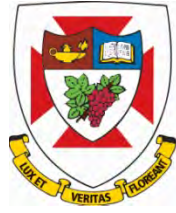


Housing Manitoba's Disabled: Case Studies of Representative Housing Types

by Jonathan P. Gunn
1982

The Institute of Urban Studies





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HOUSING MANITOBA'S DISABLED: CASE STUDIES OF REPRESENTATIVE HOUSING TYPES

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Jonathan P. Gunn
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Jonathan P. Gunn

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1.0 INTRODUCTION

The purpose in undertaking the following case studies was to complement and enrich the general information provided in the second report* of this series concerning housing and support service provision to Manitoba's disabled, by providing a detailed picture of a few representative settings. These settings were selected on the basis that they reflect the overall range of housing alternatives, outside of the (generic) private, self-contained housing unit, which are available to the disabled in the province. Thus the seven residential settings (see Table 1) which were chosen are representative of the major stages on a normalization continuum of housing types (see Table 2) and of the five groupings of disabled identified in the original study**. Data have been collected on each of the settings as follows: general information on the setting, demographic information about its residents, the nature and source of the services received by the residents, costs/funding information about the setting and its residents, the setting's architectural/technical features, its social/lifestyle qualities and any additional pertinent points. The sources for the data were personal interviews with an administrative representative from each setting and an interview with a representative (representatives) of the residents in each setting. These interviews were conducted in the latter half of 1982, with the exception of the Group Foster Home setting for which the necessary interviews were conducted in early 1983.

2.0 CASE STUDY SETTINGS

2.1 Fokus I

a) General Information

The Fokus I housing project came into being in 1978. It is located in downtown Winnipeg at 375 Assiniboine. At the time the research was conducted nine physically disabled persons were residing at Fokus I (in eight suites).

* Profiles of Housing Alternatives Available to Manitoba's Disabled; the first report of this series, entitled Housing for the Disabled in Manitoba, provides a summary of the major findings and conclusions of the original CMHC - sponsored study conducted by the author on the housing situation of Manitoba's disabled. This study was also the source for this report and Report #2.

** The physically disabled in terms of limb impairment, the mentally retarded the labelled mentally ill, the visually impaired and the housing impaired; see Report #1 of this series.

