



# Housing for Assisted Living in Inner-City Winnipeg

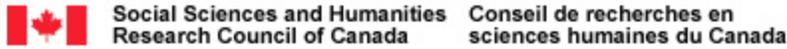
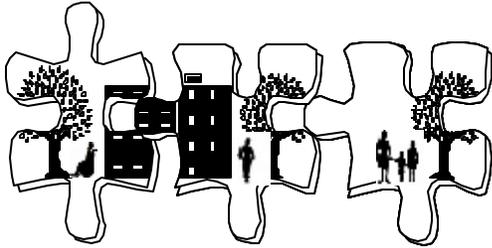
## **A Social Analysis of Housing Options for People with Disabilities**

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## Abstract

People with disabilities who have complex health and housing needs have limited housing options. Younger adults with disabilities, for example, are inappropriately placed in personal care homes with seniors when the cost of supporting a person in her or his own home exceeds the cost of supporting her or him in an institutional setting. Over the last decade, a working group called the Housing for Assisted Living (HAL) Committee has been seeking a solution to this problem in Winnipeg. The HAL Committee recently identified a building in the Logan area of Winnipeg's Inner City to re-develop as an assisted living facility that will provide a range of on-site support services for people with disabilities within an integrated setting.

This research project gathered information about social issues in the area where the assisted living facility is being developed. The findings will help ensure the long-term success of the HAL project, which will be beneficial for people with disabilities in particular and Winnipeg as a whole.

Working from a cross-disability perspective, we utilized a participatory action research approach. Thirty in-depth qualitative interviews were conducted with people with disabilities who have complex health and housing needs, people with disabilities currently living in the Inner City, and representatives of agencies that provide housing and other services in Winnipeg to people with disabilities. The data from these interviews was analyzed and the major themes were compiled into a preliminary report that was distributed to all study participants who reviewed the research findings and provided feedback.

The final report was released at a public information session in January 2005. Following the information session, the full report was distributed to project participants, Advisory Committee members, disability organizations across Canada (particularly those providing services related to housing), researchers, community groups, government departments, policy makers, etc. The report was also posted on the project website (<http://www.halproject.mb.ca>) and on the website of the Winnipeg Inner-City Research Alliance ([http://ius.uwinnipeg.ca/wira\\_publications.html](http://ius.uwinnipeg.ca/wira_publications.html)).



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Ten Ten Sinclair Housing was the partner organization on this project. Co-investigators Don Ament and Donna Collins, along with an Advisory Committee consisting of representatives from the Housing For Assisted Living Committee, provided overall guidance and direction throughout the project. The members of the Advisory Committee were:

- Sharon Segal, Manitoba Chapter, Multiple Sclerosis Society of Canada,
- Barry Russell, Society for Manitobans with Disabilities,
- Bette Brown, Manitoba Brain Injury Association,
- Sandra Funk and Kerstin Roger, Manitoba Huntington Disease Resource Centre,
- Greg Winmill, Canadian Paraplegic Association,
- Martial Caron, Cerebral Palsy Association of Manitoba, and
- Joy Goertzen, Manitoba Housing and Renewal Corporation.

We appreciate their support, as well as the assistance of the broader Housing for Assisted Living Committee.

This research began at the Canadian Centre on Disability Studies (CCDS), and we wish to thank the organization for enabling Colleen Watters, Project Manager, to devote a major portion of her time to this project. In addition, appreciation is expressed to Research Assistants Jenn Matwee and Michelle Lodewyks for their assistance with the development of data collection instruments, to Marlaine Myk for conducting the literature review and providing additional support at Advisory Committee meetings, and to Carly Johnston for proofreading the final report. Jenn, Marlaine, and Carly's help during the information session where research participants reviewed and validated the findings was much appreciated. We wish to thank Kathy Jaworski of KJ Typing Services for transcribing the interviews with participants. The authors also gratefully acknowledge the contribution of Gary Annable for helping to develop the idea for the study, and for his assistance with editing and formatting this report.

Finally, we wish to thank the 25 individuals with disabilities and five service providers who graciously shared their perspectives about assisted living housing for persons with disabilities and the Exchange and Inner City Districts, and provided recommendations which will contribute to the future development of assisted living housing in Inner City Winnipeg and beyond.

Michelle Owen and Colleen Watters

January 2005



## Executive Summary

People with disabilities in Winnipeg who have complex health and housing needs have limited housing options. Younger adults with disabilities, for example, are inappropriately placed in personal care homes with seniors when the cost of supporting a person in his or her own home exceeds the cost of supporting him or her in an institutional setting. Over the last decade, the Housing for Assisted Living (HAL) Committee, a working group in Winnipeg composed of member organizations, has been seeking a solution to this problem. The HAL Committee recently identified a building at 340 Princess Street in the Logan area adjacent to Winnipeg's Inner City Exchange District as most structurally suited to meet its stated objectives.

This report describes the findings of the Housing for Assisted Living in Inner-City Winnipeg research project that examined a variety of social issues related to the development of the building at 340 Princess as an assisted living housing facility for adults with disabilities between 18 and 55 years of age who have complex health and housing needs. This facility will provide a range of on-site support services for people with disabilities within an integrated setting.

The study was financially supported by the Winnipeg Inner-City Research Alliance (WIRA), which is funded through the Social Sciences and Humanities Research Council (SSHRC) and the Canada Mortgage and Housing Corporation (CMHC). The research was guided by a project Advisory Committee composed of selected representatives drawn from the larger Housing for Assisted Living Committee.

The current report is based on interviews conducted between July and October 2004 with:

- twenty people with disabilities with the kinds of complex health and housing needs that assisted living housing is designed to address (referred to as "the HAL target population"),
- 5 individuals with disabilities who currently live in the Inner City/Exchange District (referred to as "key informants"), and
- representatives of 5 organizations providing disability-related housing and other services to individuals with disabilities (referred to as "service providers").

The HAL target population and key informants were asked a series of questions about:

- their housing experiences and needs,
- views on the supports and services that should be available in an assisted living housing environment,
- impressions of living in the Exchange District,
- opinions about community resources and services,
- accessibility,
- safety, and
- the feasibility of locating assisted living housing within the Inner City/Exchange District.

Service providers were asked about:

- their experiences providing housing services to younger adults with disabilities who have complex health and housing needs,
- barriers to providing these services,
- successes,
- service gaps, and
- whether or not they would recommend an assisted living facility in Inner City Winnipeg as a housing option to their clients.

Amongst the findings from the three groups of interviewees, there were similarities and differences, but the similarities far outweighed the differences. The majority of interviewees in all three groups identified the shortage of accessible and affordable assisted living housing as a major concern that needs to be addressed.

Although the current research centred primarily around social issues in the Exchange District adjacent to the area where the assisted living facility will be located and exterior spaces, members of the HAL target population and key informants also raised points about the interiors of buildings and outlined a number of supports that should be available in an assisted living housing facility. These supports included: assistance with personal care (such as bathing, dressing, toileting, etc.), assistance with household tasks such as meal preparation and laundry, and an on-site nurse on call at all times to respond to medical emergencies.

Less than half the members of the HAL target population indicated they would feel safe living in the Exchange District. For those who were unfamiliar with the area, their views were based on impressions rather than first-hand knowledge about the area. For the most part, the key informants (persons with disabilities living in the Exchange or adjacent Inner City locations) indicated they felt relatively safe residing in the area.

Respondents from all three groups identified similar safety concerns. These included fear of:

- being in the area at night because it's too dark,
- being robbed,
- vandalism of parked vehicles,
- being mugged
- being sexually assaulted,
- being killed,
- being approached by members of the Hell's Angels,
- being approached by strangers, and
- drug dealers.

Participants who lived in the Exchange mentioned issues such as the presence of intoxicated people, those who inhale substances or take drugs, noise from bars and the need to be cautious when coming home at night. Poor exterior lighting was also identified as a concern. Many individuals indicated their disabilities made them feel more vulnerable particularly because they felt unable to defend themselves or run away.

To address safety concerns, participants indicated the need for law enforcement officers and/or citizen patrols to tour the area on foot, more security in and around buildings, security cameras and better street lighting.

Respondents in all three groups believed that the majority of community resources and services, such as churches, libraries, community centres, healthcare facilities and disability organizations, were either available in the Exchange District or within adjacent areas. The most frequently stated exception was a large and conveniently located grocery store.

Interviewees from the three groups identified concerns about the accessibility of the Exchange District, although it was noted that a greater number of facilities are now accessible. Concerns included:

- insufficient curb cuts (both quantity and quality),
- curb cuts that are not even with sidewalks or angle into intersections,
- uneven or sloping sidewalks,
- roads that are in poor repair,
- inaccessible buildings (many had stairs and no elevators, or small lifts that didn't always work),
- poor exterior lighting,
- an insufficient number of accessible parking facilities and drop-off areas,
- inadequate snow removal (mainly quality),
- an insufficient number of accessible businesses with phones where individuals could call for assistance in case of emergency, and
- signs too small or not high enough to be easily read.

The benefits of locating assisted living housing in the Exchange include:

- proximity to restaurants, art galleries, cultural events such as festivals, etc.,
- closeness to parks and green space,
- the ability to easily access disability organizations, healthcare services and other community resources, and
- opportunities to socialize with people with and without disabilities of all ages.

The main disadvantages to locating assisted living housing in the area centre around accessibility and safety concerns, as well as insufficient community services, particularly grocery shopping.

Most participants felt that, providing that the accessibility and safety concerns were addressed, the Exchange District would be a good location for assisted living housing because of its proximity to community services, businesses, disability organizations, central landmarks, and a revitalized downtown.

This report concludes with a series of recommendations aimed at addressing the issues raised by the study participants, particularly access to community services (especially grocery shopping), accessibility, safety, and the future development of assisted living housing in Inner City Winnipeg, the Exchange District and beyond.

The study findings will be particularly relevant to members of the Housing for Assisted Living Committee, researchers, organizations providing housing-related services and supports to people with disabilities, community groups, housing developers, the Exchange BIZ and the Downtown BIZ, the CentreVenture Development Corporation, Canada Mortgage and Housing Corporation (Government of Canada), the Province of Manitoba, Provincial Health Authorities, the City of Winnipeg and policy makers involved in developing future housing options to meet the needs of people with disabilities within inner-city Winnipeg and the wider community.

# Table of Contents

Abstract .....	iii
Acknowledgements .....	v
Executive Summary .....	vii
Table of Contents .....	xi
1. Introduction .....	1
1.1 Project Overview .....	1
1.2 Research Team .....	3
1.3 Project Advisory Committee .....	3
2. Literature Review .....	4
2.1 Introduction .....	4
2.2 A Statistical Profile of Adults with Disabilities in Manitoba .....	4
2.3 Housing for persons with disabilities .....	5
2.3.1 Housing as a Means of Independence .....	6
2.4 Assisted Living Housing .....	6
2.5 Housing Options for People with Disabilities in Winnipeg .....	7
2.6 Downtown Winnipeg Revitalization .....	7
2.7 Inner-City Winnipeg .....	8
2.8 The Exchange District .....	8
2.9 Accessibility to Services within the Inner City .....	10
2.10 Accessibility of Services in the Exchange District .....	11
2.11 Safety in the Exchange District .....	11
2.12 Transportation .....	13
2.13 Socio-economic Factors .....	14
2.14 Gender Considerations .....	15
2.15 Conclusion .....	16
3. Project Methodology .....	16
4. Findings .....	18
4.1 The HAL Target Population .....	18
4.1.1 Background Information .....	19
4.1.2 Satisfaction with Current Living Arrangements .....	20
4.1.3 Nursing Homes .....	23
4.1.4 Assisted Living Housing .....	24
4.1.5 The Exchange District .....	26
4.1.6 Safety in the Exchange District .....	27
4.1.7 Accessibility in the Exchange District .....	28
4.1.8 Assisted Living Housing in the Exchange District .....	29
4.2 Key Informants .....	30
4.2.1 Background Information .....	30
4.2.2 Satisfaction with Current Living Arrangements .....	31
4.2.3 Nursing Homes .....	32

4.2.4 Awareness of Assisted Living Housing .....	33
4.2.5 Life Experiences in the Exchange .....	33
4.2.6 Access to Community Services .....	34
4.2.7 Safety in the Exchange .....	35
4.2.8 Accessibility in the Exchange .....	36
4.2.9 Assisted Living Housing in the Exchange .....	36
4.3 Service Providers .....	37
4.3.1 Background Information .....	37
4.3.2 Barriers and Successes .....	37
4.3.3 Gaps In the Provision of Community Services .....	39
4.3.4 Nursing Homes .....	40
4.3.5 Awareness of Assisted Living Housing .....	41
4.4 Comparison of Findings from HAL Target Population, Key Informants, and Service Providers .....	42
4.4.2 Access to Community Resources and Services .....	43
4.4.3 Safety in the Exchange .....	44
4.4.4 Accessibility in the Exchange .....	44
4.4.5 Assisted Living Housing in the Exchange .....	45
5. Recommendations .....	45
5.1 Creation Of Additional Accessible and Affordable Assisted Living Housing .....	46
5.2 Supports and Services in Assisted Living Housing .....	46
5.3 Access to Community Services .....	47
5.4 Safety in the Exchange and Inner City .....	48
5.5 Accessibility in the Exchange .....	48
6. Summary and Conclusions .....	50
7. References .....	52
8. Appendices .....	57

# 1. Introduction

## 1.1 Project Overview

People with disabilities in Winnipeg who have complex health and housing needs have limited housing options.<sup>1</sup> Younger adults with disabilities, for example, are inappropriately placed in personal care homes with seniors when the cost of supporting a person in her or his own home exceeds the cost of supporting him or her in an institutional setting. Factors such as the age of the individual, safety issues, the availability of a support network to assist in coordinating services (if needed) and the ability of the person to self-direct her or his own services are also considered by case coordinators when determining whether a person should live in the community or be placed in an institutional setting (Sue Erickson, Winnipeg Regional Health Authority, e-mail communication, December 10, 2004).

