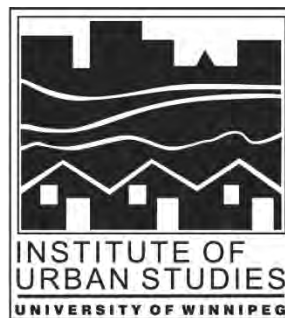
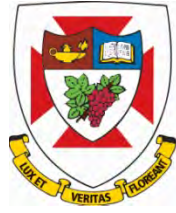


Housing for the Disabled in Manitoba

by Jonathan P. Gunn
1983

The Institute of Urban Studies





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HOUSING FOR THE DISABLED IN MANITOBA

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The Institute of Urban Studies is an independent research arm of the University of Winnipeg. Since 1969, the IUS has been both an academic and an applied research centre, committed to examining urban development issues in a broad, non-partisan manner. The Institute examines inner city, environmental, Aboriginal and community development issues. In addition to its ongoing involvement in research, IUS brings in visiting scholars, hosts workshops, seminars and conferences, and acts in partnership with other organizations in the community to effect positive change.

Housing for the Disabled
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Jonathan P. Gunn
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Jonathan P. Gunn

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1.0 Introduction

The Institute of Urban Studies was motivated to examine the issue of housing for the disabled by the indication of a lack of adequate policy and program related information concerning Canada's disabled population. This informational gap, which related to the insufficient detail and accuracy of existing data, had been identified by Canada Mortgage and Housing Corporation (CMHC) in 1981. The Institute's response to this data deficiency was to conduct a study which compiled detailed information for one province, Manitoba, on the types of housing available to or required by the adult disabled population and the types of services supporting such housing which are available to or required by this population. Funding for the study was provided by CMHC. This report summarizes the major findings of that study and cites its major conclusions and recommendations.* First, however, a brief overview is provided of the literature on housing for the disabled and the important themes or concepts therein which guided the study.

* This is the first of a series of three reports extracted from the CMHC - sponsored study. The second report, Profiles of Housing Alternatives Available to Manitoba's Disabled provides a comprehensive picture of the types of housing available to the five major disabled groupings on the basis of the following factors: the nature of the residential form, the services the occupants receive, the number of persons so housed and the relative level of normalization the housing form allows its occupants. The third report, Housing Manitoba's Disabled: Case Studies of Representative Housing Types provides a detailed, case by case view of seven settings which are representative of the forms of accommodation available to the disabled and of the major disabled groupings. The case studies focus on the general features of each housing form, demographic features of its residents, the costs/funding situation of the setting and its residents, the setting's architectural features, its social/lifestyle qualities and the services its residents receive.

2.0 An Overview of the Literature on Housing for the Disabled: Major Themes

The most crucial and often cited theme which emerges from the large body of literature on this subject is 'normalization' -- that housing allow the disabled as normal a lifestyle as possible. The normalization theme is also the central concept of this report and the study on which it is based. Normalization is perceived to have two components, 'independence' and 'integration'.

Independence, which receives less overt attention in the literature than integration, refers generally to a significant degree of control over one's own affairs or of self-determination. Integration can refer to both the physical integration of one's place of residence within the community and to social integration, meaningful contact and interplay with other sectors of the community. Noakes (1974), one of the many authors addressing the normalization theme, described its basic parameters as it relates to housing as follows:

... in appearance, housing should be conventional;
in size, special facilities should congregate no
more handicapped than can be absorbed by the community;
in choosing locations, neighborhoods near the hub of
the community are the most useful in terms of integra-
tion opportunities; in providing services, normal
community channels should be used to as great a degree
as possible. (p.7)

A second theme implicit in much of the literature on provision of housing for disabled persons is the concept that a continuum of housing alternatives is necessary. Knight et al. (1977) provide a representative (and realistic) perspective on the continuum concept, one which centres on the issues of normalization and adaptation.

... 'normalized' environments fall on a continuum of adaptiveness. In moving away from institutional settings, the 'home-like' environments (which are seen as the goals of normalization) fall somewhere toward the more positive and healthy end of this continuum. However, the ends of the continuum are undefined. We may be fairly sure that these home-like environments are not optimally healthy or adaptive, just as the homes of many non-institutionalized people are not optimally healthy.

Underlying the concept of a need for a continuum of housing alternatives is the notion that a disabled person's housing needs may change, they are not necessarily static, and that housing provision should be sufficiently flexible to meet changing needs. These changing needs are not always in one direction only, however (i.e. towards greater normalization). Some persons, because of the nature of their debilitating condition (for example, a progressive disease), may require increasing care in their home environment. An additional noteworthy aspect of the continuum of housing concept is the implicit notion that the 'appropriateness' of a housing form can be very short-lived (i.e. transitional housing may be necessary).

Not surprisingly, another major theme in the literature on housing for the disabled centres on the actual nature of housing provision, particularly as it relates to the normalization goal, and the deficiencies which exist in this area. The two crucial factors in terms of normalization appear to be the accessibility and the adequacy of housing. One author (Counts, 1978) describes accessibility as "...the ability to enter, move about, and perform normal functions without interference from architectural barriers." He relates adequacy to the volume of units available as well as to variety in style and location (p.60). The first factor is probably most relevant to the physically disabled. The second factor, however, would seem to have very general applicability among the disabled. The overall picture which emerges from the body of writing on housing provision for the disabled is that housing which is accessible and adequate (i.e. consistent with the goals of normalization) is not widely available in North America.

Actual housing provision is of course only one aspect of normalization - oriented housing for the disabled. The other necessary aspect is the provision of appropriate support services -- services which allow a disabled person to live in a setting offering some degree of normalization. Provision of such services therefore represents another major theme in the literature on housing for the disabled. Andrews(1980) provides a representative view of the importance placed on support services: "Adequate support services and aids

are the key to full participation in society for all handicapped people". (p.18) Attention in the literature extends to detailed discussions of the types of support services which are required by the disabled living or aspiring to live more 'normally'. The overall impression one can draw from the support service literature is similar to that from the writing on housing provision -- gaps generally exist in the actual provision of the range of services which would facilitate normalization with regard to housing, in North America, despite significant knowledge on what services are required.

The final major theme concerning housing for the disabled which has been drawn from the literature is the barrier to normalization resulting from inappropriate 'attitudes' among the general public as well as among persons providing services to the disabled. Falta (1975a), for example, cites socio-cultural attitudes as one of the main 'softwear' areas holding up the integration process (p.28). It would seem clear from the literature that a high level of normalization with regard to housing for the disabled can only be achieved if, when the problems of adequate housing and support services are addressed, equal attention is paid to existing attitudinal barriers to the normalization process.

