me (See Appendix B). Perhaps together we can begin something that will benefit us all.

Armed with information and enthusiasm, you will be able to reach the best solutions for your community and yourself.

Appendix A
Research Methods

Appendix A

Research Methods

Initial contact was made with 37 embassies in Canada, requesting a contact at both government and management level in the field of seniors' housing. Following up on these contacts netted a communication link in 25 countries: Australia, Austria, Brazil, Caribbean Islands, Denmark, Estonia, France, Germany, Ghana, Iceland, India, Ireland, Japan, Lithuania, Mexico, the Netherlands, New Zealand, Norway, Portugal, South Africa, Spain, Sweden, Switzerland, United Kingdom, and the United States. There was frequent communication through the wonders of e-mail, fax, telephone, and regular mail.

Alberta Municipal Affairs provided a list of provincial and territorial contacts. An explanation of the project was given to these individuals and a communication link was forged.

A list of questions was sent to each Management Body in Alberta with an explanation of the project and a request for input. Incorporating that input, a final list of questions was drafted and sent to the individuals in 25 countries and all provinces and territories of Canada who had been identified by their governments as having expertise in housing seniors and also having the ability to communicate in English. This was not a questionnaire but rather a list of discussion topics to direct the thoughts of the reader. See Request for Information, following.

Responses were analyzed and further information sought to complete the picture. Translation was done through private translators where necessary. In many instances information also flowed back to the other country or province as they asked about things such as our Medication Assistance program and *Protection of Persons in Care Act*.

Meetings were held with Alberta Municipal Affairs staff, the staff of Alberta Senior Citizens Homes Association, selected Management Body personnel, and various private developers. Discussions were also held with a variety of senior citizens from Inuit in the Arctic to farmers in Alberta.

Site visits were made to some innovative projects in Alberta, Saskatchewan, British Columbia, and the Northwest Territories.

An Internet search was conducted.

Literature was sought from libraries at Alberta's universities; Simon Fraser University in British Columbia; Canadian Mortgage and Housing Corporation; C.L.E.I.R.P.P.A. in Paris, France; S.E.V. in Rijowik, Netherlands; WOHNLUND in Germany; and the National Aging Information Center Library in Washington, D.C.

National and International organizations such as NASSLI (United States), Pro Senectute (Germany), and England's Housing Corporation all provided invaluable information and assistance.

Current programs and innovations in Alberta were reviewed.

Funding Information was sought from select Chartered Banks in Canada.

Request for Information

In the wake of government actions aimed at reduction of debt and deficits in Alberta, new construction of senior citizens' facilities has been drastically reduced. Programs for the elderly, once a provincial and/or federal government responsibility, are now becoming a municipal government challenge. Statistical projections show a dramatic increase in the elderly population, hence an increase in the need for seniors housing programs over the next 20 years.

In an attempt to provide local governments with choices and new ideas, I have undertaken a one-year research project. To assist me with this endeavor I respectfully request that you provide me with information about programs and services for the elderly in your province/territory. To help you I have prepared an outline of the areas that interest me. The results of my research will be published in Alberta and hopefully will prove useful to all levels of decision makers. Please do not let the questions limit your response. I am very interested in any and all information you can send me.

Thank you in advance.

MRS. GAIL JOHNSTON
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List of Discussion Topics

Part One: Programs

- a) Does your Province provide housing assistance for the elderly? If yes...
- b) What form does this assistance take?
- c) Who is responsible for administration of your seniors' programs? (For example, provincial government, local government, service clubs.)
- d) How are your housing programs funded? Do you have examples of successful private/public housing partnerships?
- e) If you provide a congregate living facility for your elderly, what is perceived as
 - an acceptable unit size?
 - an acceptable capital cost per unit?
 - an acceptable operating cost per unit?
 - please provide details of any provincial design guidelines which may exist.
- f) Would you please provide me with information on any new initiatives.
- g) Will you please provide details of any unsuccessful programs, including the reason the program failed.

Part Two: Process

- a) How do you assess the need for a facility or program in a given area?
- b) Who conducts the assessment?
- c) Do you assess the community's strength and weakness prior to development of a program? If yes, how is this assessment done?
- d) How do you obtain the necessary demographic profile to identify the gross number of seniors and extrapolate the percentage of seniors in need of assistance?

Part Three: The Client

- a) Do you use a “means or needs” test for admission to your programs? What are the criteria for assistance?
- b) What services are provided to the elderly living in senior's facilities in your Province/Territory?
- c) What other services or programs are available to the elderly in your area?
- d) What role does the volunteer sector play in your programs for the elderly?
- e) Are the elderly clients in your housing facilities requiring a higher level of health care than previously offered? If they are, what measures have you taken or are you considering to cope with this increase?