Assisted living housing is an option that provides a range of on-site support services within an integrated setting. Examples of services include assistance with personal care, household tasks, and health needs. This type of housing has existed in Winnipeg for 25 to 30 years, with Ten Ten Sinclair Housing, Fokus Housing and Qu'Appelle Housing being the first facilities established. However, these options were insufficient in number to meet the demand for assisted living housing in Winnipeg.

Over the last decade, a working group called the Housing for Assisted Living (HAL) Committee has been working on expanding the assisted living housing concept in Winnipeg. The HAL Committee is hosted and chaired by Ten Ten Sinclair Housing Inc. and includes representatives from 15 disability, health and governmental organizations. The HAL Committee's overall goal is to promote and attain more appropriate housing choices for younger adults with disabilities who have complex health and housing needs. The Committee initiates projects in Winnipeg and throughout Manitoba that enable adults with disabilities 18-55 years of age to continue living as independently as possible in the community. In pursuit of this goal, the HAL Committee undertakes projects to:

- provide individualized and adaptable health and social support programs, including day and night on-site staffing supplemented by visiting home and health care professionals as required,
- make occupancy costs affordable for those with lower incomes,
- be residential (as opposed to institutional) in character,
- promote integration both within the project itself and with the community-at-large,
- be designed to encourage occupants to live as independently as possible,
- meet full accessibility design criteria,

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<sup>1</sup> For the purposes of this study, the term "disability" is used to refer to "any lack of ability to perform activities to an extent or in a way that is either necessary for survival in an environment or necessary to participate in some major aspect of life in a given society" (Wendell, 1996 p. 23).

- include different sized living units to accommodate a variety of household types,
- have ample common space for interaction between residents and for social/recreational activities, and
- have convenient access to a variety of community resources and services (Segal, 2003).

In the fall of 2003, the HAL Committee began to develop assisted living housing for younger adults with disabilities in a building at 340 Princess Street. This building is located in Inner City Winnipeg at the intersections of Princess and Higgins in the Logan area adjacent to the Exchange District (refer to Housing Site Location map in Appendix A). The boundaries of the Exchange District are:

- NORTH: William Avenue, James Avenue, and Market Avenue,
- SOUTH: Notre Dame Avenue and Lombard Avenue,
- WEST: Princess Street and Adelaide Street (north of William Avenue), and
- EAST: the Red River.

This study examined a variety of social issues in the Exchange District that is adjacent to the building at 340 Princess Street the HAL Committee is developing as assisted living housing. The decision was made to place a particular focus of this study on one part of the Inner City, namely the Exchange District, for the following reasons. First, when the idea for the project was being developed, the location of the housing site was informally referred to as the Exchange District. When the research was initiated, it was discovered that what is commonly referred to as the “Exchange District” actually encompasses many other areas, including China Town, City Centre, and the eastern portions of Centennial, West Alexander and Logan-CPR (refer to Winnipeg Inner City map in Appendix A). The latter is where the assisted living facility is situated. Second, like the research team and the Advisory Committee, many of the people who participated in the project thought of the area under discussion as part of the Exchange District. This may be partly attributable to the fact that the Exchange District is an increasingly vibrant and well-known inner-city community.

This report is based on interviews conducted between July and October 2004 with:

- 20 people with disabilities who have the kinds of complex health and housing needs that assisted living housing is designed to address (referred to as “the HAL target population”),
- 5 people with disabilities who currently live in the Inner City/Exchange District (referred to as “key informants”), and
- representatives of 5 organizations providing disability-related housing and other kinds of services to people with disabilities (referred to as “service providers”).

The first two groups, the HAL target population and key informants, were asked a series of questions about:

- their housing experiences and needs,
- their views on the supports and services that should be available in an assisted living housing environment,

- their impressions of living in the Exchange District,
- their opinions about community resources and services,
- accessibility,
- safety, and
- the feasibility of locating assisted living housing within the Inner City/Exchange District.

Service providers were asked about:

- their experiences providing housing services to younger adults with disabilities who have complex health and housing needs,
- barriers to providing these services,
- successes,
- service gaps, and
- whether or not they would recommend an assisted living facility in inner-city Winnipeg as a housing option to their clients.

The study findings will be particularly relevant to members of the Housing for Assisted Living Committee, researchers, organizations providing housing-related services and supports to people with disabilities, community groups, housing developers, the Exchange BIZ and the Downtown BIZ, the CentreVenture Development Corporation, Canada Mortgage and Housing Corporation (Government of Canada), the Province of Manitoba, Provincial Health Authorities, the City of Winnipeg and policy makers involved in developing future housing options to meet the needs of people with disabilities within inner-city Winnipeg and the wider community.

## 1.2 Research Team

The research team consisted of Dr. Michelle Owen (Principal Investigator), Don Ament and Donna Collins (Co-Investigators), Colleen Watters (Project Manager), Marlaine Myk, Jen Matwee, and Michelle Lodewyks (Research Assistants). Michelle Owen led the research, including hiring and supervising staff, setting intellectual direction, liaising with the funder, revising the final report, and overseeing the dissemination of the results. Colleen Watters carried out the daily activities associated with the project, including assisting in the development of data collection instruments, recruiting project participants, conducting interviews, analyzing the data and co-authoring the final report. Michelle Lodewyks and Jen Matwee assisted in drafting research instruments. Marlaine Myk conducted the literature review.

## 1.3 Project Advisory Committee

The Advisory Committee, which provided guidance to the project, consisted of representatives from the Housing for Assisted Living Committee:

- Sharon Segal, Manitoba Chapter, Multiple Sclerosis Society of Canada,
- Barry Russell, Society for Manitobans with Disabilities,
- Bette Brown, Manitoba Brain Injury Association,
- Sandra Funk and Kerstin Roger, Manitoba Huntington Disease Resource Centre,

- Greg Winmill, Canadian Paraplegic Association,
- Martial Caron, Cerebral Palsy Association of Manitoba, and
- Joy Goertzen, Manitoba Housing and Renewal Corporation.

Michelle Owen, Principal Investigator, chaired committee meetings. Donna Collins and Don Ament (Co-Investigators) and other members of the research team participated in these meetings. The Advisory Committee provided overall guidance and direction to project staff, evaluated data collection instruments, reviewed project reports, attended a workshop for participants to review the research findings, and assisted in the planning and implementation of the information session at the conclusion of the project. This committee met four times throughout the duration of the project. Between meetings, they provided support and guidance via telephone and e-mail communication.

## **2. Literature Review**

### **2.1 Introduction**

Over the course of the project, the researchers conducted a literature review related to housing and persons with disabilities. Material was located on various housing options available to persons with disabilities in Canada, assisted living housing, efforts to revitalize Winnipeg's downtown area, the Inner City and the Exchange District and accessibility, access to community services and safety in the Exchange. The following sections demonstrate that safety, access to community services and accessibility of the Exchange District present concerns for persons with disabilities who may be considering living and working in the area. The literature review concludes with an overview of factors such as education, income, race, ethnicity, and gender that may affect housing choices for persons with disabilities.

### **2.2 A Statistical Profile of Adults with Disabilities in Manitoba**

The most current statistics about people with disabilities in Canada come from the Participation and Activity Limitation Survey (PALS) conducted by Statistics Canada in 2001. It surveyed persons with disabilities living in the ten provinces, but did not include: (1) persons living in institutions, (2) persons living in the Yukon, Northwest Territories and Nunavut, or (3) persons living on First Nations. Overall, the data reported that there were 3.4 million people with disabilities in Canada. PALS statistics for Winnipeg and other cities have not been published, but provincial statistics are available.

There were a total of 139,660 adults with disabilities in Manitoba in 2001 (keeping in mind that PALS did not include people living in institutions or on First Nations). 50,290 were persons with severe (33,430) or very severe (16,860) disabilities. Although many of these 50,290 people were seniors, half were under 65, including almost 10,000 people who were between 15 and 44 years of age (Statistics Canada 2002).

## 2.3 Housing for persons with disabilities

There is a need to address the problem of appropriate and affordable housing for non-senior adults with disabilities. Various projects have arisen across Canada to deal with this concern. We contacted 27 Independent Living Resource Centres (ILRCs) across Canada to inquire about housing options in their areas. The four centres responding to our request for information indicated there is still a lack of adequate housing available for persons with disabilities.

Linda Armstrong from the ILRC in Nova Scotia stated, "There has been a lot of apartment buildings built over the last two years in Halifax, but no true wheelchair accessible ones" (Linda Armstrong, e-mail communication, June 28, 2004). In terms of obtaining more accessible housing for persons with disabilities, Armstrong said, "We always tell our consumers that they need to be self-advocates for better housing." She also stated that when it came to the issue of housing, "Nova Scotia seems to be a have-not province when it comes to persons with disabilities." (Linda Armstrong, e-mail communication, June 28, 2004).

Paul Hamilton of the Independent Living Resource Centre in Montreal, Quebec, described the following housing options available to persons with disabilities in downtown Montreal:

- Apartment units in elevator service hi-rises,
- Membership in a residential co-op,
- Condominium or townhouse ownership, and
- Institutional care settings. (Paul Hamilton, e-mail communication, July 7, 2004).

Tammy Matheson of Winnipeg's Independent Living Resource Centre outlined three types of housing options offered to persons with disabilities in Winnipeg: "At ILRC, we offer support through 3 different models:

- Brokerage - A process for independent living that seeks to meet the need for specially designed housing supports. These supports assist individuals with disabilities to plan and co-manage these supports while living in the community.
- Self/Family Managed Care - Both urban and rural consumers accept the responsibility, either themselves or with the assistance of family members, for their assessed care needs by coordinating, managing and directing those non-professional services needed to maintain an independent community living lifestyle.
- Qu'Appelle Housing - Accessible housing that provides eight tenants with multiple disabilities with the personal care and individual support they require to live in the community." (T. Matheson, e-mail communication, July 9, 2004).

It should be noted that the model of support provided by Qu'Appelle Housing conforms to the definition of "Assisted Living Housing" utilized in the current study.

In Manitoba, in addition to these options, there are a variety of supported living models managed by various disability organizations. These include:

- supported living housing for seniors,

- transitional assisted living housing models such as Ten Ten Sinclair Housing,
- shared service options such as Fokus Units,
- assisted living housing similar to that being established by the HAL Committee,
- self-managed care options.

Despite the somewhat broader array of options that exist in Manitoba, the range of housing choices available to people with disabilities is limited. This appears to be more pronounced in parts of the United States and on an international level (Jackson, 2001; Stewart, Harris and Sapey, 1999).

### 2.3.1 Housing as a Means of Independence

For persons with disabilities, housing is about more than having a place to live. “Housing affects lifestyle options, and comforts or difficulties of daily experience” (Harrison and Davis, 2001 p. 116). For people with disabilities, housing serves as a means of independence. This includes the ability to choose where and how to live. The freedom to choose how to live means that persons with disabilities are likely to select housing options that allow them to maintain, or in some cases, regain independent lifestyles (Canada Mortgage and Housing Corporation, 1992).

In the early 1990s, Canada Mortgage and Housing Corporation (CMHC) discovered trends regarding the housing choices made by adults with disabilities. “Current trends indicate that more and more are electing not to live out their lives in institutional-care facilities, preferring instead to be a part of the community at large” (CMHC, 1992 p. ix). Despite this trend, in 1994, the last year for which Manitoba data was available, there were 240 young Manitobans with disabilities living in personal care homes, and 46 more were on a waiting list (Soltys, 1994 as cited by Lutfiyya, Berscheld, Manwaring and Rosner, 1996). According to a 2004 *Globe and Mail* cross-Canada survey, at least 8,560 people with disabilities were inappropriately placed in nursing homes (Priest, 2004).