To briefly summarize the above discussion, there are some major themes concerning the issue of housing for the disabled which have been drawn for this report from the large body of relevant literature. These themes are that normalization is or should be the central goal of such housing, with the two key elements being integration and independence, and that in order to meet this goal, there is the need for a continuum of housing modes, for accessible and adequate housing, for proper support services and for a breaking down of attitudinal barriers in the community to normalization. These themes represent the integral concepts around which the report is focussed.

3.0 Parameters of the Need Group

The purpose of this discussion is, within the limitations of the data available, to identify the nature and demographic parameters of Manitoba's

overall disabled population. The source utilized in this endeavour is a recently completed CMHC - commissioned report by Medicus Canada, Data Handbook on Disabled Persons in Canada (1981). It provides the basic parameters of the national disabled population which are most relevant to this report in its "Overview of Findings" (pp 5-8).*

- 12.5% of Canada's population have some type of disability.
- 91.5% of the disabled population reside in the community; only 8.5% reside in institutions.
- In terms of age groups, 6% of Canada's disabled population are children, 61.6% are working-age adults, and 32.4% are elderly (65 or over).
- 81% of the non-institutionalized disabled population (9.4% of Canada's population) are moderately to severely disabled; 50% of this group have disabilities which might require some type of special housing design response (i.e. upper limb dysfunction, lower limb dysfunction, multiple disabilities, sensory deficits).
- 23.6% of the moderately to severely disabled can be described as dependent (i.e. requiring daily assistance of some type). About half of this group can be characterized as significantly dependent (i.e. requiring assistance more than once a day).
- The great majority of moderately to severely disabled live with someone else. However, over 15% live alone. (It can perhaps be assumed this latter group would make up the bulk of persons presently requiring support services from an external agency.)
- Approximately 60% of the moderately to severely disabled reside in single detached dwellings, while about 53% of this group belong to households which own their home.
- Only 3% of the moderately disabled prefer an institutional setting. The other 97% prefer to live in the community in a variety of housing types.

* The 1978-79 Canada Health Survey was the main source of data for the Data Handbook.

- The moderately to severely disabled are more likely than the general population to experience income problems. Over 30% of the households with one or more persons moderately to severely disabled (as opposed to 18.8% of general Canadian households) fall into the lowest income category (\leq \$11,000). 85% of the single moderately to severely disabled are in the lowest income category while 57% of this group have incomes below \$5,000. 80% of the moderately to severely disabled are partially or fully supported through government assistance.

Geographic breakdowns of the data presented in the Medicus report are provided on a 'regional' basis. As a result no individual data are available on Manitoba, which has been combined with Saskatchewan and Alberta into a Prairies region. Thus we cannot draw from the data the type of comparison of the parameters for the respective disabled populations, between Manitoba and Canada as a whole, which would be optimal for the purposes of this study. We must instead assume the Prairies statistics reflect fairly accurately the Manitoba situation.

In terms of 'degree of activity limitation', the variable from the Canada Health Survey which Medicus has used as a surrogate for 'degree of disability', the statistics for the Prairies very closely approximate those for Canada as a whole. The percentages of the Prairie and Canadian populations with no limitation (disability) or some limitation are virtually identical (88.5% vs. 88.4% and 2.2% for both respectively). The percentages of the population who experience limitation in their major activity or who cannot do their major activity, for the Prairies versus the country as a whole, differ only slightly (7.8% vs. 7.3% and 1.4% vs. 2.1% respectively). Looking at particular demographic parameters, there is general comparability between the Prairies and Canada with respect to age group, income group, and education group breakdowns by degree of activity limitation. In terms of household composition, however, a fairly notable difference between the Prairies and the country as a whole exists concerning the proportion of the population who cannot do their major activity and who live alone; the national percentage is 17.1 while for the Prairies it is 21.5. Medicus has the following comment on this finding and a similar one

for British Columbia:

This can be interpreted either that there is a larger population at risk and potentially in need of assistance in Activities of Daily Living in the Prairies and B.C. or, alternatively, that systems of support services in these regions are stronger than in other regions and thus, are facilitating a higher degree of independent living among the disabled. (p.80)

The research for this study suggests that, in Manitoba, the second interpretation may in fact have a certain degree of validity.

Turning to the important and highly relevant issue of tenure, again general comparability is exhibited for the Prairies and Canada concerning the number of persons who are limited in or cannot do their major activity and who rent or own their own accommodations. However, Prairie disabled persons are more likely than the national disabled population to be renters and less likely to be owners (own home: Prairies 49.7%, Canada 53.6%; rent home: Prairies 50.3%, Canada 46.4%).

Despite some significant (though small) differences, it would appear from the above discussion that the demographic parameters for the disabled populations of the Prairies and of Canada are generally very comparable. Thus the demographic observations cited for the national disabled population at the beginning of this chapter can be viewed as also largely reflecting the demographic situation for the disabled population in the Prairies, including (we assume) that of Manitoba. The following 'thumbnail sketch' of a disabled person in Manitoba thus can be drawn: He or she is likely to be moderately to severely disabled, of working age, residing in the community and living with someone else in a single detached dwelling which as likely as not they own. However, there is an even chance that this person will require some type of a special housing design. There is also a fairly high probability that he/she will be dependent upon some sort of daily assistance and will be experiencing income problems.

It would seem that for the purposes of this study, which focusses on housing, the groups of disabled identified by Medicus which are most crucial are probably the 15% of the moderately to severely disabled who live

alone and the 8.5% of the disabled population presently residing in institutions. One can add to this group those disabled persons who, because of aspirations for independence (i.e. young adults 'at home') and/or the death or aging of the person with which they reside and upon whom they have depended, must eventually move out of their present homes. It is these groups which would undoubtedly make up the bulk of the target group for housing programs which have the disabled as their focus. As is indicated from the Medicus study, this target group may not represent the majority of the overall disabled population, but it does represent a significant portion of this population.

In terms of data specific to particular disabled groupings, the research the author conducted to develop profiles of housing types available to the disabled of Manitoba represents the main source of information. Before describing these findings, the five major groupings of disabled in the province determined by this research must be identified. They are: the physically disabled (in terms of limb impairment), the mentally retarded, persons with a psychiatric disability or the 'mentally ill', the visually impaired and the hearing impaired.

A crucial finding from the process of profile development was that conclusive data on the number of disabled in Manitoba appear to be largely unavailable at present for the physically disabled and the mentally ill. Estimates of the size of Manitoba's population of mentally retarded, visually impaired and hearing impaired are available, however (see Table 1). Problems clearly exist with these data. The population figures for the mentally retarded and the hearing impaired can probably be viewed as 'ballpark' estimates only. The data on the visually impaired include only the legally blind who were registered with the CNIB in 1981. As the CNIB concedes, not all blind persons register with them and not all visually impaired are legally blind. To conclude then, the presentation of a truly accurate picture of the demographic parameters of the five major disabled groupings in Manitoba will not be possible until the data available on each grouping improves significantly.