Table 1
Case Study Settings

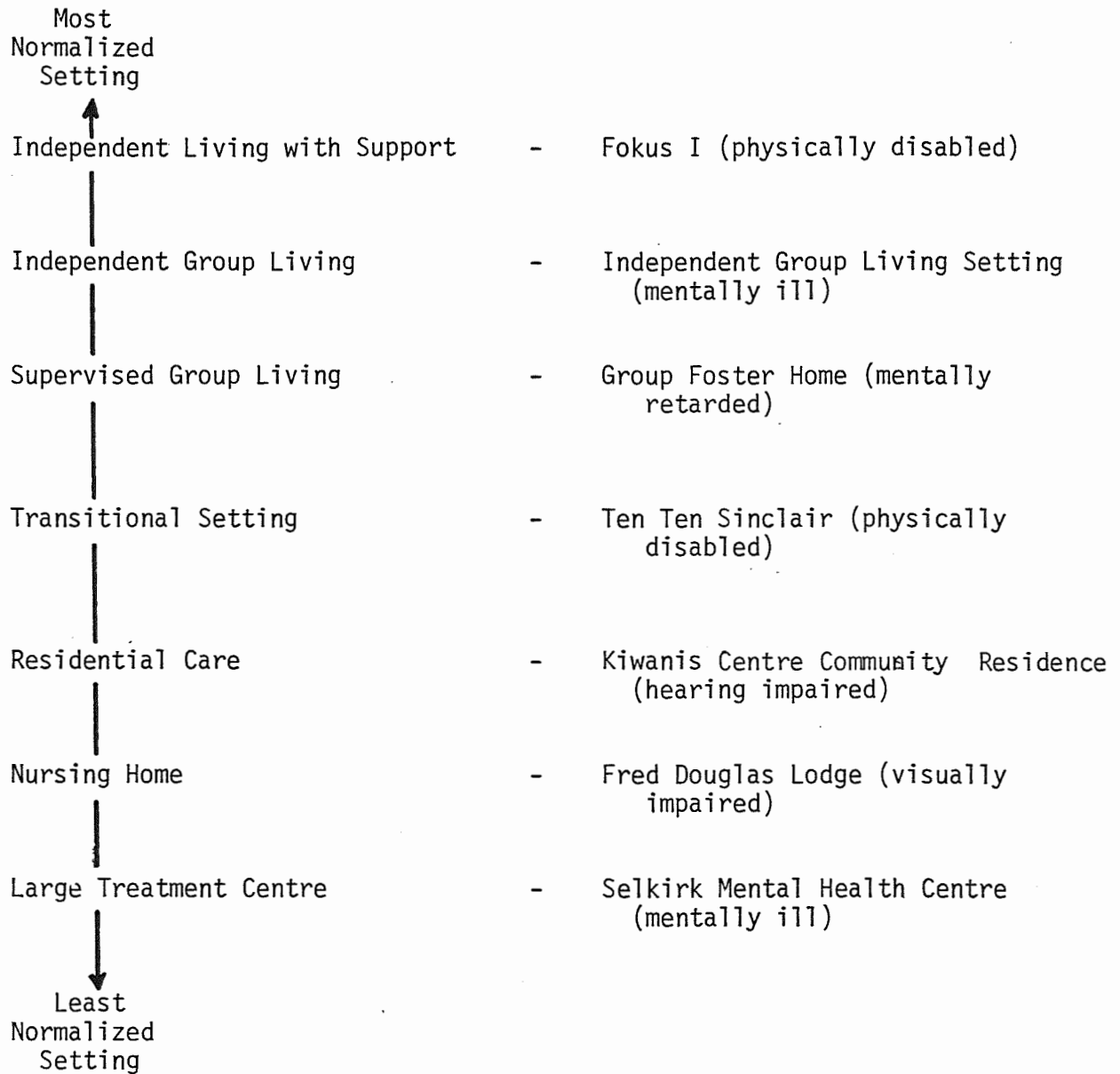



Table 2

Continuum Of Housing Alternatives

Most
Normalized
Setting

- 
- Self-Contained residence
 - : physically disabled
 - : mentally retarded
 - : mentally ill
 - : visually impaired
 - : hearing impaired

 - Independent living with support
 - : physically disabled (Fokus)
 - : mentally retarded (Supported Apartments)
 - : mentally ill (Supervised Apartments)
 - : hearing impaired (Independent Apartments - Kiwanis Centre)

 - Room and board
 - : visually impaired

 - Independent group living
 - : mentally ill (I.G.L.P.)

 - Supervised group living
 - : mentally retarded (Community Residences/Group Homes;
Group Foster Homes)
 - : mentally ill (Sara Riel)

 - Transitional setting
 - : physically disabled (Ten Ten Sinclair)
 - : mentally ill (Parkland Villa)
 - : visually impaired (Transition Apartments)

 - Residential care
 - : mentally ill (Residential Care Homes)
 - : visually impaired (Hostels)
 - : hearing impaired (Community Residence - Kiwanis Centre)

 - Nursing homes/personal care homes
 - : physically disabled
 - : mentally retarded
 - : mentally ill
 - : visually impaired
 - : hearing impaired

 - Large treatment and/or training centres
 - : physically disabled (Rehabilitation Hospital; hospital wards)
 - : mentally retarded (School for Retardates; Pelican Lake;
St. Amant)
 - : mentally ill (S.M.H.C.; B.M.H.C.; psychiatric wards)
 - : visually impaired (School for Retardates; acute care wards)
 - : hearing impaired (School for Retardates; S.M.H.C.)

Least
Normalized
Setting

The Fokus suites are in an integrated setting. They are located within an apartment block in which the remaining (and majority) of suites are occupied by non-disabled persons. The goal of the Fokus I project is to provide individual, independent apartments within an integrated, community-based setting (and thus a normal lifestyle) to severely physically disabled persons. This normal lifestyle is made possible by shared personal care services. In terms of the "Continuum of Housing Alternatives" presented above, Fokus I would be classified as an "Independent Living with Support" setting. In 1982 16 physically disabled persons were housed in a comparable setting in Manitoba (Fokus II in Winnipeg) and another Fokus setting for an additional 12 persons was in the planning stages.

b) Demographic Information

At the time the research was conducted the residents of Fokus I ranged in age from 25 to 50 years. They included eight males and one female. Six of the residents were employed, two were students and one was unemployed. The average length of tenure at Fokus I was four years. The previous place of residence was Ten Ten Sinclair, the sponsor of the project. The demographic profile of the residents at the comparable setting, Fokus II, was much the same as that cited here for the Fokus I tenants, with the exception that Fokus II had more female residents.

c) Services

The in-house personal care and housekeeping services shared by the Fokus I tenants were being provided through the Home Care Program of provincial Community Services. The staff was administered by Ten Ten Sinclair. The residents were eligible for all services provided to the general community and apparently used them extensively.