## 2.4 Assisted Living Housing

Assisted living housing is a newer housing option for persons with disabilities and seniors. Assisted living housing options include a variety of supportive services for seniors and persons with disabilities who are able to live independently but require assistance with daily activities (Office of the Assisted Living Registrar, Government of British Columbia, 2004). Under the umbrella of supportive services are personal assistant services that can include everything from help with dressing to administering medication. These personal assistant services are constructed to foster as much dignity and independence as possible for occupants, and to involve family and friends whenever possible (Government of British Columbia, 2004). Assisted living housing is gaining in popularity, but the majority of the assisted living facilities are directed toward seniors.

However, there are a few assisted living facilities in Canada that include younger persons with disabilities. The Mill Woods Centre, an assisted living facility for persons with respiratory and physical disabilities, located in Edmonton, Alberta, opened in 1995 (Tait, 1995). The Bello Horizonte housing project opened in Toronto in 1996. It houses six families living with Huntington's Disease and has 132 units for persons living with physical and developmental disabilities (Webb and Knox, 1997).

In April 2004, 363 affordable assisted living housing units were built for seniors and younger persons with disabilities living in Nanaimo, British Columbia (CMHC, 2004a). In May 2004, Boundary Lodge in Grand Forks, British Columbia, was converted into 17 assisted living apartments (CMHC, 2004b).

## 2.5 Housing Options for People with Disabilities in Winnipeg

Two studies conducted or commissioned by the Canada Mortgage and Housing Corporation (CMHC) examined ways of expanding the housing options for persons with disabilities in Winnipeg. In 1996, CMHC conducted a study about the possibility of developing universally accessible urban co-housing facilities, a housing option that involves the downsizing of private dwellings into a shared common house that includes a shared kitchen and social space (CMHC, 1996). The study concluded that urban co-housing provides the supports and services required by persons with disabilities. Urban co-housing also provides access to community services such as retail outlets and health care facilities. The study identified the Wolseley, Osborne Village, Riverview, Fort Rouge, Lord Roberts, and Norwood Flats areas as possible locations for co-housing close to downtown. The report also mentioned the Exchange District and a few surrounding blocks north of Portage Avenue, but the safety of both these areas detracted from their suitability. "At present, they are not considered as safe as some of the others mentioned and it remains to be determined how they will develop over time" (CMHC, 1996 p.33).

In 2000, CMHC commissioned another study to examine accessible downtown residential communities (Klos, Ament, and Everton, 2000). It found interest in downtown as a housing location for seniors and persons with disabilities. However, the report noted that access to services and amenities needed to be enhanced to make living in downtown Winnipeg more appealing to persons with disabilities and seniors. The authors identified three priorities for planning and building housing for persons with disabilities in downtown neighbourhoods: security and safety, accessibility, and proximity to services and amenities (Klos, Ament, and Everton, 2000).

## 2.6 Downtown Winnipeg Revitalization

Since the 1960s, there has been a consistent focus on revitalizing downtown Winnipeg (CentreVenture Downtown Development Corporation, 2002). During this period, the Core Area Initiative (CAI) was the most significant downtown revitalization effort. This tri-governmental program received \$196 million between 1981 and 1992 (Klos, Ament and Everton, 2000). The initiative provided financial assistance for neighbourhood and

physical augmentation, redevelopment, community economic development and new commercial and residential investment in the downtown area.

Similar revitalization efforts are continuing. As Plan Winnipeg, City of Winnipeg's premier planning document recognizes, "Our reputation as a city rests largely with our downtown" (CentreVenture Downtown Development Corporation, 2002 p. 8). The encouragement of downtown living through revitalization programs and supportive initiatives is viewed as an important part of downtown redevelopment (CentreVenture Downtown Development Corporation, 2002).

## 2.7 Inner-City Winnipeg

In addition to being a site of focused revitalization, Inner-City Winnipeg is unique in comparison to other areas of the city (Carter, Polevychok and Sargent, 2003). This is due to its ethnic and racial diversity. The Inner City has one of the highest percentages of foreign-born occupants at around 22 percent as compared to 16-17 percent in other areas. This area also contains a high concentration of Aboriginal peoples. "Approximately one in every five people identified themselves as Aboriginal in the Inner City. This proportion decreases to one in twenty in the non-Inner City (Carter, Polevychok and Sargent, 2003).

The Inner City continues to experience a number of problems including high rates of poverty, safety concerns, residential mobility of many of those on low incomes and lack of housing affordability. Poverty is one of the most significant factors that distinguishes the Inner City from other areas of Winnipeg. Estimates indicate that, as of 2001, four out of every ten households existed below the poverty line (Carter, Polevychok and Sargent, 2003).

## 2.8 The Exchange District

The area known as the Exchange District is situated within the central business district of downtown Winnipeg (The Exchange Partnership and the Exchange Community, 1996). The Exchange District is steeped in history and has been recognized as a national historic site.

Established at the turn of the century, the Exchange District is the original centre of commerce and culture in Winnipeg. The arrival of the railway in 1881 marked the beginning of an economic boom that would last for four decades and bankroll the construction of office towers, warehouses, banks, hotels and theatres (Exchange District BIZ, 2004 p.17). Many of these architecturally notable buildings remain standing today, and provide homes to shops, art galleries, restaurants and bars. The area has also served as a background for several major movies (Exchange District BIZ, 2004).

In recent years, the City of Winnipeg has encouraged people to live, work and spend their leisure time in the Exchange District. The Exchange District Strategic Action Plan was developed in 1996 with four goals:

- to maintain the architectural character of the area,
- to augment the district's energy and sustainability by increasing the number of people in the Exchange,
- to preserve the Exchange as a focal point for artistic and cultural events within the province, and
- to develop a feeling of community within the District (The Exchange Partnership and the Exchange Community, 1996).

Attracting more people to live in the Exchange District is an integral part of revitalizing this area (The Exchange Partnership and the Exchange Community, 1996). The conversion of warehouses and commercial buildings into residential occupancies is a key factor in recruiting more residents to the area. Living in this area has become a desirable option for many individuals. For example, the Fairchild Building, a former warehouse on Princess Street, was transformed into condominiums in 2004. In an April 2004 *Winnipeg Free Press* article about the Fairchild Building conversion, the developer asserted that there was an additional demand for more than 50 homes in the Exchange. In the same article, Diane Bampton, the general manager of CentreVenture, the city's downtown development agency, said, "There's more and more interest in the warehouse to loft concept" (as cited by Edgar, April 29, 2004, B3).

Persons with disabilities have expressed interest in living in the Exchange District. Klos, Ament and Everton (2000) noted the participants in their study identified numerous downtown sites as desirable places to live - the Exchange District was first on the list. It is difficult to determine the exact number of persons with disabilities who currently live in the Exchange District.

Klos, Ament and Everton (2000) provide some positive neighbourhood characteristics of the Exchange District that demonstrate the area's desirability. These include the uniqueness of the downtown area, the various amenities and increased accessibility of public spaces. The authors also reveal a number of opportunities for residential development. These include warehouses and commercial buildings, vacant historic buildings and land, and the possibility of housing registries such as the Exchange District BIZ and Ten Ten Sinclair Housing.

However, concerns about living in the Exchange District have also been identified. These relate to safety and lack of amenities such as grocery stores. In this vein, *The Winnipeg Free Press* printed an article by Tom Ford entitled "Exchange lacks the village feeling" (April 6, 2004). In this piece, Ford (2004) interviews Verna Alan, a longtime resident and business owner in the Exchange District, about living and working in the area. In Alan's opinion "The Exchange District is not yet, a community, a place where people have common interests and look out for one another" (as cited by Ford, April 6, 2004). Alan goes on to refer to the lack of adequate lighting in the area and presence of panhandlers.

The previously described 1996 CMHC study on the feasibility of urban co-housing for persons with disabilities also concluded that the Exchange District was an inappropriate location for urban co-housing at that time due to safety concerns (CMHC, 1996). Another issue relates to the lack of services. According to Verna Allan, the Exchange District needs community services such as grocery stores and drugstores (Ford, April 6, 2004). This sentiment was echoed in the April 29th article in *The Winnipeg Free Press*. However, the article attributed the scarcity of these services to the relatively small number of full-time residents (Edgar, April 29, 2004).

Safety concerns and lack of services are important matters for both people with and without disabilities. Although these issues exist in every part of the city, they are of greater consideration in the Exchange because it is still in the process of developing. This does not mean that the Exchange District cannot and will not become a viable community.

The importance of community resources and services as part of a good neighbourhood has been well documented (Burden, 2004; Freeman, 2004; Social Planning Council of Winnipeg, 2000). Not only is the availability of resources and services important, but accessibility to these services is equally imperative. Service availability and accessibility are particularly important for persons with disabilities. Klos, Ament and Everton (2000) maintain that a well-designed community must provide usability and access to housing options, support and social services, health care, and retail outlets.

## 2.9 Accessibility to Services within the Inner City

In an attempt to answer the question about service accessibility and usability in Winnipeg's Exchange District, an accessibility audit was conducted in December of 1999. The study was funded through the Winnipeg Development Agreement (WDA) and carried out by the Canadian Institute for Barrier-Free Design Incorporated. The study focused on the Centre Plan Area of Winnipeg and was dedicated to improving accessibility for workers and residents.

A universal design approach was used to examine the city's main components. These included streets and sidewalks, civic buildings (leased, rented, or owned) and parks (Canadian Institute for Barrier-Free Design Incorporated, 1999). This approach allowed for the consideration of a greater diversity of people's characteristics such as ability and age. A participatory action approach was also employed because this project was a community initiative involving community groups and stakeholders (Canadian Institute for Barrier-Free Design, 1999).

The results of the 1999 audit indicated that surfaces of streets and sidewalks were uneven, curb cuts were inadequate or insufficient in number, and there were obstructions in paths of travel (Canadian Institute for Barrier-Free Design, 1999). These were safety issues for all people including those with disabilities. It was recommended that these be dealt with as soon as possible. Large amounts of money would not be required to remedy many of the safety concerns identified in this area. For example, a

simple trimming of trees would widen some obstructed paths (Canadian Institute for Barrier-Free Design, 1999). The study found difficulties with respect to accessible entrances to buildings, washroom design, access routes, elevators, signage, and emergency exits. It was recommended that buildings have clear, accessible entrances and exit paths and clearly understood signage (Canadian Institute for Barrier-Free Design, 1999).

With respect to parks, the barriers included: incorrect ground surfaces with improper slopes, lack of handrails on stairs, inappropriate signage, and a lack of warning surfaces to indicate to those with visual impairments that they are approaching the edges of pools and monuments. As was the case with streets and sidewalks, these were identified as safety concerns for everyone. It was recommended that these barriers be addressed as soon as possible (Canadian Institute for Barrier-Free Design, 1999).

## 2.10 Accessibility of Services in the Exchange District

In 2001, several students from the University of Manitoba's Universal Design Institute, conducted a study of the accessibility of various resources and services in the Exchange District (Dupuis, Hirota, Matheison, McGee and Mora, 2001). The researchers examined five bars and restaurants and made recommendations on how to improve each building's level of accessibility. The findings were provided to the Exchange BIZ, an organization developed to represent business and promote the Exchange District by identifying and enhancing the unique business opportunities in the Exchange.

No follow-up study has not been conducted, so it is difficult to determine how much impact the research had on accessibility in the Exchange District. The recently produced Exchange District Visitor's Guide (Exchange BIZ, 2004) indicates that some services are accessible, but provides few details. Additional research is needed to assess the precise levels of accessibility.

## 2.11 Safety in the Exchange District

There are significant safety concerns about the Exchange District. Safety is important for everyone, but is particularly critical for persons with disabilities.

The Roeher Institute (1994) reports that people with disabilities are more likely than people without disabilities to experience physical abuse, sexual abuse, psychological and emotional abuse, neglect, and financial exploitation. Moreover, the Roeher Institute's research outlines a number of factors that put people with disabilities at a higher risk for violence. These include negative attitudes, social isolation, reliance on others for care, lack of control, and socialization to be compliant. This report also cites gender and poverty as risk factors and stresses that disability makes reporting even more difficult.

In 1988, the DisAbled Women's Network Canada (DAWN) conducted a study related to violence and women with disabilities (DAWN Canada, 1988). Inquiries were made pertaining to rape, assault and abuse. Of the 1200 questionnaires distributed to women with disabilities, 245 replies were received. Forty percent of the respondents indicated that they had been raped, abused, or assaulted, and 64 percent reported that they had been verbally abused. Women with disabilities who are experiencing violence also have difficulty accessing services, women with multiple disabilities are more likely to be multiply abused, and girls with disabilities "have a less than equal chance of escaping violence" (Riddington, 1988).