Thank you!

**Appendix B
Contacts and
Recommended
Resources**

Appendix B

Contacts

**For further information about programs
or publications mentioned in this report**

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email: hjohnston@yellowhead.com

Recommended Resources

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In Canada

Canada Mortgage and Housing Corporation

Housing Partnership Resource

Canadian Housing Information Centre

700 Montreal Road

Ottawa, ON

Canada K1A 0P7

Tel: 1-800-668-2642 Fax: (613) 748-4069

email: chic@cmhc-schl.gc.ca

www.cmhc-schl.gc.ca

Statistics Canada

Operations and Integration Division

Circulation Management

120 Parkdale Avenue

Ottawa, ON

Canada K1A 0T6

Tel: (613) 951-7277 Fax: (613) 951-1584

email: order@statcan.ca

www.statcan.ca

Outside Canada

American Association of Retired Persons

Consumer Affairs Section

Program Coordination and Development Department

601 E Street N.W.

Washington, DC 20049 U.S.A.

www.aarp.com

Bibliography

Bibliography

Canada

- Alberta Municipal Affairs. *A Housing Symposium: Final Report*. Edmonton: Alberta Government. Department of Municipal Affairs. 1998.
- British Columbia Housing. *SAFER: Shelter Aid for Elderly Renters*. Government of British Columbia. 1998.
- British Columbia Office for Seniors. *Information for Seniors*. Government of British Columbia. 1998.
- Dawson Consulting Services. *Final Project Report, PSA and Elder Abuse Workshops*. Yellowknife: NWT Seniors Society. 1996.
- Edmonton Joint Planning Committee on Housing. *Supply and Demand Update on Affordable Housing for Low Income and Special Need Households*. 1997.
- Fry, B.F., Partners. *Preparing for Change*. Handbook and video. Health Canada. New Horizons in Canada. 1997.
- Kwon, O.-J. *The Rural Elderly: Personal Innovativeness Toward Housing and Acceptance of Non-traditional Housing Types*. UMI Dissertation Services. (Access through CMHC Library.) 1996.
- Lindsay, C. *A Portrait of Seniors in Canada*. Ottawa: Statistics Canada. 1997.

MacDonald, V. *Seniors Housing and Services Needs in the City of Burnaby*. Burnaby: Seniors Active in Living (SAIL). 1998.

Malloy, W. *What Are We Going to Do Now?* Toronto: Key Porter Books. 1996.

Manitoba. *Housing Department: Annual Report, 1996-97*. Government of Manitoba. 1997.

Northcott, H.C., Social Science Consulting, B.R. Northcott. *Survey of Health and the Health System in Alberta*. Conducted by the Population Research Laboratory, University of Alberta, for Alberta Health. 1997.

Quebec Municipal Affairs. *Government Action in Housing: Strategies and Plan of Action*. Government of Quebec. 1997.

Society for the Retired and Semi-Retired. *Adult Group Housing Project: Final Report, 1997*. Funded by Health Canada and Capital Health.

Canada Mortgage and Housing Corporation publications

308

Adapting Municipal Housing to Meet the Needs of Older Tenants with Dementia. M. Schiff, N. Gnaedinger. 1997.

Aging in Place: Strategies to Meet the Needs of Senior Tenants in Non-Profit Housing. C. Kluck Davis. Social Data Research Ltd. 1996.

Alternative Development Standards for Affordable Housing in Ottawa-Carleton. Energy Pathways Inc. 1994.

Attitude of Seniors to Special Retirement Housing, Life Tenancy Arrangements and Other Housing Options. G. Gutman, S.L. Milstein, V. Doyle. 1987.

Community Support for Affordable Housing. A Public Education Package. Energy Pathways Inc. 1994.

Comparison of Cooperative and Private Non-Profit Housing Options for Older Canadians. B. Loevinger Rahder. Rahder & Associates. 1990.

Criteria for Garden Suite Regulations. Energy Pathways. 1996.

Development of Innovative Financial and Tenure Approaches for Seniors' Retirement Housing Projects. R.E. Groh, E. Kuglin-Alyea, I. Ellingham. 1991.

Elders' Housing: The Challenge North of Sixty. Conference Proceedings. 1990.

Garden Suite Demonstration: National Survey. Gallup Canada Inc. 1989.

Garden Suites: An Evaluation Report with Suggestions for Implementation. DPA Group Inc. 1989.