According to their representative, the residents had some concern with present in-house care. They viewed the homemaker service as being too geared to senior citizens to address adequately the needs of the younger physically disabled. They also criticized the present requirement for having to account for each hour of service required by each resident in order to receive a service. The residents argued that they should have control of funds for services they receive and control over the hiring of staff.

d) Costs/Funding

The monthly staffing/services cost for Fokus I was \$4,500 in 1982 while the rental cost was \$4,620. Thus the total annual cost of the project was around \$109,440. The tenants took care of about \$3,240 of the monthly rental cost (\$38,880 a year) with Manitoba Housing and Renewal Corporation (MHRC) covering the remaining amount. The amount of rent each resident paid was based on individual income according to an MHRC scale. The rents were set at between 16.7% and 25% of the tenant's gross income. The tenants did not pay for the in-house services they received which were funded through the Home Care Program.

The residents believed that they were adequately funded for their housing

needs. However, as noted above, they desired control over funding for services so that they could hire staff.

e) Architectural/Technical Features

The Fokus I suites have been modified to make them completely accessible to persons using wheelchairs. As well, the doors to the suites have been modified to open with an electric door-opener.

The residents were generally satisfied with the physical and technical adaptations to their suites. However, they cited a minor problem of a lack of space in the washrooms and perceived a need for a common room for all tenants.

f) Social/Lifestyle Features

Both the administrative representative for the Fokus I program and the residents characterized the setting as providing the optimum level of personal integration and independence to its tenants. Both also viewed staff/resident relations as being positive. The administrative representative characterized the relationship between the residents and the surrounding community as being a normal one. The residents perceived an attitude of acceptance among their neighbours with the exception of the elderly who were apparently hesitant to associate with Fokus I tenants.

g) Additional Comments

The residents of Fokus I cited a need for a 10% limit on the number of disabled to total tenants in an integrated apartment block setting such as theirs. They also suggested a need for an alternative to apartments for persons with the capacity for independent living but the need for personal care. The examples the tenants cited were row housing and side-by-sides.

2.2 Independent Group Living Setting.

a) General Information

The Independent Group Living Setting which was selected for case analysis is located in North Kildonan, a suburb in north-east Winnipeg. In 1982 three persons who had received treatment for mental health problems were residing in this group home, a three bedroom townhouse. (There was no live-in staff at the setting). The goal of an IGLP home is to use a small group environment, physically integrated within the community, to develop basic living skills of so called 'mentally ill' individuals and promote their eventual total independence. This setting would obviously be classified as an "Independent Group Living" setting on the "Continuum of Housing Alternatives". In 1982 70 to 80 persons were housed in comparable settings for the mentally ill in Manitoba.

b) Demographic Information

At the time the interview was conducted the residents of the selected group home, all of whom were female, ranged in age from 28 to 56 years.

This wide range within the group represented an attempt to simulate a family situation. None of the three women were currently employed. In terms of length of residence at the setting, one woman had been a resident for a year, while the other two had been at the setting for three years. The residents would apparently remain at this setting for as long as they chose to, could interact effectively with the rest of the group and were stable and healthy. Thus while it may be a transitional setting for some individuals, for others the group home is a fairly permanent residence. The previous types of residence for the three group members interviewed were a hospital, a foster home and a boarding home respectively. The demographic profile cited for this IGLP group was apparently analogous to that of other groups in comparable settings with the exception that half of the group homes have male populations.

c) Services

Provincial Mental Health Program staff were visiting the group periodically to help them develop basic skills for daily living. The staff monitored and stimulated the residents with respect to their personal situation and their capacity for independence and successful integration into the community. In terms of other services and programs, the Mental Health workers encouraged the residents to utilize the resources available to the general community. The extent to which they used community resources was dependent largely on the time they spent in the community and their personal finances. Resources which the group members used frequently were St. Luke's Church for services and craft classes, the "Y" and employment training agencies. These widely used resources appear, for the most part, to be located in the core area of the city.

The residents indicated a high degree of satisfaction with the services they received.

d) Costs/Funding

The total cost (for housing and services) for this setting in 1982 was \$75 a day or \$25 a day per resident. The annual cost, then, was about \$27,000. The residents contributed \$486 a month (\$5,800 a year) to the cost of their residence (\$162 per resident; \$89 for rent, \$40 for utilities, \$33 for food). The remainder of the cost was borne by provincial agencies-- M.H.R.C. in the form of a rental subsidy and the Mental Health Program through the provision of services and staffing and allowances for food, clothing, furnishings and utilities.

The residents were satisfied with the subsidization they received for rent. However, they felt their allowances for furnishings, clothing etc. could be higher.

e) Architectural/Technical Features

Architectural or technical adaptations to the residence were not necessary for this group of disabled and thus were not incorporated into the dwelling.

f) Social/Lifestyle Features

The administrative representative and the residents agreed that their independent group home allowed a very high degree of independence and social integration. There was also agreement that the relationship between residents and staff was a very positive one. The residents characterized staff as visitors who provide advice. In addition, there was consensus that for the most part relations between residents and their neighbours were very friendly.

g) Additional Comments

The administrative representative cited a need for more settings of this type in the community for persons who have had mental health problems and the need for more money and programs to bring this about.