Feelings of comfort and safety, as well as the existence of social networks, are associated with good health (SEED Winnipeg, 2004). An organization called Supporting Employment and Economic Development (SEED) Winnipeg, conducted a recent study to examine safety, as part of its research on quality of life in Winnipeg neighbourhoods. When asked about street safety, less than 30 percent of participants who lived in either the core area or older residential areas said they felt safe when walking at night. Comparatively, 60 percent of participants living outside these areas indicated their safety at night was very good or excellent.

When asked to rate how safe they felt from violent crime, 78 percent of people in the core area rated their safety as fair or poor, compared to only three percent of persons in the outer communities. In terms of property crime, 79 percent of participants in the core area rated their safety as fair or poor, compared to only 29 percent of those in outer communities.

In light of safety concerns in the downtown area, greater emphasis has been placed on increasing security. In April 2004, the Winnipeg Police Service implemented new initiatives to increase the visibility of police officers in the downtown and Exchange District during rush hours. The objective of the program is to ensure that persons traveling to and from work are free from harassment by panhandlers and other street people (Winnipeg Police Service, 2004). One of the researchers spoke with Bud Guest, a member of the Winnipeg Police Service who stated that there were additional police officers patrolling the Exchange District in 2003, but this increased police visibility cannot be regularly provided due to a lack of funding (Bud Guest, personal communication, May 18, 2004).

Police visibility is not the only measure being taken to provide greater security in the Exchange District and downtown areas. The presence of community foot patrols is mentioned in the *Exchange District Visitor's Guide* (Exchange District BIZ, 2004). Community foot patrols are easily identifiable individuals dedicated to providing a safe and friendly environment to people who visit and work in the Exchange District.

The concept of Crime Prevention Through Environmental Design (CPTED) is currently being used in Winnipeg to further increase safety (Allard, 2004). CPTED is being acknowledged worldwide as an effective method to increase safety in urban areas (Crowe, 2000). It is based on the premise that societal pressures affect criminals and

uses elements such as landscaping and lighting in the physical environment to influence people's behavior (Allard, 2004). Results of CPTED have been widely documented (Crowe, 2000). The concept of CPTED has been used with much success in the West Edmonton Mall. In Winnipeg, CPTED has resulted in the reduction of persons loitering on downtown streets (Allard, 2004).

## 2.12 Transportation

Transportation and access to transportation for persons with disabilities have been widely documented issues. Lack of adequate transportation can lead to social isolation and segregation of persons with disabilities (Kitchin, 1998, Statistics Canada, 2001). As Chen (1997) points out, "Transportation is about making connections. This means meeting basic needs like getting to a doctor, making our streets safe for our children and commuting to work" (p. 33). In addition to increased segregation and social isolation, lack of transport denies people with disabilities the ability to meet basic needs.

In 2001, Statistics Canada's Participation and Activity Limitation Survey (PALS) asked survey participants to identify their use of public transportation services for local travel. Included in the list of services were buses, specialized buses, subways, and taxis. Four percent of adults with disabilities indicated they were completely prevented from using these services. This percentage increased with the level of severity of disability, from two percent of adults with mild or moderate disabilities to five percent of respondents with severe disabilities and 11 percent of individuals with very severe disabilities (Statistics Canada, 2002b).

Of the individuals with disabilities able to use public transportation, 17 percent experienced difficulties. The percentage rose with severity of disability. Six percent of persons with mild disabilities reported some difficulty; the percentages rose to 14 percent, for those with moderate disabilities, 24 percent for persons with severe disabilities and 35 percent for individuals with very severe disabilities (Statistics Canada, 2002b).

Many people with disabilities use specialized transportation services such as Handi-Transit. This type of service provides transportation to and from work, school and other important locations. This service is extremely important as it allows for increased mobility of persons with disabilities. However, Handi-Transit and similar systems across Canada can often be unreliable, due to inadequate resources. For example, Linda Armstrong from the Independent Living Resource Centre in Halifax stated, "Our consumers need to call our transportation system two weeks in advance to any event if they want to get a ride and then if demand exceeds the amount of buses we have, they are refused" (Armstrong, e-mail communication, June 28, 2004). Armstrong also indicated that consumers in Halifax can and do have their trips cancelled by the company with 24 hours notice.

Winnipeg Handi-Transit operates on a priority system with work-related, education and medical trips receiving higher priority than shopping or recreational outings. Individuals

must book their rides before 11:00 a.m. on the day before their scheduled trips, and they can call in to Handi-Transit after 2:00 p.m. on that same day to determine whether their requests for the following day have been granted. With a shortage of resources, lower priority trips may be refused. On occasion, employment and educational requests may also be turned down due to insufficient drivers and vehicles to meet the demand. The importance of this system and accessible public transportation in Winnipeg has been and continues to be recognized by the city of Winnipeg. In 2001, former Mayor Glen Murray produced a document entitled *Mayor's Task Force on Diversity*. In this report, Murray acknowledged the continuing improvements being made to both Handi-Transit and low floor busing (City of Winnipeg, 2001).

## 2.13 Socio-economic Factors

A number of socio-economic factors, including income, are linked to the type and quality of housing persons with disabilities can obtain (CMHC, 1996, 2000). "In 1998, working-age Canadians with disabilities took in 76 percent of the average working-age household's after-tax income" (Government of Canada, 2002, p. 10). This is especially important when one considers that persons with disabilities represent one of the poorest groups in Western society (Kitchin, 1998). A variety of factors affect the income of persons with disabilities. These include the ability to obtain support services (including disability accommodations in the workplace) and labour force participation (Fawcett, 1996).

The 1996 Census found that persons with disabilities are only half as likely to be employed in comparison to individuals without disabilities (Government of Canada, 2002). Adults with disabilities who are employed are much less likely to be poor (Fawcett, 1996). In 1991, persons with disabilities who were employed had a poverty rate of 13.4 percent as compared to 23.9 percent of their unemployed counterparts and 31 percent for individuals who were out of the labour force (Fawcett, 1996).

Education also influences labour force participation and income. Increased education improves the employment opportunities of all Canadians including persons with disabilities (Government of Canada, 2002). The 1996 Census showed that the employment rate among men with disabilities who had a university education was 64 percent as compared to 29 percent for those with less than a high-school education (Government of Canada, 2002). The employment rate for women with disabilities with university degrees was 61 percent as compared to 18 percent for those with less than a high school education (Government of Canada, 2002).

Other factors such as race and ethnicity have an impact on the location and type of housing a person acquires. Winnipeg's Inner City is characterized by its racial and ethnic diversity (Carter, Polevychok and Sargent, 2003). Most notably, Winnipeg's Inner City has a high concentration of Aboriginal people. As Carter et al. note, "Approximately one in every five people identified themselves as Aboriginal in the Inner City. This proportion is three to four times higher than in other areas where less than one in ten people claimed Aboriginal identity," (Carter, Polevychok and Sargent, 2003 p.1). In the

non-inner-city the percentage decreases to one in twenty (Carter, Polevychok and Sargent, 2003). The researchers could not locate data to indicate the percentage of Aboriginal people with disabilities who live in the Inner City. An organization that provides services to Aboriginal people with disabilities was interviewed for this study and told us that 40 percent of the consumers with disabilities affiliated with their organization lived in this area.

When it comes to issues of housing and Aboriginal peoples with disabilities, a number of factors influence the quality of housing that these individuals can obtain. Education is one of these factors. As previously mentioned, education is a key element in increasing employment opportunities and reducing incidence of poverty among persons with disabilities. The 1996 Census indicated that about 46 percent of Aboriginal adults with disabilities had completed high school and only 2 percent had a university degree (Government of Canada, 2002). On average, Aboriginal persons live in homes with half the income of the majority of Canadian households (Government of Canada, 2002). This dramatically lower income level affects the housing options of Aboriginal people with disabilities.

## 2.14 Gender Considerations

According to 2001 statistics, the rate of disability amongst working-age (15-64) women was 10.4 percent (Statistics Canada, 2002b). The likelihood of unemployment is strongly linked to the severity of the disability, and studies have shown that the majority of women with disabilities in Canada live in poverty (Fawcett, 2000; Cassidy, Lord and Mandell, 1997). Even when they are employed all year, women with disabilities typically earn less than either women without disabilities or men with disabilities (Fawcett, 2000). Thirty-eight percent of working-age women with disabilities who worked throughout 1994 had earnings of less than \$15,640. This compared to 29 percent of women without disabilities, 15 percent of men with disabilities, and 11 percent of men without disabilities. The 38 percent of women with disabilities who earned less than \$15,640 in 1994 were in the lowest quintile (20 percent) of earners that year. In contrast, only one in 10 men without disabilities had earnings low enough to place them in this category (Fawcett 2000).

Women with disabilities experience discrimination. "The dual expression of sexism and handicapism places women with disabilities in an extremely marginalized position" (Cassidy, Lord and Mandell, 1997 p.95). This marginalization and oppression is dramatically increased if a woman with a disability is elderly, an immigrant, a visible minority and/or Aboriginal (Cassidy, Lord and Mandell, 1997).

There is a definitive relationship between gender and housing. Harrison and Davis (2001) maintain that "Women and men differ in their housing opportunities, resources or strategies, and these differences are to a degree systematic and persistent" (p.167). Gender is an important element in understanding the structure of access to housing and the linkages between economic and housing disadvantages. They point to distinct patterns of housing disadvantage for women, particularly single women. These disadvantages can include poorer quality environments, lack of choice, and insecurity.

Harrison and Davis (2001) also identify other crucial factors related to access and quality of housing such as class, age, ethnicity, and disability. As they write: “Differentials in income and wealth remain crucial, despite women’s increasing success in labour markets” (p.171). The influence of differentials in income and wealth and their effects on women’s housing has been widely documented. As McCracken and Watson (2004) point out, considerable evidence indicates that women with low incomes have acute housing needs, are more likely to be living in unsafe and unhealthy conditions, and require certain supports to obtain stable and affordable housing.

In acknowledging the importance of stable and affordable housing, McCracken and Watson (2004) conducted a Winnipeg study on the effects of housing policies on women’s health, skills, economic security, and well-being. The authors spoke to women who live independently, at or below the poverty line, in rental, public or cooperative housing.

Safety was identified as the number one issue for all participants in the McCracken and Watson study. Certain features made women feel safer, such as lighting and security cameras. Many women had no phones because they were unable to afford them, and social assistance will not provide phones unless women have experienced domestic violence (McCracken and Watson, 2004).

There was a significant difference among women living in cooperative housing. These women felt safer than those in other housing arrangements due to increased security and the presence of social networks. Moreover, having the price of rent set at 25 percent of their income resulted in affordability of food and medications. Seventy percent of the women in cooperative housing identified as having a disability. “This high percentage of women with disabilities points to the success at co-ops for creating accessible environments” (McCracken and Watson, 2004).

## 2.15 Conclusion

Housing for persons with disabilities is obviously a complex issue. When examining this issue, it is important to consider accessibility, accommodation, income, type of housing, location, safety, and access to community services. Housing for persons with disabilities is about more than just having an accessible, affordable and safe place to live. It is about independence, equality, social justice, and the ability to have the supports and services one requires in a housing option of choice.

## 3. Project Methodology

Working within a social justice and cross-disability framework, this project utilized a participatory action research approach at all phases of the research, from setting research directions to data analysis to dissemination of findings. In participatory action research, the “subjects” of research are considered experts, and are thus more than sources of data collection (Morris, 2002).

During the first several months of the project, researchers developed data collection instruments (including interview guides and participant consent forms). These instruments were reviewed by the project Advisory Committee and submitted to the University of Winnipeg's Senate Committee on Ethics in Human Research and Scholarship, which provided ethics approval of the project.

Following the ethics review, the researchers recruited 30 participants for the study from three separate populations. Twenty participants were persons between 18 and 55 years of age having the kinds of complex health and housing needs assisted living housing is designed to address. For brevity, these participants are often referred to as "members of the HAL target population" in this report. Participants in this group were recruited through the assistance of members of the Housing for Assisted Living Committee, disability organizations, word-of-mouth, and snowballing techniques. (Snowballing is a sampling technique in which participants identify others for inclusion in the study.)

Given that at least some members of the HAL target population had limited knowledge of the Exchange District and/or superficial impressions of the area, researchers recruited five people with disabilities with complex health and housing needs who resided in the Exchange District or the Inner City. These individuals, which are referred to as "key informants" throughout this report, were recruited through members of the Advisory Committee, the researchers and other study participants. Representatives of five organizations providing housing-related services to people with disabilities in Winnipeg were also interviewed. These interviewees were either members of the Housing for Assisted Living Committee or employees of consumer-based disability advocacy organizations and/or agencies that provide services to people with disabilities.