Granny Flats: Their Practicality and Implementation. M. Lazarowich, B.W. Haley. 1982.

Guide to Developing Resident-Funded Housing Cooperatives for Seniors. M. Bostwick. Columbia Housing Advisory Association 1982.

Guidebook on Life Tenancy Options. H. Rostum. TEEGA Research Consultants Inc. 1993.

Home Equity Conversion Mortgages. 1994

Housing Choices for Canadians Over 75 Years Old.
C. Kluck Davis. Social Data Research Ltd. 1991.

Housing Choices for Older Canadians. CMHC. 1994.

*Housing and Support Service Needs and Preferences
of Rural Seniors from Three Regions of Canada.*
G. Gutman, G. Hodge. 1990.

Housing for Individuals with Dementia.
Conference/Workshop Proceedings. 1996.

Housing for Saskatchewan Elderly. Conference
Proceedings. 1990.

Housing Indian Elders On-Reserve. R. Percarski,
M. Eberle, D. Hulchanski. 1989.

*Housing the Elderly: A Comparison of Canadian and
United States Experience.* E.G. Moore, M. Rosenberg,
S.M. Golant. n.d.

*Laying the Groundwork: Garden Suites and On-Site
Septic Systems.* Energy Pathways Inc. 1994.

Market Assessment for Granny Flats.
M. Lazarowich. 1984.

New Ways to Create Affordable Housing. D. Kraus,
M. Eberle. 1998.

*Neighbourhood Group Homes for the Elderly: The
Planning, Design and Development Process.* M.A.
Clarke Scott. 1997.

Nuts and Bolts of Financing. National Association of
Seniors Living Industries (NASLI). 1987. (In
CMHC library.)

- Planning for Tomorrow Today: The Niagara Model.*
CMHC Video. n.d.
- Potential Use of Manufactured Homes for Granny Flats.* M. Lazarowich. 1983.
- Regulations for Garden Suites.* Energy Pathways Inc. 1994.
- Retirement Housing in Australia.* D. Weidman. 1988.
- Second Dwelling Units in Rural and Village Settings.*
Energy Pathways Inc. 1996.
- Senior Citizens Department of the Regional Municipality of Niagara, Ontario and Its Continuum of Care Model.* N. Gnaedinger, A. Wister, E. Pittaway. 1990.
- Seniors Helping Seniors with Rural Housing.* PEI Home Builders' Assn. 1997.
- Seniors' Home and Yard Maintenance Service Guide.*
S. Goldblatt Ass. 1994.
- Seniors' Housing and Social Needs Study: A Planning Tool to the Year 2005.* Treeline Planning Services. 1995.
- Seniors' Independence in Rural Areas: A Guide to Planning for Housing and Support Services.*
L. Rodriguez. 1991.
- Small Towns as Retirement Communities.*
N. Gnaedinger, J.T. McFarlane. 1991.
- Source Book on Life Leases: Findings of a Survey of Project Sponsors.* C. Davis, S. Goldblatt, N. Van Dyk. Social Data Research. 1993.

Stanley Knowles Cooperative: Developing a Framework for the Participation of Seniors in the Design of Their Own Non-Profit Housing Cooperative. B. Pinsky with D. Tsow, J. Goldie. 1983.

Technical Impediments to Use of the Existing On-Site Sewage System of Host House to Service Garden Suites on Same Property. T.W. Hennigar, K. Dickie, D.H. Waller. 1993.

Australia

The following are publications of the Commonwealth Department of Health and Aged Care, Government of Australia.

A Carer's Guide. 1997.

Aged Care: Make the Choices that Are Right for You. 1998.

Carer Contacts. 1998.

Centerlink. 1998.

Community Aged Care Packages: Program Guidelines. 1997.

Community Aged Care Packages: Your Right to Quality Care. n.d.

Home and Residential Choices for Older People. 1997 and 1998.

Standards and Guidelines for Residential Aged Care Services Manual. 1998.

Support for Carers. 1998.

Time on Our Side: A Five-Year Plan for Western Australia's Maturing Population. Discussion paper.
Hon. Rhonda Parker, M.L.A. n.d.

Quality Care for Older Australians. 1998.