Table 1

Number of Disabled Persons in Manitoba by Grouping

<u>Grouping</u>	<u>No. of Persons</u>
Mentally retarded	approx. 32,000 *
Visually impaired	approx. 1,844 **
Hearing impaired	approx. 100,000***

* Source: Department of Community Services,
Province of Manitoba.

** Source: Canadian National Institute for the
Blind, 1981; includes persons registered
with CNIB only.

*** Source: Estimation of expert in the field based
on U.S. findings that about 1 person in
10 suffers from some degree of hearing
impairment.

4.0 The Provision of Housing and Support Services to Manitoba's Disabled: Present Conditions

In this section of the report the current conditions which prevail in Manitoba with respect to the provision of housing and support services for the disabled will be examined.* The following elements of housing and support service provision will be discussed on the basis of the five major disabled groupings identified previously: briefly, the overall situation with regard to housing provision for the disabled in the province by grouping; the deficiencies which appear to exist for each grouping in terms of both provision of housing and provision of support services; and the perceived barriers to improvement of the housing situation for each disabled grouping in Manitoba. The central concept in this discussion is 'normalization' and where on a continuum of normalization the various settings for the disabled fall. Normalization is used in the manner in which it was described in Section 2, its two components being 'independence' and 'integration'.

Before embarking on this discussion a matrix is presented which displays and briefly describes each housing type and its key characteristics for each disabled grouping, on the basis of the normalization continuum of housing alternatives (see Matrix 1). This matrix is derived from the findings detailed in the second report of this series. The source material for the matrix and the discussion below are the responses of persons in agencies and provincial departments serving disabled persons in Manitoba and in consumer groups representing the province's disabled, to a questionnaire the author circulated in 1982 on the nature of housing and support service provision.

4.1 Physically Disabled

The five residential settings identifiable for this grouping represent a fairly wide range of housing types on the normalization continuum. The 'mid-range' settings (those between private, self-contained housing and

* For a comprehensive description of the types of housing and support services which are available to Manitoba's disabled on a grouping by grouping basis, the reader should consult the two other reports in this series.


life of which so many of these persons are capable. This problem would seem to provide further evidence of gaps in the provision of mid-range housing options for the physically disabled (see Table 2).

With regard to support services, the questionnaire respondents directed relatively little criticism toward existing support service provision in Manitoba. There seemed to be a fairly general recognition that, given present economic constraints on social programs, support service providers are doing a creditable job. Nevertheless, some problem areas were cited. One important theme was the lack of consumer control over support services and their quality, with the result that these services were perceived to sometimes be more attuned to the requirements of the providers than the needs of the consumers. One observer also contended that taken as a whole, the support service system in Manitoba is too geared to the needs of the elderly to address properly the long term needs of the physically disabled. The provincial Home Care Program* received specific attention from a number of respondents. Although again, a generally positive perspective prevailed concerning this program, some elements of Home Care received critical comment. Most often cited was the lack of flexibility of the Home Care Program. It was felt the program should have a greater capacity to provide care on an 'as needed' basis and to be adaptable to the range of care needs which exists among disabled persons capable, with the appropriate services, of living 'at home'. Other noteworthy concerns were the perceived difficulty Home Care has in dealing with persons requiring more than four hours of daily care, and the regulation that co-habiting family members cannot receive Home Care funding. In the latter case, such funding would make it financially feasible for these persons to remain at home and act as care provider to their disabled relative. The present regulation apparently can result in particular hardship for physically disabled persons residing in remote locations where outside care is not available (i.e. it may force them to leave home).

* This program is provided through the Office of Continuing Care. Home Care can provide one or a combination of services including nursing, therapy, social work, volunteer aid, homemaking, and medical supplies or equipment provision. The focus of the program is to allow persons who have disabilities which do not allow them to carry out certain necessary daily functions, to remain in their own home.

Table 2

Housing Provision In Manitoba -
Physically Disabled

<u>Existing Provision of Housing</u>	most normalized setting	<u>'Ideal' Provision of Housing*</u>
Self-contained Residence		Self-contained Residence (greater capacity needed)
Independent Living with Support		Independent Living with Support (greater capacity needed)
Transitional Setting		Group Setting
		Transitional Setting (greater capacity needed)
Nursing Home		Residential Care Setting (geared to younger persons)
Large Treatment Centre		Nursing Home
	Least normalized setting	Large Treatment Centre

* Based on the comments of questionnaire respondents.

It would appear, on the basis of the questionnaire responses, that some significant barriers to improvement in the provision of housing and support services to Manitoba's physically disabled presently exist. The following were mentioned most prominently.

It was widely recognized that probably the most significant barrier facing those who wish to improve housing and support service provision to the disabled are the limits on budgets of government departments and service agencies in these recessionary times. The necessary 'broadening' of such provision requires financial resources which at present are in short supply. Some respondents, however, argued that the financial problem could be alleviated somewhat by redirecting some of the money which is currently tied up in medical rehabilitation programs toward more 'independent living' oriented programs. Another recession related problem is the stagnant state of the construction industry. The lack of new residential building reduces the possibility of the expansion of such innovative programs as Fokus or the introduction of a new housing option such as independent group living for the physically disabled.

The nature of existing government policies and programs were also very widely cited as being significant barriers to improvement in housing and support service provision. The problem most often mentioned was the lack of flexibility of current programs in terms of meeting a wide range of needs as well as changing needs. The 'paternalism' of the officials directing these programs was also noted as a negative aspect of current provision by a few respondents, as was the perceived emphasis on rehabilitation rather than on independent living. In addition, both senior levels of government received criticism for a lack of coherent housing policy as it relates to the needs of the physically disabled. As well, C.M.H.C. was specifically cited for programs which do not address the needs of the majority of the 'permanently injured'. The charge was made that mortgage-based and grant-based support is accessible only to a narrow band of persons who have enough money to obtain a mortgage but are still eligible for a grant on the basis of a relatively low income.

Another impediment to improving the housing situation for the physically disabled which was prominently cited were the physical barriers to full accessibility which exist in most of the present housing stock. A related

point which was made was that existing building codes in Manitoba are inadequate to ensure that future stock will be fully accessible to the physically disabled and that even these codes are largely ignored in rural areas of the province. Another barrier noted by respondents, relating specifically to rural areas, is that geography and 'economies of scale' work against the range of housing forms and support services being provided to the physically disabled in these areas which are or can be made available in cities like Winnipeg and Brandon. A final barrier which was cited quite prominently is one of public perception or misperception. It was felt by observers that the general population of Manitoba is simply ignorant about the physically disabled and their housing needs and the problems the disabled encounter attempting to meet these needs.