The interviews were conducted between July and October 2004. Members of the HAL target population and key informants were asked a series of questions about:

- their housing experiences and needs,
- their views on the supports and services that should be available in an assisted living housing environment,
- their impressions of living in the Exchange District,
- their opinions about community resources and services,
- accessibility,
- safety, and
- the feasibility of locating assisted living housing within the Inner City/Exchange District.

Service providers were asked about:

- their experiences providing housing services to younger adults with disabilities who have complex health and housing needs,
- barriers to providing these services,
- successes,
- service gaps,
- whether or not they would recommend an assisted living facility in inner-city Winnipeg as a housing option to their clients.

All interviews were tape recorded and transcribed for data analysis. Researchers analyzed the data by drawing out key themes from the research, and by comparing and contrasting the findings from the interviews with the three participant groups.

A document containing the major themes was compiled and distributed to all study participants who were then invited to a workshop to review the research findings and assist in formulating study recommendations. This event took place on October 29, 2004, and members of the project Advisory Committee also attended. Researchers then prepared the final project report that was reviewed by interviewees and members of the Advisory Committee. This increased the validity of the findings and ensured that the views and voices of participants were clearly reflected in the report. This also assisted the researchers in formulating recommendations that clearly emerged from the findings.

An information session was held in January 2005 to release the research findings to the public. Following this session, the full report was distributed to project participants, Advisory Committee members, disability organizations across Canada (particularly those providing housing-related services), researchers, community groups, government departments, policy makers, etc. The report was also posted on the project website (<http://www.halproject.mb.ca>) and on the website of the Winnipeg Inner-City Research Alliance ([http://ius.uwinnipeg.ca/wira\\_publications.html](http://ius.uwinnipeg.ca/wira_publications.html)).

## **4. Findings**

In the following sections, the results from interviews with members of the HAL target population, key informants, and service providers are presented. The findings for each participant group are analyzed separately, following which the major themes from each set of interviews are compared and contrasted to draw out similarities and differences between the results from interviews with the three groups of respondents. The presentation of findings concludes with study recommendations. One or two key findings and the majority of the recommendations were formulated at a workshop for participants to review the research findings.

Although the current research centred primarily around social issues in the Exchange District adjacent to the area where the assisted living facility will be located, study participants—especially key informants—also raised points about the interiors of buildings and outlined a number of supports they felt should be available in an assisted living housing facility.

### **4.1 The HAL Target Population**

Members of the HAL target population provided demographic information related to age, gender, nature of disability and place of residence. They also discussed their living situations, and the degree of satisfaction with these arrangements, and outlined their views about nursing homes and whether they believed these facilities were suitable

locations for younger adults with disabilities. In addition, they talked about assisted living housing, their familiarity with this type of housing, their impressions of the Exchange District, whether the services they most frequently utilized were available in this area and accessibility and safety concerns. Finally, they told us what they felt were the advantages and disadvantages of locating assisted living housing in the Exchange District, and whether they would consider living there if additional housing of this type was developed in this area (refer to Appendix B-1 for a copy of the interview guide for members of the HAL target population).

#### 4.1.1 Background Information

A total of 20 members of the HAL target population were interviewed (13 women, 7 men). One was between 18 and 24 years of age, eight were between 25 and 34, three between 35 and 44, six were between 45 and 54, and two were 55 years of age and over. Two participants were Aboriginal people, and one was a woman of colour.

Although Housing for Assisted Living is primarily directed towards individuals between 18-55 years of age, there is flexibility in terms of the upper age limit. Researchers chose to interview two persons above 55 years of age. One of these individuals used a ventilator, lived in assisted living housing and had resided in a variety of settings including a hospital. The other participant was living in a personal care home at the time of her interview.

Seventeen participants had conditions/impairments that affect their mobility and/or other physical abilities (e.g. spinal cord injury, cerebral palsy, polio, arthritis, multiple sclerosis, muscular dystrophy and spinal muscular atrophy). Two reported mental health conditions, although others stated indirectly that they also experienced mental health issues. Two participants had cognitive/intellectual impairments acquired as the result of an injury or medical condition, and one participant self-identified as a person born with cognitive/intellectual impairments. One participant with multiple disabilities reported having a hearing impairment. No other participants reported having hearing or vision impairments. One individual had multiple disabilities including diabetes, a heart condition and breathing difficulties.

Most of the members of the HAL target population we interviewed resided in the Inner City, or in neighbourhoods relatively close to the Inner City. Very few of these participants lived in suburbs a great distance from the Inner City. One person did not have a permanent place of residence at the time of her interview, but has since moved to the Inner City.

Participants lived in five types of housing settings:

- independent/assisted living housing (7),
- independent non-assisted living housing (5),
- with parents or siblings (4),
- group homes (2),
- nursing home (1).

Twelve participants lived independently, either in assisted living housing settings (e.g., Ten Ten Sinclair Housing, Fokus Units, Qu'Appelle Housing), or in non-assisted living apartments. Four respondents lived either with parents (3) or siblings (1). Two interviewees resided in group homes and one lived in a nursing home. One participant did not have a permanent residence at the time of her interview and was staying with various friends. She has since found suitable housing. The respondent living in the personal care home moved into her own apartment in an assisted living housing unit prior to the conclusion of the project.

Of the 12 persons living in assisted living housing or in their own apartments, 11 utilized various types of supports (either on-site support provided through a shared service model or with Home Care staff coming in to assist consumers). One person managed her own services that involved hiring and supervising staff with funding provided through the Regional Health Authority. In both the shared service and self-managed models, supports included assistance with personal care, meal preparation, cleaning and laundry. The respondent in the nursing home received support with medical needs, personal care, meals, cleaning and laundry. One individual living in her own apartment did not receive support at the present time. However, she had placed her name on the waiting list for a Home Care assessment to enable her to get help with housecleaning and laundry. Because her disability was progressing, she found these tasks increasingly difficult to perform without assistance. The two respondents living in group settings received support with meals and laundry, as well as proctor assistance and reminders to take medications, etc.

#### 4.1.2 Satisfaction with Current Living Arrangements

The four participants who lived at home with family or boarded with siblings indicated they were satisfied with their current living arrangements for now, but would consider looking for alternatives within the next year or so. Two of these individuals attended post-secondary institutions and would consider moving into their own apartments once they had graduated. The third was looking for a housing facility where he could learn independent living skills and the fourth hoped to move into an apartment on his own.

With respect to locating alternative living arrangements, one of the respondents who attended a post-secondary institution stated: "I am satisfied for now, but I won't be in the future, because someday it will become too hard for my parents to physically help me. I also want children and a spouse and a place of my own. I wish to live somewhere else in roughly a year and a half once I'm done my university degree." Another respondent in a similar situation recounted: "I'm pretty satisfied right now. I would definitely like to move out eventually and unfortunately right now school takes up most of my time so I'm probably not likely to move out until after I finish university."

Slightly more than half of the 12 participants in assisted living and non-assisted living housing wished to alter their living arrangements for other reasons. Some indicated they

would consider assisted living housing with a higher level of support than they were currently receiving (particularly if their health worsened). Other reasons cited included:

- a wish to meet new friends,
- a wish to live in a facility with fewer regulations and a greater degree of freedom than they currently had,
- difficulties with staff and tenants in their current facility, and
- a desire to move from assisted living housing into their own house or apartment.

A participant with a progressive health condition who lived in her own apartment, and stated she was unfamiliar with alternative housing options, expressed the fear that she might have to live in a nursing home if her health worsened.

A respondent who had difficulties with staff and tenants and wished to live in a facility with fewer rules and regulations noted:

I used to be very happy, but now I'm not happy with it at all...They have too many policies and everything has got to be just so, and they want tenants to take responsibility, which I have. But if management makes a mistake they won't admit it...I feel like I'm a black sheep because I'm very verbal and all the staff members here know I wouldn't lie, but management is making it increasingly more difficult for me to live here, so I need to move.

Another interviewee who experienced problems with the rules and regulations in the setting where he currently lived stated:

This is actually considered a tenant run unit, and part of the reason that I'm looking at moving out of here is we've lost some of our control...We're having actually a social upheaval here because a few of us feel...too many rules are being put on us...We must let the staff know when we're going out and we're not allowed to get meals prepared unless we're at home giving directions, and they're trying to take away some of the freedoms that I always felt we had for the last twenty-four years...So I'm looking at finding a place where I have more freedom again.

A participant who wished to meet new friends said: "I want to move. I have lived with these people for 18 years. I have known many of them since the age of five. I have known some of them since I was a baby. I just want to get out and find somewhere else. I just need to get out and live by myself."

One person mentioned that the mobility apartment he currently lived in was not accessible enough to meet his needs, and that the sidewalk outside the building was not even with the roadway. He was looking for an apartment with increased accessibility. In a couple of instances, individuals were living in assisted living housing intended to aid them in transitioning to other housing options in the community. Once suitable housing was located, they would be moving.

The two participants who lived in group homes and the individual in the nursing home expressed a need for alternate housing that afforded greater opportunities for social interaction and a lifestyle more suited to younger adults. These facilities provided few opportunities for social interaction or ways of becoming involved in the community. One of the respondents who lived in a group home stated: "It's like a group home, it's a geriatric group home of elderly people and they're very nice people but I'm 26 and it doesn't make any sense for me to live there." The participant in the nursing home said: "I want my own privacy. I want to be able to have my own things in my own room. I have people wandering in and out all hours of the day and night." She then talked about the lack of opportunities for social contact with younger adults she continued: "There's really nothing for the younger ones here". She either participated in activities with seniors or did her own thing.

For the most part, those considering changes to their current living arrangements found the search for housing a frustrating experience. Many indicated there is a shortage of accessible or mobility suites, and assisted living housing that would include a range of on-site supports. In describing his search for an apartment with a greater degree of wheelchair access one person noted:

Within the past five years I would say I've been looking for another wheelchair apartment that is much more accommodating. I've talked to various realtors and their associations. If they have any wheelchair apartments (and they say they do), they'd have to put me on a waiting list for a year to two years, so I've been on a waiting list for a while...I think it's the province [that has] what they call a rent subsidy program. If I find a landlord that has a wheelchair apartment that I find acceptable then the landlord can apply for the subsidy and then I pay the rest on my own...It's not easy to find these apartments.

Another participant discussed his frustrating search for alternative housing arrangements:

They [accessible apartments] were very expensive, out of my budget to pay for monthly, or there was nothing; there was nowhere else to stay. I lost my job because my job was my accommodation and everything, I turned around and tried to look for accommodation and I didn't find any accommodation. I went to the [government department] and they just turned around and said to me well there is the Salvation Army or [name of housing project]. Those were really unsuitable, but that was the only thing they wanted to offer you.

A respondent who currently lives in an assisted living housing facility but would like to move to another such apartment with on-site support recounted her frustration at being turned down for housing: "There are no services. When I apply for housing, I don't get any feedback as to why I am not accepted. They don't tell you what you did wrong."

In addition, a shortage of housing with available supports for those with mental health disabilities was cited. The 26 year-old interviewee quoted above was living in a group

home designed for seniors, which did not provide the opportunities for social interaction with younger adults. Another person was looking for a setting that would enable him to learn independent living skills. However, he found there was a waiting list for many of these places.

Most respondents with mobility disabilities were aware of a variety of housing options including assisted living housing of various types, self-directed or self-managed care, and brokerage options (through the Independent Living Resource Centre.) At least three participants stated they were unaware of alternative housing arrangements. Those with mental health and cognitive disabilities were generally not aware of these options. They talked about alternative housing in terms of subsidized housing available through Manitoba Housing or regional housing.

#### 4.1.3 Nursing Homes

Eighteen of the 20 respondents had visited nursing homes to see relatives, friends, to do volunteer work, etc. One person indicated he had only gone to a nursing home to pick up a relative and thus was unable to form a realistic impression of the facility. One respondent was unfamiliar with nursing homes and knew little about them. For the most part, those who had visited nursing homes felt they were places more appropriate for elderly people who could no longer care for themselves in the community and who had different interests and differing lifestyles than younger adults with disabilities. Nursing homes lacked privacy, did not provide sufficient opportunities for social integration and activities, and were too restrictive. In describing nursing homes, one individual stated:

I know that nursing homes smell awful, old people, sick people and people with severe medical needs live in these settings. I know there is staff 24/7 and that people are watched carefully, have very little freedom and everything is timetabled, at least this was the way it was in the one that I visited.

Another respondent stated: "What always bothered me about considering living in an institution is that I'm fully functional and independent it's just that I need to direct others in order to assist me with certain things."

Other individuals described nursing homes as places to house people or as a step up from the hospital with a little more freedom but where one must still live by the management's rules. Over half the interviewees further indicated they would not want to live in nursing homes even if they were designed for younger adults with disabilities with complex health and housing needs. They wanted to live in the community with the freedom to participate in community life (which nursing homes did not provide).