- *Accommodation Bonds.*
- *Accommodation Charge.*
- *Aged Care Complaint Resolution Scheme.*
- *Assessing Income for Aged Care Fees.*
- *Care Fees for Full Pensioners.*
- *Care Fees for Part Pensioners.*
- *Extra Services Facilities.*
- *Equal Access to Care Based on Needs.*
- *Home and Community Care (HACC).*
- *How Aged Care Assessment Teams (ACATS) Can Help You.*
- *Information for Rural and Remote Communities.*
- *Information for Younger People with Disabilities.*
- *Information for Veterans and War Widow(er)s.*
- *Improving the Quality of Residential Care.*
- *Income Tested Fees.*
- *Looking After People with Dementia.*
- *Respite Care and Other Services for Carers.*
- *Rights and Responsibilities of Aged Care Service.*
- *Support for Aged People from all Backgrounds.*
- *What You Need to Know about Residential Aged Care.*

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Austria

Rudolf, G. *Senior Citizens in Austria*. Vienna:
Federal Press. 1993.

France

Mathieu, A-M, F.R. Gall. *Personnes Agées et Habitat*. Bernard Brunhes Consultants. Les Centres d'Etudes Techniques de l'Equipement de Lyons. République Française: Ministère de l'Emploi et de la Solidarité. 1997.

Germany

Kuratorium Deutsche Altershilfe (KDA). *Veröffentlichungen*. 1998.

Blum, N. *Soziale Sicherung im Überblick*. Bundesminister für Arbeit und Sozialordnung. 1998.

Wohnbund Europe. *Growing Older in the Community – European Projects in Housing and Planning: A Research Report*. J. Brech, P. Potter, eds. (Access through CMHC Library.) n.d.

The Netherlands

Sep, P. *For Many Years to Come*. The Hague: Steering Committee for Public Housing. 1996.

314

Steering Committee for Public Housing (SEV). *The Senior Citizen Label*. (Translation.) The Hague: SEV. 1994.

OECD

Caring for Frail Elderly People. Policies in Evolution: Social Planning Study #19. Organisation for Economic Cooperation and Development. 1996.

Sweden

Hokenstad, M.C., L. Johansson. *Eldercare in Sweden: Issues in Service Provisions and Case Management*. Stockholm: Springer Publishing Co. 1996.

Johansson, L. *Decentralisation from Acute to Home Care Settings in Sweden*. Stockholm: Elsevier Science Ireland Ltd. 1997.

— . *Seniors Housing and Assisted Living: Current Trends in Sweden*. Stockholm: National Board of Health and Welfare. 1994.

Malmberg, B., G. Sundstrom. *Age Care Crisis in Sweden?* Stockholm: The Swedish Institute. 1996.

Switzerland

The following are publications of Pro Senectute, Zurich, the largest national private foundation, non-government body on aging in Switzerland.

A Votre Disposition. 1996.

Ensemble vers l'Avenir. 1996.

Wohnen im Alter. 1996.

315

United Kingdom

The following are publications of United Kingdom government departments.

Department of the Environment.
Disabled Facilities Grant. 1997.

— . *Home Repair Assistance*. 1997.

Foreign and Commonwealth Office. *People in Britain*. 1996.

Housing Corporation. *No. 3. Policy Source. Housing for Older People*. 1996

— . *Future Directions: Strategy Statement 1997-2000*. 1997.

— . *Registered Social Landlords in 1966*.

— . *Scheme Development Standards. Investment Division – Press and Public Relations*. 1995.

— . *What Is the Housing Corporation?* 1998.

Feldman, P. *Future of Housing Associations*. London Research Centre and the Housing Corporation. 1996.

U.S.A.

American Association of Retired Persons (AARP). *Echo Housing: Recommended Construction and Installation Standards*. 1991.

— . *Manufactured Housing Park Tenants: Shifting the Balance of Power*. 1991.

— . *Selecting Retirement Housing*. 1991.

— . *Staying at Home: A Guide to Long-Term Care and Housing*. 1998.

CD Publications. *Housing the Elderly*. National Aging Information Library. 1998.

- National Association of Home Builders. *Seniors Housing: A Development and Management Handbook*. Library of Congress #87-62642. Washington, D.C. 1987.
- Regnier, V. *Assisted-Living Housing for the Elderly: Innovations from the United States and Europe*. New York: Von Nostrand Reinhold. 1994.
- Reisacher, S.A., R. Hornbostel. *A Home Away from Home (a consumer guide to board and care homes and assisted living facilities)*. AARP. 1995.



The Muttart Fellowships



Gail Johnston

1997 Muttart Fellow

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Her Foundation has completed major construction and renovation projects during her tenure and has been a pilot site for several government programs including the Lodge Standards Review.

A registered nurse, she has served on special committees for Alberta Senior Citizens Homes Association and Alberta Municipal Affairs. Since 1985, she has been part of the Regional Health Authority Single Point of Entry/ Continuing Care Planning Committee. Her varied career has included nursing, broadcasting, and real estate.