4.2 Mentally Retarded

In comparison to the previous grouping, the mentally retarded of Manitoba are probably served by a more comprehensive range of housing types. The key difference is in the 'group living' forms which are available to the mentally retarded. However, again, the capacity of mid-range community options would appear on the basis of questionnaire responses, to fall well short of demand for such housing. Thus the major 'gap' which emerges in terms of housing provision is the deficient number of supervised apartments, community residences and group foster homes for the mentally retarded in the province. It would appear that many persons who would be best accommodated in such mid-range settings are presently inappropriately housed in larger institutions and nursing homes. Some respondents argued that this gap is a result of an over-emphasis (with regard to policy and funding) on the support of large scale, segregated settings at the expense of smaller, community-based options, among those who serve the mentally retarded in Manitoba.

It was widely indicated among the questionnaire respondents that the non-urban regions of the province are less well served by community housing options for their mentally retarded residents than is Winnipeg. However, efforts are being made in some of the regions to broaden the availability of such housing types as supervised apartments, community residences and foster homes. Another gap in housing provision which emerged from the research

is the dearth of community residences which are suited to mentally retarded persons who are forty years of age and over and have been living with parents. The indication was that community residences are currently more geared to young adults and their needs. Some respondents also indicated that too few community options such as community residences and foster homes are available which are suited to the more profoundly disabled, or to the mildly retarded with physical handicaps and the mildly as well as the more severely retarded with behavioural problems. At present, such persons apparently most commonly reside in institutional settings.

Finally, turning to the upper end of the normalization continuum, the perspective was advanced that the general low income of mentally retarded persons, low income support levels and the limited nature of necessary personal supports, preclude many mentally retarded capable of a high degree of independence from residing in their own self-contained residence. This last problem would appear to be more one of a gap in opportunity for the mentally retarded (in comparison to the general population) than of a gap in housing provision (see Table 3).


With regard to any gaps in provision of support services to the mentally retarded in Manitoba, although the constraints placed on support service programs and providers by the present economic climate were generally acknowledged, most respondents did identify service-related problems. The point which was made most frequently was that there simply are not enough support resources available to mentally retarded persons living or wishing to live in a setting within the community. Comments to this effect were that outside resources such as trainers and volunteers are far too few in number and that the ratio of staff to clients within community settings is too low. One respondent also identified a shortage of personnel for community settings with the necessary training to provide assistance to multi-handicapped mentally retarded persons and those with severe behavioural problems. Another problem area identified fairly widely was that, in a few instances, current care-givers simply do not have sufficient knowledge to meet the needs of their mentally retarded clients properly.

A number of other issues concerning support services for the mentally retarded received attention from the questionnaire respondents, albeit less

Table 3

Housing Provision In Manitoba -

Mentally Retarded

<u>Existing Provision of Housing</u>	most normalized setting	<u>'Ideal' Provision of Housing*</u>
Self-contained Residence		Self-contained Residence
Independent Living with Support		Independent Living with Support (greater capacity needed)
Group Living - Community Residences/ Group Homes, Group Foster Homes		Group Living (greater capacity in Community Residences and Group Foster Homes needed; Community Residences needed for persons 40+ years and for the multiply-disabled and the more profoundly disabled)
Nursing Homes		Nursing Homes
Large Training Centres		Large Training Centres
	Least normalized setting	

* Based on the comments of questionnaire respondents.

frequently. For example, both a provincial service provider and a respondent in an agency representing the mentally retarded criticized some of the community-based support services as being inadequate for the particular needs of a retarded person in a community setting. Two service providers singled out foster homes as often failing to provide the necessary support services to their residents. One of these individuals cited the need for more training staff for foster homes. A respondent from an organization representing the mentally retarded criticized existing group settings in the community for not providing the support programming for effective integration their residents require. The need for more recreational programs for the mentally retarded in community settings and the necessary staff and volunteers to provide them, was also noted by two respondents. Finally, one of the respondents from the Province in a regional office cited the need for better transportation services for the mentally retarded in the rural areas of Manitoba.

As is the case with the physically disabled, it would appear that significant barriers exist to the improvement of housing and support service provision for the mentally retarded residents of Manitoba. Economic factors, particularly the current poor economic climate, headed the list for the questionnaire respondents as the most crucial barrier to such improvement. It was pointed out, for example, that high interest (and mortgage) rates and attempts by governments to cut costs in order to reduce deficits greatly curtail the opportunity for development of new housing options for the mentally retarded. (A similar point can of course be made for the other four major groupings of disabled.) Because of current economic woes two other finance-related barriers to improvement, noted by some respondents, will probably not receive the early attention they perhaps should. They are salary levels for persons working with mentally retarded individuals residing in community settings which are apparently too low to attract the most qualified staff, and remuneration levels for operators of foster homes which can financially preclude many otherwise interested persons from involving themselves in a foster home.

The second barrier to improvement in the housing situation of Manitoba's mentally retarded relates to prevailing attitudes within the general population. The indication from a number of respondents was that, because of apathy or ignorance of the situation, there are fewer than the necessary number of

persons in the community who are willing to serve on the community boards which operate community residences, to assume volunteer care-giving roles, or to provide foster home settings (although, as noted above, the latter is partially a financial matter). The other side of this attitudinal problem is the hostility which apparently exists within the general public concerning the placement of mentally retarded persons in the community.

A third barrier emerging from the research is the divergence of philosophy among groups serving and representing the mentally retarded in Manitoba concerning 'what is best' for this disabled grouping. A long-standing philosophical battle persists in this province between proponents of residence within the community for the mentally retarded which, in scale (small) and nature of support (limited and focussed on preparation for greater independence), promotes a high degree of normalization and proponents of large scale, more sheltered settings for the retarded. The distance between the two positions would appear to leave limited room for compromise. The orientation of this paper is obviously toward the former of these positions.

Finally, it was strongly argued by the respondent from an organization representing the province's mentally retarded that 'institutional inertia' within governmental apparatus responsible for programs for the retarded and the resulting perpetuation of existing programs, represent a significant barrier to innovation in terms of housing and support service provision for the mentally retarded. The limited evidence at the author's disposal does not allow a fair assessment of the accuracy of this assertion.

4.3 Mentally Ill

As is the case with the mentally retarded, it would appear that the range of housing types available to the labelled 'mentally ill' in Manitoba is more comprehensive than that which is available to the province's physically disabled. Nevertheless, despite a reasonable degree of satisfaction among many of the questionnaire respondents concerning most of the existing housing forms, the inability of existing housing within the community to meet all demand and the lack of particular forms of housing, were widely noted. In light of the breadth of these perceptions of problems, it should be pointed out that the movement to deinstitutionalize

the mentally ill and place them back in the community* has, in Manitoba as it has elsewhere, placed great strain on community housing and support service resources.