One person stated:

I think I would be more open to it for others, but for myself I tend to be very stubborn and closed-minded to anything that takes away from me being as... 'normal' as possible. I want a life like my friends have and my family have...I

have very complex health issues...For me living is really from your mind and your heart. It's not your body. My disability is physical and so that does not affect how I should be living.

Another participant explained she would not want to live in a nursing home and talked about the derogatory terminology inherent in the word "nursing home".

I don't think that that's a good idea at all. If you're calling it a nursing home, I think right there—just the term “nursing home”—has a derogatory connotation to it. If you were to call it something like group homes where they had nurses on staff, rather than a nursing home, then I think that might be better. I can't see younger adults being in the same situation as end stage life for seniors is, because generally nursing homes, as far as I know, it's usually at end of life that you go to a nursing home.

Seven respondents indicated that they would feel differently about nursing homes if they were designed for younger adults with disabilities. Individuals should have a greater degree of choice about their lifestyles, and the facilities should be less paternalistic. There would be programming to meet the needs of younger people and greater opportunities for social interaction. One of them said:

I suppose so, you get rid of the paternalism that happens in nursing homes and as long as you, I guess if there's a lot of respect for individuals decisions and choices then I think it would make a big difference and maybe younger people would fit in that way.

In talking about the possibility for greater social interaction if nursing homes were designed for younger adults, one person noted: "they [younger adults] need something again like I said for socializing and more services for events and things like that so they can interact and communicate with each other."

Two people stated they might be forced to move to nursing homes if their health worsened, and two others believed that these facilities were appropriate for those with very complex health needs because of the greater degree of support available to assist in meeting personal care needs. One person had not considered the question of whether nursing homes were appropriate for younger adults with disabilities, while another felt "it didn't matter."

#### 4.1.4 Assisted Living Housing

Fourteen respondents with mobility disabilities were aware of assisted living housing, although the level of awareness varied from person to person. At least two-thirds of this number indicated they had either visited or currently lived in assisted living housing. All but one of these individuals was favourably impressed with these facilities. The person who was not impressed had visited an assisted living housing facility that was in poor repair and so cold that she wore her coat while she was in a friend's apartment. Two

participants indicated they knew very little about the types of housing available for persons with mobility disabilities. The two participants with mental health conditions and the participant with cognitive disabilities seemed to be less aware of assisted living housing options than participants with mobility disabilities.

Respondents also identified a number of supports that should be available in an assisted living housing facility. These included:

- assistance with personal care, such as bathing, dressing, toileting, etc.,
- assistance with household tasks, such as meal preparation and laundry, and
- an on-site nurse on call at all times to respond to medical emergencies.

Those people interviewed who were employed felt it was extremely important to be able to have their attendants assist them at work. For those who managed their own services, this was possible. Those living in assisted living housing such as Fokus Units, were unable to utilize these attendants at work or in the community because the attendants were not allowed to leave these facilities. These participants believed that attendants should be able to accompany them to work, on shopping trips or to community activities. In speaking about the fact that attendants in assisted living facilities are not allowed to accompany individuals to work, one person said: "you can get Home Care at work...I'm getting some now, but it's very limited, but they're not sort of looking after all of my concerns."

Two respondents talked about the necessity for tenants in assisted living housing to pay attendants who are off duty to accompany them to appointments, on shopping trips, etc. One person stated: "Well I would like to be able to take my attendant to the doctor with me. I would like to be able to take my attendant shopping with me." A participant who is currently receiving the assistance of a respite care worker to accompany her to community activities wished that assisted living housing facilities would provide this type of support.

Other supports identified included: a life-line service or alarm to push in case of emergencies and increased security within assisted living housing units to increase the safety and comfort of tenants. A tenant in an assisted living housing unit without an accessible stove in her apartment mentioned the need for a communal cooking area with lowered counters and cupboards, and a stove adapted for persons who use wheelchairs.

One participant with a mental health disability and one with a cognitive disability received assistance monitoring their medications, as well as proctor support (service providers who assist individuals with learning daily living skills such as budgeting, locating appropriate housing, etc.). They wished proctor support could be available in assisted living housing. One participant identified the need for mental health counselors to be available.

One participant believed that people with disabilities moving into assisted living housing facilities should have the option of living there for a three-month trial period in order to

determine if the housing environment was suitable to meet their needs. At the conclusion of this trial period, they could make a decision about whether or not to move there permanently.

#### 4.1.5 The Exchange District

About half the respondents indicated they were familiar with the Exchange District. Amongst the others who were not familiar with the Exchange, about half had never been there and half had not been there recently.

Amongst those who were familiar with the area, many mentioned they enjoyed going to community events, restaurants, theatres, festivals, art galleries and Old Market Square. A participant who said she loved the Exchange District stated: "There's a lot of social aspects to it. There's festivals, like the Fringe [Festival] right now, and coffee shops and clubs and restaurants, just places to go and hang out and get out of your home for a bit and I really enjoy that." Another stated: "I can tell you that if I was to leave my home, this is where I would want to move...I do a lot of work downtown and...[the Exchange District] is beautiful."

One respondent had attended college in the area and found it a convenient location. He explained: "I think Red River College coming in is really opening up a lot more businesses. So you can find a lot more of the things that you would need from day to day than you used to be able to. You used to be able to find a few cool restaurants and an art gallery here or there, but now there's more of what you need for everyday living." Other people indicated that they visited the Exchange to shop, do business, run errands, or use the services of the disability organizations located there. A few said they did paid or volunteer work in the area.

For the most part, respondents familiar with the Exchange District believed that most of the resources and services they needed were available in the Exchange or close enough to be easily accessible. These included shopping, healthcare, churches, libraries, bookstores, and community centres. In terms of service gaps, they indicated that more shopping facilities (particularly grocery stores) were needed. In this vein, one respondent said of the Exchange: "The only thing that would be of concern to me is there isn't any good grocery shopping here." A few participants mentioned that a grocery store recently opened in the Exchange, and that they had shopped there. One person felt a shopping mall should be erected in the area.

About half the respondents indicated they were not familiar with the Exchange District and had limited knowledge of the resources, services, and accessibility of the area. At least half of the respondents in this category had not been in the Exchange District for some time, and the other half noted they had never been there. Among this group, the availability of resources and services such as churches, community centres, libraries, access to healthcare, the presence of disability organizations close by, and shopping would be important if they were to live there, as would accessibility and transportation.

However, they did not know whether these resources and services were currently available in the Exchange, or about the overall accessibility of the area.

#### 4.1.6 Safety in the Exchange District

Less than half the respondents indicated they would feel safe living in the Exchange District. Some believed this was a safe area during daylight hours but was unsafe at night. One person noted: "There are very nice old buildings there, very beautiful architecture. It's nice to walk around in the daytime, but at night, no." Another participant spoke of his fear of the dark: "Because of my mental health sickness I guess, where even if it's nine o'clock at night and it's dark, any average person isn't afraid of the dark but sometimes that has occurred with me where I was afraid." Others felt more comfortable when accompanied by a friend or attendant: "I always have someone with me and so I guess that—it's kind of silly, because they actually feel more comfortable having me around as well. When we're out late at night and in a dark area or whatever, they say they're glad I'm with them, which is quite funny because I know I can't defend them and they know that too...Two people are better than one for that." She went on to say that she had not encountered any problems in the area.

One person said she got lost in the Exchange District once, and felt vulnerable because she could not locate a pay phone to call for directions or an accessible business where she could go for assistance. She eventually flagged down a police officer who helped her find her way out of the area.

Sixteen of the twenty respondents identified safety concerns associated with the Exchange District. For those who were not familiar with the area, the responses were based on impressions rather than their familiarity with it. Safety concerns included fear of:

- being in the area at night because it's too dark,
- being robbed,
- vandalism of parked vehicles,
- being mugged
- being sexually assaulted,
- being killed,
- being approached by members of the Hell's Angels,
- being approached by strangers, and
- drug dealers.

One participant described the following concerns about some of the people he has seen in the area: "When I wheel to [government office] and back, and even when you go to the movies there, some of the people you see on the street are not the kind you really want too close to you. My impression is there's a lot of poverty, low-income, crime, drug dealing, drug addicts, a lot of users, alcoholics, that all goes together."

Poor exterior lighting of public spaces was also identified as a concern. One participant, in particular, expressed concern that her family's accessible van would be vandalized if she or family members parked it in the Exchange District.

Many individuals indicated their disabilities made them feel more vulnerable particularly because they felt unable to defend themselves or run away. Two people (one with a mental health condition and the other with a cognitive disability) explained that their disabilities made it more difficult for them to make informed decisions about who was safe and who was not. Women indicated their gender also made them feel more vulnerable. A woman of colour said that her race made her feel more vulnerable.

Four people interviewed felt safe in the Exchange District. One stated "I am feeling at ease 24/7," and two others noted they had no fears with respect to safety in areas of the city with which they were familiar.

To address safety concerns, participants indicated the need for law enforcement officers and/or citizen patrols to tour the area on foot, more effective security systems in and around buildings (including security cameras), better exterior lighting of public spaces, etc. More security in the apartments (such as locks on windows and doors) was also identified as a means to address safety issues.

#### 4.1.7 Accessibility in the Exchange District

These participants identified a number of concerns about the accessibility of the Exchange District, although they noted that more facilities are now accessible. Concerns included:

- insufficient curb cuts (both quantity and quality),
- curb cuts that are not even with sidewalks or angle into intersections,
- uneven or sloping sidewalks,
- roads that are in poor repair
- inaccessible buildings (many had stairs and no elevators or small lifts that didn't always work) or exterior lighting of public spaces,
- an insufficient number of accessible parking facilities and drop-off areas,
- inadequate snow removal (mainly quality), and
- signs too small or not high enough to be easily read.

The respondent referred to earlier in regard to becoming lost in the Exchange District, mentioned there were an insufficient number of accessible businesses with telephones where she could call for assistance in case of emergency.

All participants utilized various modes of transportation outside of their current place of residence. These included devices such as wheelchairs, walkers and scooters, as well as motorized vehicles (e.g. public transit, Handi-Transit, wheelchair taxis, and private cars and vans).

Participants with mobility disabilities indicated that roads that were in poor repair, curb cuts that were uneven or angled into intersections, uneven or sloping sidewalks, features of buildings (e.g. wider doors, elevators, handrails, accessible washrooms, alarm systems), signage, and parking facilities were important accessibility features. The need for adequate exterior lighting was also mentioned. The two respondents with mental health disabilities and one with a cognitive disability not related to mobility, believed the above-mentioned accessibility features were less important and identified fewer concerns about the accessibility of the Exchange District.

#### 4.1.8 Assisted Living Housing in the Exchange District

About half the respondents indicated they would live in the Exchange District, particularly if their concerns about safety issues, insufficient access to community services such as shopping (particularly grocery stores), health care and problems with accessibility were addressed. The participants who indicated they would live in the Exchange tended to be familiar with the area. People who were less familiar with the Exchange were less likely to consider living there. One participant who said she would consider living in the Exchange District stated: "Quite possibly, because if I felt safe in the area and all my personal needs were met and that it was a convenient place to live in terms of services, I think I would be quite satisfied to live there." Another noted: "I think it would be good just because it is a funky area to live in. There's a lot of neat things, especially in the summer with the Fringe Festival and such like that. Things need to be made more accessible though, because it's nice to live in that area, but if you can't go to any of those things, then what's the point?"

Three respondents stated their families did not want them living in the area because the relatives thought the Exchange was unsafe, there were issues with parking, etc. One interviewee explained she would consider living there but:

...my only hesitation is my family. They would not be as pleased with me living in that area because of safety. I'm not as concerned...for myself as my family is. But the other big thing that my family has issues with and the reason I live in the suburbs is because they are from out of town and they hate driving in downtown areas and finding parking and they've always said they don't want me living in an area like that because of visiting me and parking and stuff like that.

Those who would consider living in the Exchange District indicated that the apartments they lived in would need to be accessible and include support services to meet the community needs of adults with disabilities with complex health and housing needs. Community services should be available and accessibility and safety concerns addressed. To this end, one person indicated he would relocate to an assisted living housing facility in this area: "Simply because if there was more freedom than I have here, and more support, 'cause part of the reason why I want to move is my health is getting worse as the years go by and I want a better level of support." This participant used a ventilator and his lung capacity was gradually growing more limited. (Because

his health was worsening, he wished for the availability of an on-call nurse at all times who knew how to assist people using ventilators.)

Three interviewees wanted to live in apartments situated in areas close to their families. Two people stated it did not matter where they lived so long as the housing was accessible, support services were included and it was close to community services. Accessibility and safety were also important considerations. As one person remarked: "If there is a place that has available resources [as opposed to other] places I looked at, even if it is in the Exchange District where safety might be an issue, I definitely would consider that place more than places with less resources." Another explained: "It doesn't really matter where the housing is as long as it is accessible. The things around it, like stores, would have to be accessible and have automatic doors."