2.3 Group Foster Home

a) General Information

The group foster home examined in this case study began operation in 1980 when it received its two mentally retarded residents. The foster home is located in the west end of Winnipeg. The proprietors of the home, a husband and wife, also reside in this setting. The goals of a group foster home are to provide a 'normalized' living situation to mentally retarded persons and to provide them with a situation which is 'familial' in nature and in terms of in-house supports. The group foster home would be classified as a "Supervised Group Living" setting on the "Continuum of Housing Alternatives". No data are presently available on the number of mentally retarded persons in Manitoba who are housed in this manner.

b) Demographic Information

At the time the research was conducted, the two mentally retarded residents of the foster home, both of whom are female, were in the 25 to 32 age range. Both were attending an occupational training centre daily and receiving a training allowance. This represented a stable occupational placement for these individuals. It was also indicated that the foster home setting would be a fairly permanent residential form for the two women. Before moving to the foster home both women had resided in a Community Residence. According to the representative of the provincial agency, the demographic features of the two residents in this setting were comparable for the most part to those of other mentally retarded persons residing in group foster homes. The exceptions noted were that the immediate previous form of accommodation for most foster home residents is the family home and that foster home residents are of all ages, although the mentally retarded co-habitators are generally similar in age. As well, some foster home residents will move on from a training program to a mainstream job, unlike the women in this foster home.

c) Services

The proprietors of this foster home were providing guidance and supervision

of a familial nature to the two mentally retarded residents. They were also providing meals, supervising medication and overseeing and assisting personal hygiene routines, finances and personal shopping where necessary. The level of care being received was based on the level of need. These two residents, because they were moderately disabled, were receiving a greater degree of supervision than would persons who were mildly disabled. It should be noted that the two women were helping with the routine chores of the household (eg. dishwashing, cleaning their room). In terms of outside services, the residents had regular contact with a Provincial Mental Retardation Services worker who monitored their situation. The two women were partaking in an evening school program at Prince Charles School and recreation programs provided by various agencies, in addition to their employment training program. They also were utilising general community services.

It was clear from the discussion with the mentally retarded residents and the proprietor that the setting meets very well the daily needs of the residents.

d) Costs/Funding

At the time the interview was conducted the proprietors were being provided with \$360.00 a month for each of their mentally retarded residents by the Income Security program of the Provincial Community Services Department. This amounted to a payment of \$8,640.00 annually to house and supervise both women. The rate was set on the basis of the level of care Mental Retardation Services determined the residents required. (The greater the level of care required, the greater the rate the proprietor receives). The women in this setting were rated a level two on a five point scale where level one reflects least needs. In addition to covering fully the residents' housing costs, Income Security was also providing a monthly allowance of \$78.00 to each resident for clothing and personal needs, as well as covering medical and prescription drug needs as they arose.

e) Architectural/Technical Features

Architectural or technical adaptations to the residence were not necessary for the two mentally retarded residents and thus were not incorporated into the dwelling.

f) Social/Lifestyle Features

The two residents clearly were receiving a significant degree of guidance and supervision in this setting which reflected their level of dependency. Nevertheless, the foster home lifestyle seemed to afford them a degree of independence which suited their capabilities. For example, the two women were travelling to job training and night school on their own and had a certain measure of control over their personal finances. In terms of integration, the home was physically integrated into the community and provided for a significant degree of social integration as reflected in the on-going, friendly relations the disabled residents apparently enjoyed with their neighbours in the area. (Their daily trips to work on public transit were also contributing

to a significant level of social integration). Concerning interpersonal relations within the household, there was a clear indication from the interviews that a very positive, familial relationship existed between the proprietors and the two residents.

g) Additional Comments

The two disabled residents stated a great preference for the group foster home to their previous form of accommodation, a Community Residence, citing the peace and quiet of the foster home as a particularly positive feature.

2.4 Ten Ten Sinclair

a) General Information

The Ten Ten Sinclair housing project was completed in 1975. It is located in the north end of Winnipeg at 1010 Sinclair Street. At the time the research was conducted, seventy-five persons resided at Ten Ten, fifty of whom were physically disabled. The remaining twenty-five persons were non-disabled and included students and seniors. The goal of Ten Ten is to provide interim or transitional housing (in the form of apartments) to physically disabled residents which allows them to experiment with independent living in an integrated setting. Ten Ten Sinclair would be classified as a "Transitional Setting" on the "Continuum of Housing Alternatives". At present there are no other comparable settings for the physically disabled in Manitoba.