With regard to existing housing forms for the mentally ill, all community-based options with the exception of self-contained residences were cited as being too few in number to meet demand.** One community-based setting type which received a great amount of attention as being too 'rare' was the group setting which provides extensive in-house rehabilitation programming to its residents (i.e. the Sara Riel type). It was also widely perceived that too few residential care settings, particularly with significant degrees of in-house care, are available in Manitoba. Further, problems with regional distribution of community based options (e.g. too few residential care homes in smaller centres) were noted by some respondents.

Concerning housing forms largely not available in Manitoba at present, two respondents cited the need for a 'house-links' option similar to those available in Vancouver and Toronto. Briefly, these are client-run co-op housing ventures in which residents decide on the nature and extent of support and guidance to be provided by any staff. There was also a need cited for a type of setting which would enhance a mentally ill person's successful transition from an institutional setting to one in the community. At present, the only settings of this type in the province are Parkland Villa I and II on the Brandon Mental Health Centre (BMHC) grounds. In addition, a need was cited for a setting which would serve temporary, emergency needs

* This movement largely a phenomenon of the seventies, involved the rapid 'evacuation' of a significant proportion of the inhabitants of large-scale mental institutions. A number of authors address the problems stemming from deinstitutionalization, including Bachrach (1976), Health and Welfare Canada (1980) and Rohn (1980).

** In the case of self-contained residences, however, it was also argued by one respondent that such settings are effectively removed as an option for some mentally ill persons because 'success' in these settings is dependent on having a job or some other outside activity which reduces personal isolation.

among the mentally ill. Finally, the point was made that many elderly persons with mental problems who are currently placed in large institutions would be better served if there were more nursing homes with programming specifically geared to serving the elderly mentally ill (see Table 4).


Turning to the provision of support services for the mentally ill in Manitoba, some areas of deficiency were revealed by the questionnaire responses. The problem most widely cited was that community-based services and resources are not adequate or not sufficiently responsive to meet the spectrum of needs of the mentally ill residing in the community. Service areas noted as being particularly deficient in terms of availability at the community level were vocational/rehabilitation programs, recreational programs and psychiatric treatment. A second problem widely cited by the respondents was the insufficient support services provided to many mentally ill persons residing in privately operated settings within the community (e.g. boarding homes). Many such settings provide virtually no in-house supports or therapeutic programming. As well, apparently many persons who are so housed have no provincial mental health worker and, for those who might require it, thus no help in structuring their day and ensuring that their daily needs (hygiene, meals, medication, etc.) are addressed adequately.

The final area of deficiency which was noted fairly extensively relates to 'staff' within settings for the mentally ill. It was pointed out, for example, that private operators often lack the necessary training to provide the support required by their mentally ill residents. The position was advanced by a provincial respondent that more staff with specialty training in the care and treatment of the chronically mentally ill are needed in community settings. Finally, a respondent from an organization representing a group of mentally ill argued that, generally within existing supervised settings for the mentally ill, in-house staff place too much emphasis on custodial care and too little on client independence and self-determination.

With regard to any significant barriers to improved provision of housing and support services for the mentally ill, the questionnaire respondents identified a number. Once again, barriers stemming from inadequate funding were mentioned most prominently and again there was a fairly wide-

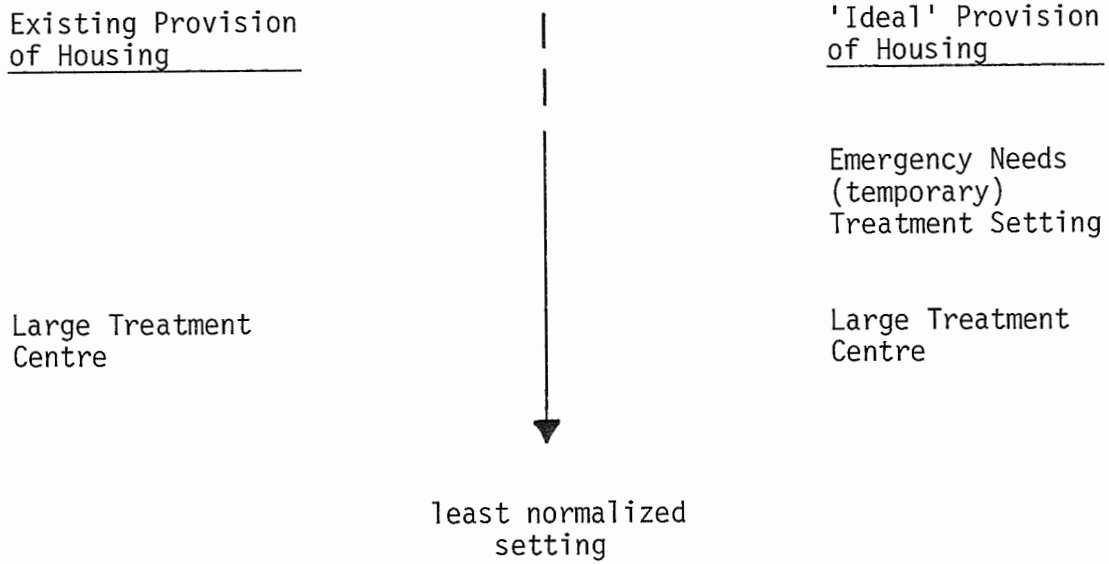
Table 4

Housing Provision In Manitoba -
Mentally Ill

<u>Existing Provision of Housing</u>	most normalized setting	<u>'Ideal' Provision of Housing*</u>
Self-contained Residence		Self-contained Residence
Independent Living with Support		Independent Living with Support (greater capacity needed)
		'House Links' Co-op Housing
Independent Group Living		Independent Group Living (greater capacity needed)
Supervised Group Living		Supervised Group Living (greater capacity needed)
Transitional Setting		Transitional Setting (greater capacity needed)
Residential Care		Residential Care (greater capacity needed)
Nursing Home		Nursing Home (greater capacity needed; more Nursing Homes needed with programming geared to the mentally ill elderly

(Continued on next page)

Table 4 (Cont'd....)



* Based on the comments of questionnaire respondents.

spread perception that greater funding is unlikely in the present economic circumstances. It was noted by numerous persons, for example, that much more money will have to be committed to residential programs if the breadth of community-based housing with appropriate support services in Manitoba is to be widened sufficiently to meet existing need for these housing forms. It was also pointed out that potential sponsors of community settings will require greater access to development funds before a significantly greater number of community groups will sponsor new(group)settings for the mentally ill.

Another widely perceived barrier to an improved housing situation was the fragmentation and lack of coordination among the agencies and individuals involved in housing and support service provision. Particular aspects of this problem which were cited were differing levels of commitment among service providers and agencies to the provision of a full range of community, normalization-oriented housing options, and power struggles among the various actors at the policy-making and funding levels. Obviously such problems, to the extent they do exist, make a truly systematic approach to the housing situation of the mentally ill in Manitoba difficult.