In terms of the benefits of locating assisted living housing in the area, the main advantages were:

- proximity to restaurants, art galleries, and cultural events such as festivals, etc.
- closeness to parks and green space,
- the ability to easily access disability organizations, healthcare services and other community resources, and
- opportunities to socialize with people with and without disabilities.

The main disadvantages to locating assisted living housing in the Exchange District have already been mentioned and centre around accessibility, safety concerns, and insufficient community services such as shopping.

## 4.2 Key Informants

Interviews were conducted with five key informants. According to the study definition, key informants are persons with disabilities who live in the Exchange District or in the nearby Logan area (where the HAL project site at 340 Princess Street is located). The researchers were able to find three individuals who lived in the Exchange or Logan districts, but experienced difficulties in locating two additional respondents. As a result, we interviewed two individuals who resided in the Inner City close to the Exchange District. One of these persons had lived in the Exchange District for nine years before moving to her current location. (Refer to Appendix B-1 for a copy of the interview guide for key informants.)

### 4.2.1 Background Information

Five key informants were interviewed (three women, two men). Three were between 35 and 44 years of age, one was between 55 and 64, and one was over 65. Although two of the key informants were over 55 years of age and not eligible for HAL, the researchers chose to interview them to gain their perspectives about living in the Exchange District.

The interviewees had a variety of conditions that affect their mobility and/or other physical abilities (e.g., spinal muscular atrophy, polio, multiple sclerosis, diabetes, cerebral palsy). Two individuals indirectly stated that they also experienced mental health issues.

All participants lived independently in their own apartments and utilized various types of supports to assist them at home. Four of the five received Home Care services, while the fifth person self-managed her own services. Supports included personal care, meal preparation, cleaning and laundry. The self-manager had more flexibility in terms of the use of her support hours, and could also take her attendant with her into the community.

#### 4.2.2 Satisfaction with Current Living Arrangements

Four of the five key informants were satisfied with their current living arrangements. The individual who was the self-manager indicated she liked this kind of set up.

I would say the pros are that I get to select the kind of people that I can get along with, that get along with me. I have 24-hour care. I don't have to wait for an attendant to come and get me up in the morning, or if I need a drink of water I don't have to wait until somebody is available to get me a drink of water. I...have the freedom to have my life run the way I feel it should be running...I'd say maybe some of the cons would be if something is not going right...I can't go to some supervisor and say 'I'm having troubles with this person,' and then they deal with it. I have to deal with it myself. So you have to have a certain amount of confidence in who you are and confidence in what you're doing to assert and say...'this is not working out because of such and such, or I'd like it if you would do something this way instead of that way'...You have to deal with conflict more when you're doing this yourself.

Another person stated, "my suite is ideal and the building is ideal." He emphasized that his apartment was accessible, and he received all the support he needed to enable him to live independently.

Four of the five key informants liked the Exchange District and/or the Inner City because these areas were close to community services like shopping, restaurants, businesses, disability organizations, and cultural events. One person noted: "I very much like the Exchange District because all my doctors and family and so forth are within an accessible distance." However, she further indicated that her sleep was sometimes disturbed because there was a bar across the street from where she lived and it could get quite noisy. In a similar vein, another respondent explained that he is sometimes awakened at night when there are parties in his building, or friends of other tenants throw pebbles at the windows in an effort to get someone to let them into the building.

One person wished to alter her living arrangements and stated she would be shortly moving into an assisted living housing unit in another area of the city. She liked the Exchange because of its closeness to community services, but found the area unsafe.

In addition, she wished for more support services than she was currently receiving and felt she could get these in her new location. To this end, she commented:

Well I don't really like living in this area. It's not a good area. You get a lot of sniffers sleeping on the benches outside, even have some sniffers in the building. Also in this building there's a lot of trouble with prostitution and people drinking and having parties and stuff. So it's not an ideal location and I'm very glad that I'm going to be moving... One of the reasons that I'm really looking forward to going to [new assisted living housing unit] is the on-site staff...It will maybe give me a little bit more flexibility so that I can go and stuff. It's really hard for me to try to go places and make sure that I'm home in time for my calls, then if I get home a little bit later, then I won't have the same problems. And the other thing that I'm looking forward to is they're supposed to be putting in some mental health supports as well, so that will be really good for me, because with my physical limitations I can't access any of the crisis services.

#### 4.2.3 Nursing Homes

All the key informant respondents indicated they had visited nursing homes to see relatives and/or friends. They generally felt nursing homes were places more appropriate for elderly people who could no longer care for themselves in the community and had different interests and lifestyles than younger adults with disabilities. One participant said she lived in a long-term care facility that discouraged her from taking continuing education courses or getting involved in the community. In this vein, she commented:

I feel that it's [the institution] kind of a stunting of their growth [younger adults] because they're not allowed to go to college. They had wanted to send me to the [name of long term facility] when I ended up on a respirator myself, and...I wanted to go to college and...if you are a person that lives in one of those places you are not allowed to have funding to go to college. You're just stuck there. You have no opportunity for growth, or as a human being, or to participate in the community.

Respondents noted that nursing homes lacked privacy, did not provide sufficient opportunities for social integration, and activities were too restrictive. One participant who visited relatives and worked in nursing homes said that these facilities varied in quality. About one, she said: "I didn't like it very much. It was in an old building ... and it was actually the hospital I was born in changed into a nursing home. It was very dismal, just a bare room with four beds in it, no privacy." But she added "the one I worked in was beautiful."

All five key informants further indicated they would not want to live in nursing homes even if they were designed for younger adults with disabilities with complex health and housing needs, and some stated it was "sad" or "terrible" that individuals were sometimes forced to live in these places. One respondent said: "I think that's terrible. I

believe that regardless of your disability, if you're with an assortment of people with different kinds of needs and different kinds of outlooks and different kinds of physical abilities, that you tend to be more healthy." Another added:

I think it's sad, because I can't imagine a scenario where somebody could need so much care that they couldn't get it with Home Care if they were willing to be a little more flexible, because I was on self-managed care for about a year and a half and I know people with complex health needs that are on self-managed care and they're able to live independently because they are able to structure their staff that way. So if it can be done by self-managers, I think it could be done by an open-minded Home Care system too.

The key informants all believed that younger adults with disabilities with complex health and housing needs should not be living in nursing homes, and felt that people with disabilities should be able to live in the community with the freedom to participate in community life.

#### 4.2.4 Awareness of Assisted Living Housing

Four of the five key informants were aware of a variety of housing options including assisted living housing of various types, self-directed or self-managed care and brokerage options (available through the Independent Living Resource Centre.) They had visited a variety of assisted living housing locations. One individual had tried all these options and had also lived in a hospital. She is currently a self-manager and is satisfied with her choice. Another interviewee had lived in a condominium located in the same building as an assisted living housing facility, so was aware of this model. For a short time, she also lived in a group home because of her mental health disability. The fifth person had lived in Winnipeg for only one year and was unaware of alternate housing choices.

Respondents identified a number of supports that should be available in an assisted living housing facility. These included assistance with personal care (e.g. bathing, dressing, toileting, etc.) and household tasks (e.g. meal preparation and laundry). The self-manager felt it was extremely important to have attendants who could go off site to offer assistance in the community. The need for volunteers or other persons to aid with shopping or to accompany individuals to community activities was also cited.

#### 4.2.5 Life Experiences in the Exchange

For the key informant interviewees, the major benefits of living in the Exchange District or Inner City were similar to those described by the 20 participants with complex health and housing needs in the previous section. These benefits included being near:

- friends and families,
- disability organizations,
- theatres,
- cultural events,

- businesses,
- community services, and
- major facilities like Old Market Square and The Forks.

One key informant reported that she felt close to nature with a park and the River Walk near by. The respondents who lived in the Inner City found it convenient getting from place to place at all times because their apartments were connected to major facilities like stores and shopping malls via the Sky Walks. For those living in the Exchange, it was easier getting around in the summer, spring and fall than it was during the winter months. The cold weather made it extremely difficult to move from place to place. One individual had moved from the Exchange because the water in her ventilator froze as a result of going outside in harsh weather. In the winter, she was more housebound, and found parking a problem for guests or friends who brought her groceries and other supplies. She does not have these problems in her new apartment elsewhere in the Inner City, which is connected to major services by Sky Walk.

One respondent cited difficulties accessing shopping in the Exchange, particularly grocery stores. She explained: "The one big thing that is lacking is there is nowhere to buy groceries right in the area. So it means bus rides to go and get [groceries]...I have a problem still with that part but being involved with filming movies around the building has been rather exciting and being able to watch fireworks from my window and even to go to a baseball game and to the Forks like those kind of activities have been really exciting."

#### 4.2.6 Access to Community Services

All of the key informant respondents utilized a variety of community services, particularly shopping, banks, churches, libraries, and healthcare. They generally felt these services were close enough to access easily, either via Handi-Transit, by walking or going in their wheelchairs, scooters, etc. For those living in the Exchange, it was easier to access services during good weather because they were within easy walking or wheeling distance. For the two key informants residing in the Inner City, access to services was not an issue because they used the Sky Walks.

One person living in the Exchange liked a particular discount store that carries food and other low-priced items. Another participant stated getting groceries was a major challenge for her, as she preferred a greater degree of choice than was available at the above-mentioned discount store. The individual who moved from the Exchange District to the Inner City because of difficulties with the water in her ventilator freezing during winter also experienced this challenge when she lived in the Exchange.

In terms of service gaps, one individual mentioned the absence of shopping malls in the Exchange and another alluded to the difficulties of purchasing groceries. She stated that more grocery stores offering a greater degree of choice at discount prices should be available.

#### 4.2.7 Safety in the Exchange

The key informants living in both the Inner City and the Exchange Districts outlined a number of safety concerns with these areas. They collectively noted problems with panhandlers, those who sniff substances, drug dealers, and people who are sometimes drunk. One person stated:

A lot of people are afraid to go outside at night. But I myself go out every night in the dark with my dogs and what I've encountered is some bullying and verbal abuse from patrons of the bar that are in the back lane peeing on the buildings and throwing their bottles around and so forth. But when I've encountered say, natives drinking in the lane, they have been more than polite, they're not the ones who cause the problem, I'm not afraid of them. People are quite friendly that work around the area, which is good.

One resident of the Inner City who used to live in the Exchange District, reported that she had been threatened in Winnipeg's downtown area by two youths trying to assault her. However, she had not experienced problems of this nature when she lived in the Exchange. Her views were based on her personal experiences as a witness to the dangers that can occur both in the Inner City and in the Exchange Districts.

Another key informant stated there were safety issues in all areas of the city, but that the Exchange District was less safe than other areas. She explained:

It's also just a living thing like with people having parties all the time. And you know we have to lock the doors after five o'clock. There's people coming at two o'clock in the morning to party with their buddies, and screaming to open the door, and just feeling really unsafe. That's been a really big drawback. I won't go out after dark unless I'm taking Handi-Transit.

An interviewee who resided in the Inner City had safety concerns, particularly at night.

Like anybody else I don't think I would want to be out there by myself late at night. But then you could probably say the same for a lot of areas, not necessarily just the Inner City, but there tends to be some areas that you don't want to go out at night by yourself certainly, you want to stick to the well lit areas...but then downtown...has a reputation for not being the safest place to be outside. I don't know if it's deserved or not, but that's the way it is.

Four of the five key informants felt relatively safe despite the above-mentioned safety concerns, although two participants mentioned they were more vulnerable because they were female. As previously indicated, the fifth key informant would not go out at night unless she was taking the specialized transportation system she regularly used. One person had not lived in any part of the city other than the Exchange District so could not compare her experiences of living in the Exchange with living in any other part of Winnipeg.

#### 4.2.8 Accessibility in the Exchange

All key informant participants utilized various modes of transportation outside of their current place of residence. These included wheelchairs, public transit, Handi-Transit and wheelchair and regular taxis. Those who lived in the Exchange, or had done so in the past, identified roads that were in poor repair, curb cuts that were insufficient in quality and quantity, were uneven or angled into intersections, uneven or sloping sidewalks, inaccessible buildings and parking facilities as priority issues. Many of the accessibility concerns raised by key informants were similar to those identified by members of the HAL target population.

At the follow-up workshop to review the findings, two key informants living in mobility suites at one location in the Logan area noted accessibility issues within their building. In particular, they expressed concern about the fact that there was only one elevator in the apartment complex and that it frequently broke down (sometimes for days at a time). The building is locked at 5:00 p.m. every night necessitating that all support staff have pass cards to get in to assist consumers. At least one other key informant and one member of the HAL target population mentioned that the apartment buildings in which they lived only had one elevator. It was recommended that when choosing sites for assisted living housing, every effort should be made to select facilities with more than one elevator.