b) Demographic Information

At the time of research, the disabled residents of Ten Ten Sinclair ranged in age from 16 to 67. However, by far the largest single age group were persons in their twenties (23 people). Sixty-five percent of the disabled residents were male. About a third of the disabled residents were employed on a full or part time basis, six persons were in regular education streams, five persons were retired and twenty were unemployed. The average length of tenure for Ten Ten disabled residents was less than three years. Most of the residents had previously resided with their families before moving into the transitional setting. However, some had come from rehabilitation centres or accommodation shared with a spouse and a few persons had previously lived in nursing homes.

c) Services

In-house services for the residents included personal care house-keeping, and professional staff services geared to independence such as apartment, meal and money management and counselling and social worker counselling. Assessment for aids and appliances and occupational therapy were also provided to residents. Concerning outside services, the general services of the community were available to all Ten Ten residents and all residents were taking advantage of at least some of these services.

On the basis of the responses of the tenants' representative, it would appear the residents were satisfied with the services provided to them at Ten Ten at the time of interviewing.

d) Costs/Funding

The operating cost for Ten Ten Sinclair in 1982 was budgeted at \$851,218. \$392,102 of this was allocated for the physical plant and salaries which related to it. The remaining \$459,116 was allocated for the program component and included the cost of program delivery and the salaries of the program staff. The former cost was the responsibility of M.H.R.C. while the latter was provided by the provincial Department of Community Services. As was the case in Fokus I, the rent paid by Ten Ten residents was geared to income on the basis of an M.H.R.C. scale. The rents were set at between 16.7% and 25% of the tenant's gross income.

At the time the research was conducted the tenants expressed satisfaction with the level of funding/subsidization at Ten Ten.

e) Architectural/Technical Features.

Ten Ten Sinclair is entirely wheelchair accessible. Some special features are the ramp from the third floor to the basement, stand-by power generator, electronic door openers, warning systems, and the environmental control systems in the suites.

According to the interview responses the tenants felt the apartments and the building had been modified adequately to meet their needs.

f) Social/Lifestyle Features

There was agreement between the administrative representative and the residents' representative that the degree of independence and integration enjoyed by tenants is dependent largely upon the individual. The administrative representative indicated that not all tenants wish to take advantage of the high degree of independence which is available to them. The administrative and tenant representatives both characterized staff-residents relations as being good and cooperative, although apparently there was a feeling among tenants that staff could be somewhat cold and aloof. Both parties perceived Ten Ten's immediate neighbours to be largely apathetic concerning the facility and its disabled residents. The representative of the residents expressed the belief that Ten Ten was meeting the social needs of the tenants and cited the Tenants Association as being important in this area.

g) Additional Comments

The administrative representative viewed the existing ratio of disabled to non-disabled residents at Ten Ten to be too heavily weighted in favour of disabled persons. He asserted that the ratio should be reversed (i.e. two-to-one non-disabled to disabled) to reflect more closely a 'normal' integrated situation. This individual also proposed a better mix of apartment types (i.e. three and two bedroom suites as well as the existing one bedroom suites). He acknowledged that there would be obvious problems in attempting to incorporate the latter change in the existing structure. Any physical alterations would require an agreement with MHRC to provide funding.

The residents' representative suggested Ten Ten may be failing some disabled tenants in its goal to prepare persons for independence, by allowing some individuals to stay too long and allowing some others to leave before they are ready. He maintained the staff should make clear to the disabled tenants from the beginning that Ten Ten is a temporary, transitional setting. He also cited the need for permanent places in the community which can adequately meet the needs of Ten Ten residents who are ready to leave (eg. more Fokus-type units).

2.5 Kiwanis Centre of the Deaf-Community Residence

a) General Information

The Kiwanis Centre was completed in 1975. It is located at 285 Pembina in the Fort Rouge neighbourhood of south Winnipeg. The community residence function of the Centre is fulfilled through personal care and semi-independent suites. (As noted in Report #2 of this series, the Centre also contains independent suites). At the time the research was conducted there were 58 persons in the community residence component, 22 in the personal care suites and 36 in the semi-independent units. The Centre's goal for its community residence population is to provide home-like accommodation adapted to the needs stemming from their disability, for deaf and hard of hearing persons who require limited or continual assistance and supervision in their daily living. The community residence component of the Kiwanis Centre would be classified as a "Residential Care" setting on the "Continuum of Housing Alternatives". The Centre is the only facility which provides a setting of this nature for the hearing impaired in the province.

b) Demographic Information

At the time of research the community residence population of the Kiwanis Centre ranged in age from 25 to 95 years, although for the most part these persons were elderly. Four males and 18 females were residing in personal care units while 24 males and 12 females were in semi-independent units. The majority of residents in the community residence component of the Centre were either retired or unemployed. For most of the community residence group the Centre represented a fairly permanent rather than a transitional setting. Their average length of tenure was three to four years. The most common previous form of residence for this group had been a private, self-contained dwelling.

c) Services

Services provided to residents of the community residence include 24 hour nursing care, counselling of a personal and a social work nature and house-keeping. Services provided from outside agencies include rehabilitation counselling (Society for Crippled Children and Adults; SCCA), Home Care (Provincial Continuing Care), Homemaking (VON) and employment counselling (SCCA). These outside services are used extensively by the residents. Facilities on the premises include a cafeteria and a theatre.