The third area noted particularly widely among the questionnaire respondents as providing a barrier to improvement of the housing conditions of the province's mentally ill was that of public attitudes. A frequently cited problem of this nature was the significant degree of public prejudice which apparently exists concerning the mentally ill and the related reluctance of communities and neighbourhoods to accept settings housing persons with this type of disability within their midst. The other such problem is one of public apathy -- the reluctance of citizens' groups to get involved in operating community(group)settings and the general shortage of volunteers and volunteer leadership which a broad range of community-based settings for the mentally ill requires.

Some other significant perceived barriers to improved housing conditions were cited by some respondents, although less widely than those above. For example, the restrictions municipal zoning laws place on where certain types of residential settings may be located can apparently be a major barrier to the provision of community based group housing. (Such a problem is of course not

confined simply to the mentally ill among the disabled groupings). As well, two organizations representing the mentally ill asserted that an institution and medical treatment oriented attitude prevails among many care and service providers in Manitoba. They perceived this attitude to act as a barrier to more complete development of community-based housing options which promote normalization and to the necessary emphasis on integration and independence in existing community settings for the mentally ill.

4.4 Visually Impaired

The research indicates that the great majority of the visually impaired are largely self-sufficient and thus simply adapt to their environment (a 'normal' one) through familiarity. Therefore, there does not appear to be the need for the range or volume of housing alternatives for the visually impaired that there is for the three groupings of disabled previously discussed. Nevertheless, some gaps or deficiencies in present provision of housing for Manitoba's visually impaired were cited by the questionnaire respondents.*

An agency serving the visually impaired cited the following areas of deficiency. First, they identified a need for small group settings with in-house supports to serve the younger visually impaired who also have other disabilities. Many of these persons are presently institutionalized in some manner (i.e. nursing homes, Manitoba School for Retardates). Secondly, they cited the need for more as well as better quality room and board settings in the province for the elderly visually impaired. Many such persons are presently residing in nursing homes and receiving a level of care which they really do not require. Thirdly, a limited need was identified for some more transitional settings for the visually impaired to augment the existing small transitional apartment program which CNIB operates in the summer. Finally, the agency cited a need for more places for the visually impaired in nursing homes, to reduce the length of time some visually impaired elderly with medical needs currently must spend in acute care wards of hospitals awaiting nursing home placement (see Table 5).

* It should be noted that far fewer persons were contacted concerning the housing conditions of the visually impaired and the hearing impaired than were contacted concerning conditions for the other three disabled groupings. This was not by choice but simply reflected the fact that far fewer agencies and groups seem to be active in Manitoba, serving or representing the visually and hearing impaired, than is the case for the other groupings. For both the visually impaired and the hearing impaired the comments of two organizations were solicited and received.

Table 5

Housing Provision In Manitoba -

Visually Impaired

Existing Provision
of Housing

most normalized
setting

'Ideal' Provision
of Housing*

Self-contained
Residence

Self-contained
Residence

Room and Board

Room and Board (greater
capacity needed)

Group Living

Transitional Setting

Transitional Setting
(greater capacity
needed)

Residential Care

Residential Care

Nursing Home

Nursing Home
(greater capacity
needed)

Large Treatment/
Training Centre

Large Treatment/
Training Centre

least normalized
setting

* Based on the comments of questionnaire respondents.

General satisfaction was apparent concerning the nature and types of support services which are available to the visually impaired in Manitoba. The respondent from an organization representing the visually impaired provided one note of criticism, however, asserting that the volunteer segment of services provided to this disabled grouping could be improved.

The one significant barrier which was cited as impeding improved provision of housing and support services to the visually impaired of Manitoba was, not surprisingly, finances and their availability.

4.5 Hearing Impaired


As is the case with the visually impaired, the hearing impaired appear to require and are served by a smaller range of housing types than are other disabled groupings. Again, the nature of the disability of this grouping is such that self-sufficiency, particularly with appropriate electronic household devices, can apparently be enjoyed fairly widely. Thus there is less demand for mid-range options than is the case for some of the other groupings of disabled. Two areas of deficiencies in the present provision of housing for the hearing impaired were cited by the questionnaire respondents, however.

First, the spokesman for a residential facility serving hearing impaired persons with various levels of dependency noted that this facility, located in Winnipeg, is the only such centre in the province which is geared to the needs of the hearing impaired. This respondent stressed the need for additional centres of this nature, and for settings on a smaller scale than the existing facility. Secondly, both the contact at the residential facility and a respondent from a group representing the hearing impaired emphasized the need for more self-contained housing units in the province which are equipped with electronic aids for the hearing impaired such as door bell alerting devices and the like. Such devices can of course help ensure a high degree of self-sufficiency for the hearing impaired individual (see Table 6).

The respondents exhibited general satisfaction with existing support services for the hearing impaired. The one perceived area of deficiency, cited

Table 6

Housing Provision in Manitoba -
Hearing Impaired

<u>Existing Provision of Housing</u>	most normalized setting	<u>'Ideal' Provision of Housing*</u>
Self-contained Residence		Self-contained Residence (more units with electronic aids needed)
Independent Apartment Living		Independent Apartment Living (more units needed; should also be smaller scale alternatives to existing facility)
Residential Care		Residential Care (greater capacity needed; should also be smaller scale alternatives to existing facility)
Nursing Home		Nursing Home
Large Treatment/ Training Centre		Large Treatment/ Training Centre
	least normalized setting	

* Based on the comments of questionnaire respondents.

by the respondent from the residential centre, concerned interpreter services for the deaf in the province. It was felt that such services should be more extensive, although efforts in this direction were noted.

A few barriers to improved provision of housing and support services for the hearing impaired of Manitoba were identified by the questionnaire respondents. Once again, the barrier cited most prominently was one of finances and their availability. Specifically, a need was identified for the availability of greater financial assistance to hearing impaired individuals wishing to equip their private residences with electronic aids and for nursing homes which want to install such devices for their hearing impaired residents. A need was also identified for funds to be used to make hearing impaired persons aware of the electronic devices which are now available.

A second barrier cited were existing building codes which do not make alerting devices for the hearing impaired mandatory. A third barrier identified was a general dearth of knowledge among the hearing impaired concerning available support devices. The final perceived barrier to improved provision of housing and support services for Manitoba's hearing impaired was one of inappropriate public attitudes concerning the hearing impaired and their needs.

5.0 Conclusions and Recommendations

5.1 Conclusions

A number of conclusions emerge from the preceding examination of the conditions which prevail with regard to housing and support service provision to Manitoba's disabled. The discussion below will focus first on areas of fairly general concern to the province's disabled regardless of their disability 'category', and secondly on matters specific to particular groupings. The emphasis here will be on problem areas, reflecting the author's perspective that areas requiring remedial action by persons responsible for or involved in housing and support service provision deserve special attention. Significant achievements in the provision of housing and support services for the disabled of Manitoba have been made, however. The reader is directed to the second and third reports of this series for evidence of these achievements.

5.1.1 Common Problem Areas among the Disabled Groupings

Looking first at deficiencies relating to housing provision, three areas would appear to have evoked fairly general concern (among the questionnaire respondents) for all five disabled groupings. The first is the limited capacity of existing mid-range, community-based options to meet demand among the disabled of Manitoba for such housing types, with the result that many persons are currently inappropriately housed with respect to their needs. The second area involves the limited selection of settings, particularly community-based ones, which are presently available to disabled persons in rural areas of the province. The third fairly general area of deficiency relates to the inaccessibility of the self-contained housing option for many of the disabled, either because such units often lack the necessary physical adaptations (structural or in terms of special equipment), and/or because the necessary programs to support such living are lacking.

With respect to provision of support services, two areas of deficiency seem to have application for all disabled groupings. The first is the need for more (and better) services which facilitate life within the community at some level. The second is that services at nursing homes for the elderly can be too general in nature to suit the needs of an aged person stemming from a particular disability.*

A number of barriers to improved provision of housing and support services appear to be perceived fairly generally or to have general application, regardless of disabled grouping. Most prominent is the current economic climate and the obvious negative impact it has on program budgets, and thus on attempts to improve housing and support services provision. Any such improvements appear to be dependent greatly on increased funding. A second barrier perceived fairly generally involves the nature of existing

* This problem was revealed most clearly in the case analyses which were conducted; see the third report of this series.

programs in Manitoba which address the provision of housing and support services. These programs are identified as lacking the necessary flexibility and/or being too fragmented to meet adequately the existing needs of the disabled. A third generally perceived barrier involves inappropriate public attitudes. These attitudes include ignorance or apathy about the disabled and their needs as well as the hostility or prejudice which is often directed toward disabled groups and individuals.

Three additional barriers, although identified for only a few of the groupings of disabled, would appear to be applicable to all of them to differing degrees. The first involves the conflicts in philosophy over what the disabled need or should have in terms of lifestyle, among persons and agencies responsible for providing housing and support services to the disabled population, the recipients and their representatives. The second of these barriers is a legal one and includes inappropriate building codes and restrictive zoning laws. The final barrier which would appear to have general applicability for all five groupings of disabled is one of geography. It is simply not economically feasible to provide the range of housing forms and support services to persons in remote, scarcely populated locales which is or can be provided to disabled residents of cities such as Winnipeg and Brandon.

5.1.2 Problem Areas Specific to Particular Groupings

(a) Physically Disabled

Overall, it would appear the range of housing options available to the physically disabled is too limited, particularly in comparison to some other disabled groupings. One option (presently available to other groupings but not to the physically disabled) for which there is an apparent need is the group setting. In addition, it would seem the physically disabled with the capacity for full independence would clearly be better off if more structurally modified self-contained residences were available in Manitoba communities. As well, those persons capable of independence but requiring ongoing physical aid appear to require an expansion in the province of Fokus-type programs. Finally, the indication is that the consumers of housing and support services (i.e. the physically disabled themselves) presently have too little input into decisions on provision with the result

that existing programs do not always meet the needs of the physically disabled as adequately as they might.

(b) Mentally Retarded

Among the most severe problems being faced by the mentally retarded is the deficiency which apparently exists in community-based services. The indication is that not enough support resources are available in the community to mentally retarded persons living or desiring to live in a non-institutional setting. Another apparent significant problem is that the budgets for existing community-based settings are too low to attract consistently the most qualified staff and the best foster home operators. A final (and perhaps the most significant) problem affecting provision of housing and support services to the mentally retarded is the divergence in philosophy among groups serving/representing the mentally retarded in Manitoba. The dichotomy between those who wish to 'shelter' the mentally retarded to a great extent and those who wish to promote the greatest degree of individual independence possible, creates obvious problems relating to housing and support service provision and would seem, at present, to leave little room for achieving compromise positions. The recent provincial decision to support expansion of the St. Amant Centre (a facility which would seem to lean toward sheltering) and the efforts of the Winnipeg branch of the Canadian Association for the Mentally Retarded to promote the independence-oriented Prairie Housing Co-operative*, would seem

* The Prairie Housing Co-op, which has just got underway in Winnipeg, represents a new, innovative way to provide self-contained residences to Manitoba's mentally retarded. It thus deserves some further comment. Despite its primary focus on the mentally retarded among the disabled, the Co-operative also attempts to provide housing to persons with other types of disabilities. The Co-operative's objective is to provide its members with affordable housing on a cooperative basis and to welcome and support members (at least 25%) 'with developmental special needs'. According to the PHC brochure:

The cooperative establishes neighboring groups of individuals or families in relatively small dispersed settings, in duplexes, townhouses, or clusters of single family dwellings. Each grouping is designed to include and support one or more handicapped members or one or two families with a child who has a handicapping condition.

illustrative of this dichotomy. It is also illustrative of the potential of the philosophical dichotomy to further reduce the coordination of provision.

(c) Mentally Ill

The philosophical divergence noted above among groups serving and representing the mentally retarded would also appear to be a problem for the mentally ill in terms of housing and support service provision, although to a lesser degree. The problem areas of particular note for this grouping are the lack of temporary emergency settings and the need for an option similar to the 'house-links' co-op setting which exists in some other provinces. (The Prairie Housing Co-operative comes to mind as an example of how the latter need could be met.)

(d) Visually Impaired

In terms of housing, there would appear to be a need for group settings for the visually impaired, and for more and better room and board situations for the elderly within this grouping. With regard to support services, the indication is that the volunteer component of service provision should be expanded.

(e) Hearing Impaired

It is apparent that a need exists for settings in addition to the Kiwanis Centre which serve hearing impaired persons with mixed levels of dependency. A need can also be identified for more self-contained residences which have been technically adapted to meet the requirements of the hearing impaired with the capacity for full independence (i.e. the great majority of this disabled grouping). In terms of services, the research indicates that interpreter services should be expanded.

5.2 Recommendations

The recommendations of this report generally flow directly from the above conclusions concerning current provision of housing and support services to Manitoba's disabled. The wide scope of the research (encompassing all the disabled) and the diversity of the groupings examined result in these

recommendations being fairly general in nature. Most suggest a need for further research on specific issues.