At the time of interviewing our contact among the residents of the community residence indicated satisfaction with the services provided at the Centre.

d) Costs/Funding

When the research was conducted it cost \$1.25 million a year to operate the Kiwanis Centre. Manitoba Health Services Commission (MHSC) was providing the necessary funding for the 22 personal care beds. MHRC provided the funding for the remaining beds, the nurses and other in-house staff and for 25% of administrative costs. The personal cost to each resident in the community residence component of the Centre was subsidized. In 1982 personal care residents paid a per-diem rate of \$11.65 with MHSC covering the difference from the total maintenance cost. The 36 residents in semi-independent suites paid on a rent-g geared-to-income basis.

The resident consulted felt residents' subsidies to be adequate.

e) Architectural/Technical Features

Such technical features as alarm lights and 'doorbell' lights have been included in the suites. (As well, wheelchair accessibility has been provided for in some of the bathrooms).

Our respondent among the residents indicated these adaptations to the suites do meet the needs stemming from a hearing disability.

f) Social/Lifestyle Features

The administrative and residents' representatives both perceived the Centre to facilitate integration well through its mix of hearing impaired with different levels of dependency and its social events and outreach programs. However, the representative indicated that the amount individuals are able to interact with others, take part in events and get out in the community is greatly dependent on the person's 'mobility', which can be restricted in the case of the elderly. It would appear from the comments of the two respondents that, while a significant degree of control over one's life is possible in a personal care or semi-independent suite, the individuals so-housed, because of physical needs and psychological dependency, experience less personal independence than persons residing in the previously discussed case settings. Both respondents characterized staff/residents relations as good, although the resident consulted did not perceive the close social relationship cited by the administrative representative. Both respondents perceived a fairly solid relationship between the Centre residents and the surrounding community.

g) Additional Comments

The administrative representative for the Kiwanis Centre cited a need for more staff, including an additional social worker, a program counsellor and additional interpreters, as well as for more audio and speech programs and more common space. He acknowledged that these improvements were dependent on increased financial aid.

2.6 Fred Douglas Lodge

a) General Information

Fred Douglas Lodge, a non-profit nursing home for senior citizens, first opened in 1964. Hostel accommodations were added in 1966 and a personal care wing in 1972. The Lodge is located in the north end of Winnipeg at 1275 Burrows Avenue. The goal of Fred Douglas Lodge is to provide health care (for all levels of need) and social services to its elderly residents and to provide social services to the elderly in the community. The latter goal is pursued through a day program. Clearly, the Lodge would be classified as a "Nursing Home/Personal Care Home" on the "Housing Alternatives Continuum". The specific group of residents at Fred Douglas crucial to this case study were the four CNIB-registered visually impaired persons residing in the Lodge in 1982. (The total number of Lodge residents in 1982 was 194). Two of the visually impaired residents were in the hostel while the other two were in self-contained suites. According to CNIB, approximately 230 of their clients were residing in comparable settings in Winnipeg at the time of research. No indication was available of how many non CNIB-registered visually impaired persons were comparably housed in Winnipeg and elsewhere in Manitoba.

b) Demographic Information

At the time the research was conducted the four visually impaired residents of Fred Douglas Lodge ranged in age from 66 to 96 years. Three of these persons were male. (This ratio was quite different from that of the Lodge population as a whole -- only 12% of all residents were male). All the visually impaired residents were retired. The average length of tenure at Fred Douglas was five years. Prior to residence at the Lodge most residents, including the visually impaired group, had lived in private, self-contained residences (houses or apartments). The demographic parameters of the visually impaired population at Fred Douglas was apparently comparable to that for visually impaired persons in analogous settings.

c) Services

A full range of in-house services was being provided to Fred Douglas residents. These included nursing services (in theory, not provided to persons in self-contained suites), meals (again, in theory, not to those in suites), social services, social activities, medical services, occupational therapy, housekeeping, laundry services, maintenance services and transportation. In terms of outside services, some residents received Home Care services. As well, community resources such as legal aid and the community income tax service were widely used. Concerning the visually impaired specifically, CNIB provided services on an as-needed basis.

According to the visually impaired residents interviewed, the visually impaired group were very satisfied with the services they received at Fred Douglas Lodge.

d) Costs/Funding

The total budget for the Lodge for 1981 was approximately \$1.8 million. MHSC covered 98% of the cost of the personal care and hostel portions of the operation. MHRC was subsidizing about four of the self-contained suites. The residents of the personal care and hostel segments of the Lodge were paying \$11.65 a day for the accommodation and services they received at Fred Douglas in 1982. Residents of the self-contained suites for the most part were paying the total cost of their accommodations, although they did not pay for additional services such as transportation. A single suite cost \$120 a month in 1982 while a double was \$140 monthly.

The visually impaired residents consulted did not feel able to judge the relative adequacy of funding at the Lodge.

e) Architectural/Technical Features

No adaptations have been made to the structure or equipment of the Lodge which specifically address the needs of the visually impaired. (However, the newest wing, the personal care section, does incorporate features which make it accessible to physically disabled persons in wheelchairs).

At the time of interviewing the visually impaired residents acknowledged that little had been done, structurally or technically, at the Lodge to serve needs arising from sight impairment but believed little could be done.

f) Social/Lifestyle Features

Both the administrator and the visually impaired residents consulted perceived as significant the efforts at Fred Douglas Lodge to encourage independence among residents. The administrative representative asserted that the staff only does things for the residents which they cannot do for themselves. (It is not clear whether the residents have a role in defining their particular capabilities, however). Integration is also encouraged within the complex (i.e. among persons receiving different levels of care) and within the surrounding community through the Lodge's day program for non-resident elderly. The administrative representative and the visually impaired residents characterized staff-residents relations as positive and cooperative. Both the administrative representative and the residents also characterized relations with the surrounding community as being, on the whole, positive. They cited such things as the day program (for non-resident seniors) and special social events such as teas and barbecues as being important to this relationship.

g) Additional Comments

For the Fred Douglas Lodge residents as a whole, the administrative representative cited a need for physical alterations such as more common space. For the visually impaired residents specifically, she foresaw potential for a stronger relationship with organizations like the CNIB on a resource provision basis and cited the potential for their aid in meeting the visually impaired's recreational needs. The administrative representative also perceived that 'little adaptations' to general services

could be made such that they could become more sensitive to the particular needs of visually impaired residents.

2.7 Selkirk Mental Health Centre

a) General Information

The Selkirk Mental Health Centre (SMHC) was established in 1866. It is located in the town of Selkirk, 21 kilometers north of Winnipeg. At the time the research was conducted 365 persons resided at the Centre. The goals of the SMHC are to provide a range of treatment and care services to persons suffering from mental disabilities, to return patients to community life and to provide alternative care (eg. IGLP in Winnipeg) which maximizes the potential for independent living. Most of the Centre's residents receive acute care. The SMHC would be classified as a "Large Treatment Centre" on the "Continuum of Housing Alternatives". In 1982 554 persons with psychiatric disabilities were housed in a comparable setting in Brandon, 38 in Winkler and another 200 in psychiatric units of general hospitals.

b) Demographic Information

When the research was conducted the persons residing at the Centre ranged in age from the late teens to the 90's. Fifty-nine percent of the population was male and 41% was female. For the most part, SMHC residents had previously been either unemployed or unemployable. In terms of length of tenure, the average for a person receiving long-term care (i.e. in residence there for over a year) was one to three and a half years. For the whole population the range was between five days and 36 years. In the case of 'recently sick' patients the prior form of tenure had for the most part been the family home. Most of the other residents had come from alternative care settings. The demographic features of the SMHC residents cited here were apparently generally analogous to those in comparable settings in the province. (The persons in hospital psychiatric units were perceived by the administrative representative of SMHC to, on the whole, have greater potential for recovery than SMHC residents, however).

c) Services

In-house services were being provided to residents which covered all basic needs. A range of treatment and professional services was provided, including counselling, group therapy, various specialities of medicine, psychiatry, psychology, social work, education and dentistry. Residents also were using some outside resources in the community such as the library, pool and employment services.

At the time of interviewing the residents of SMHC appeared to be generally satisfied with the services and care at the Centre. However, they identified a need for more social activities at SMHC and social outings off the Centre grounds.

d) Costs/Funding

According to the most recent data available at the time the research was conducted, the total annual cost of SMHC was \$12,241,000. Of this total \$10,123,000 went to staffing costs. Other than an annual grant of \$133,000 from the federal government to pay for occupational training, the total cost was being borne by the provincial Department of Health. Thus there was no personal financial cost for persons residing at the Centre.

e) Architectural/Technical Features

Because of the nature of the predominant disability of this group, architectural alterations and special technical equipment have not been a significant factor at SMHC. (It is worth noting that the fire safety provisions of all buildings have been upgraded and an infirmary building has been designed specifically to meet the needs of the physically disabled, however).