- * To overcome as much as possible the budgetary restraints imposed by present economic conditions, it is suggested that providers of housing and support services for the disabled consider means of rationalizing provision and reallocating and redirecting their existing budgets. Serious consideration should be given to directing some of the money presently allocated to more institutional settings toward mid-range, community-based options. It is the author's perspective that such settings are what the majority of disabled persons not presently residing in self-contained residences require and want. It can be argued that settings of this nature can also be potentially cheaper to operate than the institutionalized, large scale settings and thus could serve more persons at the same budget level. It would seem appropriate and necessary to have input into these deliberations by the actual consumers of the housing and support services (the disabled themselves) to ensure that any budgetary reallocations do accurately reflect need.

Concerning particular gaps in provision which have been identified for specific groupings of disabled, the relevant actors will have to determine to their own satisfaction that these gaps do indeed exist and whether it is feasible in present economic circumstances to attempt to meet such needs. Given that they do recognize the gaps identified here, these actors will also have to determine how to most efficiently proceed with the task of 'filling' them.

- * Consideration should be given to turning over responsibility for provision of housing and support services under existing provincial programs to independent community boards. The Province would retain funding responsibility for the programs and responsibility for overall policy. Community boards, it is felt, would have the potential to better meet the needs of the disabled as defined by local circumstances, within the provincial government's general guidelines. Members of the board could include representatives from the Province and the particular municipality as well as consumers of the services and appropriate professionals residing in the community. The proposed change would directly address the problem of program inflexibility identified previously.

This recommendation is obviously most relevant to the mentally retarded and the mentally ill, the groupings for which the Province has full-fledged residential programs. However, independent, representative community boards have the potential also to facilitate more appropriate housing and support service provision for the other three groupings. Thus, they

represent an alternative worthy of consideration by actors involved in provision for the physically disabled, visually impaired and hearing impaired.

- * Innovative means of providing housing to the disabled outside of existing programming deserve consideration as a way to broaden the range of available housing and fill particular housing gaps. An example of such innovative provision is the Prairie Housing Cooperative which operates outside of existing disabled-specific programs and offers independence-oriented, integrated housing plus the necessary human supports to disabled persons. In setting up this housing project the Co-operative group has used C.M.H.C.'s non-profit housing program. Cooperative ventures of this type have proven successful in other provinces as well (e.g. House Links in B.C. and Ontario). C.M.H.C. and M.H.R.C., in association with the disabled and their representatives, should examine how their non-profit programs might best be used to facilitate the development of more innovative housing projects for the disabled. In Winnipeg, housing providers and consumers and their representatives should also examine how the housing rehabilitation and infill housing provisions included in the five year Core Area Initiative (C.A.I.) might best be utilized to increase housing options for the disabled. It is the perspective of the author that group settings and co-op clusters could be developed in Winnipeg's core using C.A.I. and related resources. The issue of facilitating innovative housing projects would benefit from further research.
- * Municipal policy-makers must be made fully aware of the housing needs and desires of the disabled and of the impediments to meeting these needs which can be caused by restrictive building codes and zoning laws. Such legal barriers to appropriate provision must be redressed if an adequate supply of self-contained units and group settings is to be provided to the disabled. Continued concerted advocacy efforts by disabled consumers and their representatives will probably be necessary to bring about awareness at the municipal level and encourage subsequent ameliorative action.
- * The Province should attempt, where and when it is economically feasible, to step up its efforts to increase the range of housing alternatives for the disabled in the regional centres of Manitoba's non-urbanized areas. Non-governmental agencies serving and representing the disabled should endeavour to support these decentralizing efforts wherever and however possible. One possibility is to facilitate the development of co-op projects akin to the Prairie Co-operative in regional centres, to serve persons with differing disabilities and requiring differing support needs.
- * Insufficient income has been identified as a barrier to independent living in a self-contained residence for some disabled persons. Clearly, disabled persons with the capability for independence but lacking the necessary income could benefit from an expanded shelter allowance program.

It is recommended that particular consideration be given to the disabled when decisions concerning shelter allowances are made.

- * Efforts to explain and to promote the capacity of the disabled for normalization, should be expanded. Such efforts are necessary to alleviate the attitudes of apathy, ignorance and sometimes hostility which, according to the findings of this study, continue to exist within the general public concerning the disabled. Educational or informational programs of this nature would have the most benefit if the disabled themselves were the major contributors to them. It is clear that these programs will have to be of an ongoing nature.
- * Services which are being provided to the general community should be made sufficiently flexible to meet specific needs of the disabled and to complement family and neighbourhood resources (friends, volunteers). Such services could open the opportunity for community life to more disabled persons while, because of their general nature, not unduly stigmatizing the disabled recipients. Means of achieving this goal should be an integral part of the discussions at a series of seminars which are proposed below.
- * Greater efforts at cooperation are required by nursing homes and the agencies (e.g. CNIB, SCCA) serving particular disabled groupings, to meet the special needs of elderly nursing home residents with a disability. It is apparent the general services of nursing homes are often not sufficiently flexible to meet needs stemming from a particular disability. For example, general recreational programming for elderly residents can be quite inappropriate for the blind. A problem of this nature can be alleviated if nursing homes can tap the resources of service agencies and their particular expertise concerning the needs of the group they serve. The service agencies could take the lead in bringing about this greater cooperation by mounting an out-reach campaign which spells out to nursing homes the resources they have available for disabled residents.

This type of expanded cooperation with service agencies would also benefit large scale institutional settings. These settings, while for the most part serving persons in particular groupings, include individuals who have additional disabilities. (An example of such a setting is the Manitoba School for Retardates.) It is recognized that service agencies are presently getting involved in special programming for such persons to some extent, in cooperation with in-house staffs. There would appear to be room for greater efforts in this area, however.

- * Efforts towards achieving common philosophical ground concerning the needs and capabilities of the disabled should be undertaken

by persons and agencies responsible for housing and support service provision. While recognizing the difficultness of reaching this goal, it is also clear that coherent, cohesive provision is dependent to a significant extent upon some degree of philosophical understanding among providers. Again, contributions by the consumers (disabled) themselves are essential to reaching this philosophical middle ground. A 'meeting of minds' on the subject of need and capabilities of the disabled could be fostered through a series of seminars which bring together providers of housing and support services, the recipients of these services and their representatives, and experts in the field. These seminars could focus on the need and capabilities issues, attempting to achieve a common position on what they are and on how the housing and support service needs of the disabled might best be served in light of this position. The Institute of Urban Studies could conceivably play a role in organizing such a seminar series.

- * The inadequacy of existing demographic data on Manitoba's disabled, particularly for the physically disabled and the mentally ill, was noted and illustrated in this report. Even given general philosophical agreement on need as a concept, conclusive demographic data would seem essential to a truly accurate definition of the housing needs of the disabled. It is recommended that the actors involved in or having a direct stake in housing and support service provision seriously pursue means to overcoming these data problems. Once again cooperative efforts would seem essential. The aforementioned seminar series could provide a forum for addressing the data deficiency problem and how it might be overcome.

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