In this general area, residents cited the need for air conditioners and humidifiers and for common areas to be made more cheerful and comfortable

f) Social/Lifestyle Features

Both the administrative representative and the representatives of the residents acknowledged that the Centre is a dependency setting. The residents indicated the degree of independence a person enjoys depended on the severity of his/her illness. The administrative representative stated that the staff attempted to enhance personal independence where possible and to have patients take on increasing responsibility. The residents perceived that integration and preparation for such was being promoted internally through group activities and externally through 'outings'. In terms of staff/residents relations, the administrative representative asserted that because of the long term care for most residents there was a significant patient-staff bond, although a 'dividing line' did exist. The representatives of the residents characterized relations as adequate-to-good for the most part and described the staff as tolerant. However, they did perceive relations as being difficult at times. Neither the administrative representative nor the representatives of the residents perceived the relations between the residents and the surrounding community to be very good. Apparently, a fair amount of stigma is attached to SMHC residents and a certain amount of fear of 'mental patients' exists within the town of Selkirk.

g) Additional Comments

It was the administrative representative's opinion that only about one-third of the persons presently residing at SMHC should be so located. He argued that at least one-third of the population could be transferred immediately into community settings if more funds and settings were available. The other third could be moved into the community if there were settings available

with more intensive care. Both the administrative representative and the representatives of the residents perceived a need for greater personal privacy at the Centre than is presently afforded to many residents.

3.0 CONCLUSIONS

The basis of selection for the seven settings discussed above, to reflect the different stages on the normalization continuum and all five groupings of disabled, presupposes basic dissimilarities between the cases analyzed and the residents of each. Thus, direct comparison among the seven settings is difficult and, to some extent, not particularly enlightening. Nevertheless, a few general conclusions emerge from the case analyses. These points, as well as the most pertinent conclusions for particular settings, are presented in this discussion.

One general conclusion arising from the case analyses is that the less normalization-oriented (i.e. more 'institutional') the setting the less independence is enjoyed by its residents. Given that independence is a crucial element of normalization, this conclusion is less than surprising. What is perhaps more noteworthy is the indication from the case studies that the other aspect of normalization, integration, may be less tied to a setting's degree of 'institutionalization'. The suggestion from the analyses of two of the more institutionalized settings (the Residential Care setting and the Nursing Home) is that interaction between residents and the surrounding community can be enhanced fairly significantly, if those in charge of the setting undertake a vigorous outreach program. Because of geographical separation, population size and level of care/treatment, it would seem such programs could only have limited impact on the relative social 'isolation' of Large Treatment Centre settings, however.

Another general conclusion arising from the case studies is that there are probably too few community-based, normalization-oriented settings available in the province for all the groupings of disabled. This problem becomes more apparent and is discussed more extensively in Report #1. A final general conclusion is that, despite the fact their residents seem to be suitably subsidized for their shelter needs, settings for the disabled are facing a funding problem in terms of improving their structures or services in these

days of tight budgets. This problem is also discussed at greater length in the first report. However, after an examination of the budgets for the various settings examined above, both this difficulty and the previous one (which is also largely funding related) suggest consideration should be given by housing and support service providers to the manner in which existing program budgets are allocated. A glance at the budgets of the more institutionalized settings examined above as compared to those examined which are more 'normalized' suggests that, even taking into consideration the much larger populations of the former, they are probably much more costly to operate than the latter. A change in the funding balance more weighted to community-based, normalized settings (and less to institutional settings) should be considered and evaluated as a possible means of increasing funding to existing settings of this type and increasing the provision of such settings, as well as a potential means of serving the housing needs of a greater number of disabled persons.

Turning to the most crucial conclusions flowing from particular case studies, three points emerge which seem especially significant. First, some concern at the Fokus setting was in evidence among the residents about lack of tenant input into decisions concerning funding and services. It would seem that a setting operating on the premise of optimum independence would be more consistent with its goal if it allowed some significant contribution by residents to funding and services/staffing decisions. Secondly, a picture emerged at the IGLP setting in Winnipeg of a group which lives in the suburbs but apparently for the most part goes to the city's core area for the bulk of its community-based services/activities. It is the author's perspective that perhaps the goal of integrating these people into the community which these settings strive to achieve, would be better served if the group lives in the same neighbourhood where most of their social interaction with other people takes place (i.e. in the core). As is discussed in the first report of this series, provision of suitable housing in Winnipeg's core area for groups of post-mentally ill, not to mention for the other disabled groupings in Winnipeg, could be facilitated by the tri-government Core Area Initiative currently

underway in the city. The final specific point which emerges is that services at nursing homes for the elderly can be too general in nature to meet the particular needs of aged persons with a disability. The Fred Douglas Lodge case study suggests that a cooperative effort with the appropriate agency or agencies serving particular groups of disabled, could provide the means for meeting some of these persons' special needs.