Participants at the above-mentioned Logan area location also noted accessibility concerns outside their facility in that there is no crosswalk at the corner nearest to the site of their building. This makes crossing the street more difficult.

#### 4.2.9 Assisted Living Housing in the Exchange

With respect to the benefits of locating assisted living housing in the Exchange, key informant participants cited closeness to friends, family, the arts, culture, community activities, and green space such as parks. One person mentioned that younger people might find the area more appealing than those who were older.

The safety concerns and accessibility issues cited above, as well as the noisy parties, the presence of bars in the area, and the difficulties with accessing community services such as grocery shopping were identified as major disadvantages.

Two respondents stated they would live in assisted living housing if it were located in the Exchange District but the remaining three would not. One liked living in the Inner City, and another found it difficult to go outside in poor weather with her ventilator. A third cited safety concerns about the Exchange, and planned to move because of these issues.

## 4.3 Service Providers

The five representatives of organizations that provide housing services to people with disabilities were asked about the provision of housing services for younger adults with disabilities and the social issues pertaining to developing assisted living housing within the Exchange District (refer to Appendix B-1 for a copy of the interview guide for service providers).

### 4.3.1 Background Information

Five people representing disability-related organizations providing services to younger adults with disabilities (between 18 and 55) were interviewed. The first organization offers advocacy support to First Nations people with disabilities. The second provides support, information and referral to persons living with multiple sclerosis, their families and caregivers. Both assist individuals with disabilities looking for appropriate housing. The services of a third agency include rehabilitation counseling, grief support, recreation, barrier-free consultation and housing referral to individuals with spinal cord injuries. A fourth organization offers vocational rehabilitation and other assistance to promote inclusion of adults and children with disabilities in community life (including housing referral). The final organization focuses specifically on the provision of housing-related services that include housing for persons with disabilities, attendant care and support to those transitioning to community settings.

All the organizations, and the services they provide, are well known in the disability community. Three publish newsletters that are distributed to the consumers/clients they serve and to other disability organizations. Four groups indicated they have brochures, websites, and set up displays at conferences and disability-related events. All receive referrals from other community-based organizations, hospitals, etc. One promotes its services primarily through word-of-mouth.

Four of the five service providers reported that they had consumers/clients living in the Inner City and the Exchange District. One organization indicated that 40 percent of its consumers lived in the Inner City, a second organization noted that between seven and ten people to which it provides services lived in these areas, and a third group reported that two or three clients/consumers resided in these locations. A fourth organization said that one percent of its client base lived in the Exchange. The fifth service provider did not directly serve individuals who lived in either the Inner City or Exchange districts, but was included because it coordinates the provision of support services at three assisted living housing facilities in the Inner City. This organization is also involved in the development of the HAL housing site.

### 4.3.2 Barriers and Successes

The service provider respondents said they encountered a number of barriers to providing housing-related services to people with disabilities. The organization that provides services to First Nations people said that one barrier they encountered was

that many of their consumers were living on reserves and had to move into Winnipeg to access appropriate services. For the most part, these individuals were unfamiliar with the process of completing applications for housing, and did not have references that are required by landlords. They frequently moved from place to place and did not have a known track record with landlords. Some of this organization's consumers had difficulties with substance abuse that resulted in their eviction from housing facilities.

In addition, there are language barriers that make it more difficult for consumers of this organization to access services. In this vein, the interviewee stated:

There is a language barrier that comes along with our consumers especially when they're moving directly from the reserve here. You're not going to find these individuals going into a non-Aboriginal agency and saying 'This is what my problem is, this is what I can't do, etc. etc' The intimidation factor is alive and well...But when they come here because we have the ability to speak our language fluently with these individuals, we're able to have that communication barrier breakdown, and so that's where we begin to say 'okay...these are the things that have to be done,' a step by step process, integrating them into the mainstream.

A second organization indicated that a number of their consumers are on low or fixed incomes and cannot afford to participate in recreation activities. Some individuals may experience difficulties in obtaining transportation to social outings because Handi-Transit ranks recreational activities as a lower priority than trips related to education and work. Due to the fatigue experienced by many consumers with MS, they may not be able to get involved in community activities or may be able to do so only on a limited basis. About the invisible aspects of this disability, the respondent stated: "People with [an invisible disability] look really well and other people don't understand the nature of the illness and can't see the symptoms that people are kind of experiencing."

A third organization identified financial challenges which affected the level of services they can provide, while a fourth pointed to the costs associated with renovating housing to make it accessible for individuals with disabilities. The fifth service provider alluded to the challenges encountered by families as younger people with disabilities prepared to move out of the family home into their own apartments, and the need for emotional growth and readiness on the part of all family members.

The most frequently cited barriers were difficulties finding affordable accessible housing and the shortage of appropriate housing for individuals with mobility disabilities. This limited the degree of choice available to consumers/clients looking for appropriate housing. Individuals who sought to alter their living arrangements encountered difficulties finding suitable alternatives. The representative of one organization commented:

The sad reality right now is that the vacancy rate is so low, I think it's hovering around one percent and that's for every suite, and then if you need an accessible

suite it's basically non-existent. Then you also have the challenge of finding an apartment or accommodation in the neighbourhood in which [you] want to live... You want to be close to your family supports, you may need to work, or even be close to the hospital if you have lots of follow-up.

When asked to describe their successes in providing housing services to people with disabilities, one service provider told stories of consumers who had located appropriate housing and remained in these settings. The interviewee also mentioned positive life changes within the consumers themselves. Other service providers highlighted the individual successes experienced by consumers/clients, and the fact that these people were able to meet the individualized needs of the consumers they served. One respondent emphasized the positive feelings that occurred when consumers who were socially isolated were able to participate in community activities again. As she explained:

If somebody has been fairly isolated and they manage through our resources to begin to participate in self-help groups and to come out on a regular basis, or participate in a recreation or social program, if they really haven't been out for a long time, that is a success...if we can help to improve people's quality of life, I think that that's a real success experience.

Another interviewee indicated his organization had been successful in assisting individuals to develop the skills and confidence they needed to live independently and also in the development of new housing models.

[Name of housing facility] was set up thirty years ago to be a place where people with disabilities can develop their skills and abilities and self-confidence to live on their own, and so, over our almost 30 year history, we've been able to do that with hundreds of people with disabilities, who've come here maybe very lacking in self-confidence and by the time they're done their time here they move out and they're able to manage very well on their own. We've also had some success in supporting the development of new housing models over the years.

#### 4.3.3 Gaps In the Provision of Community Services

With respect to the provision of community services in general, one participant identified transportation difficulties and another noted many of their consumers (Aboriginal people) experienced problems utilizing community services because of cultural and language barriers. Access to community services in the Exchange (particularly grocery shopping) was also identified as a service gap.

The inaccessibility of many of the buildings in the Exchange District due to their age, and the lack of accessible affordable housing, were two of the major barriers identified by interviewees. The fact that many community resources and services were located in inaccessible premises was also emphasized. One person felt that this presented safety issues for consumers with mobility disabilities because it was more difficult to find

accessible buildings where individuals could go for assistance in case of emergencies. He noted:

I think anytime you have sort of questionable accessibility you have the opportunity for it to be unsafe. I find that sort of un-nerving or sort of fearful for some of the people that live in that area because if you were to have a problem, you would most likely be able to run into a business and seek sort of immediate help or to get out of dangers way, and with the accessibility issues not resolved you know you could run two or three blocks, or wheel two or three blocks, before you find a building that you could actually get into.

Participants offered a number of suggestions to eliminate these gaps. They emphasized a need for more affordable, accessible housing in the Exchange District, as well as more accessible community services, such as grocery shopping. One organization suggested the possibility of amending heritage legislation to enable more effective and creative design solutions to improve the accessibility of older buildings that have been designated as heritage sites.

All organizations were actively involved in community committees to facilitate the development of affordable, accessible housing options for persons with disabilities (such as HAL) or to suggest improvements to transportation and other community services.

#### 4.3.4 Nursing Homes

As was the case with members of the HAL target population and the key informants, the five service providers felt nursing homes were more appropriate for elderly people who had different interests and lifestyles than younger adults with disabilities, and who could no longer care for themselves in the community. Therefore they believed that younger adults with complex health and housing needs should not be living in nursing homes with seniors. The reasons they gave included lack of privacy, insufficient opportunities for social integration, and activities that were too restrictive. Interviewees felt it was important to distinguish between the lifestyles of younger adults with disabilities and seniors.

I guess it depends on how they [nursing homes] are set up. If the younger population feels they have their own part of the centre...maybe it's working okay. If you feel you're there because you're the one of 75 seniors and that was the only bed available, I imagine the program would be specific to the needs of the senior population and then would it be a step up from being in the hospital?

With respect to the importance of distinguishing between the lifestyle needs of younger adults and seniors, another interviewee said: "Younger people with disabilities may be more active, they may enjoy doing things that are different than seniors and seniors may not be comfortable with that lifestyle of younger people, and so in many cases it may be important to distinguish the two."

#### 4.3.5 Awareness of Assisted Living Housing

All service providers in the study were aware of assisted living housing options such as Ten Ten Sinclair Housing, Fokus Housing, Westwood Cluster, Watson Cluster and Qu'Appelle Housing. In terms of developing assisted living housing in the Exchange District, respondents indicated that more accessible and affordable housing for younger adults with disabilities who have complex health and housing needs would be desirable *wherever it was set up*. They felt that this would provide a greater degree of housing choice for people with disabilities. One interviewee commented:

The benefit would be increasing the supply of affordable and accessible housing for people with disabilities...whether it has to happen in the Exchange District or not is debatable, I guess, in essence, developed anywhere it helps the long-term picture of housing in the city of Winnipeg, it gives people with disabilities more options and ...it [the HAL Project] will be the first project in that area. So for somebody that really wanted to live there, it would be a real benefit.

One respondent pointed out that the Exchange District is unique and, providing the accessibility and safety concerns were addressed, the area would be a good location for assisted living housing since it would be close to community services, businesses, central landmarks like The Forks, and downtown. Two other representatives highlighted the closeness to community services as a major advantage. As one participant commented: "I think that if the accessibility issues are sort of answered then it's an opportunity to live in a very...unique neighbourhood...You're close to downtown which Portage Place [mall] is a huge benefit, and you've basically got all of your supports, you've got your banks and you've got your recreation, The Forks is now within very close proximity, it would be excellent."

However, one participant indicated that the daytime and evening activities of particular individuals with disabilities should be a major factor in determining suitable locations for assisted living housing. The service provider noted: "As young adults and adults...they're going to be in education programs, they're going to be working, so dependent on what are their priority daytime and nighttime activities outside the home...that to me would be the answer to the best location [for assisted living housing]."

The reported disadvantages of locating assisted living housing in the Exchange were similar to those identified by members of the HAL target population and key informants, and centred on safety issues, insufficient access to community services, difficulties with transportation services, and the inaccessibility of buildings. One participant noted that assisted living housing in the Exchange would need to be affordable. He said that it didn't make sense to convert more warehouses into condominiums "where the going prices are in the two or three hundred thousand dollar mark because it really limits a big portion of the community."

Four of the five service providers would recommend the Exchange District to their consumers/clients as a suitable location for assisted living housing, particularly if the concerns about safety, accessibility, and access to community services were addressed. One agency representative noted that where one lived was dependent partly on individual choice and people with disabilities should have the option to reside close to family members, community services, and daily activities.

One organization representative felt the Exchange District and Inner City were more attractive options for younger people because of the activities that took place in those areas. However, given the cost to redevelop the Exchange to make it accessible, this service provider felt it would be important to first determine whether younger people with disabilities would be interested in living there before making major changes to the area and considering accessibility and safety concerns. As this service provider commented:

It would be a huge cost. If I was developing I would want to ensure that I had the young people interested in living in that [area] because I think what happens is a lot of assumptions could be great for young people, but if they're not inclusive in this decision making...and we have a beautiful empty building and nobody wants to live there. So that would be my only concern. If this is where they want to be, then it's making sure that you have taken into consideration...the accessibility and the safety.

Four of the five service providers felt there was no need to develop housing options for separate segments of the population of people with disabilities (i.e., by gender, race, ethnicity, etc.). However, one person pointed out that for Aboriginal or other ethno-cultural people with disabilities, living with others who are part of the same group might be beneficial for those who had recently moved to the city. She believed that living with others who were Aboriginal or from the same ethno-cultural group could be beneficial in assisting newly located individuals in cultural assimilation and language development. With respect to having separate housing facilities for particular cultural groups, this participant noted: "There's good and bad to it (I believe in segregation) because I believe in integrating individuals and getting to know and getting used to [the culture and the language] but when you're first here and so forth, it would be so good if we could have a place specific to Aboriginal people in order to look at the next steps."

#### 4.4 Comparison of Findings from HAL Target Population, Key Informants, and Service Providers

This section compares and contrasts the findings from interviews with the three groups of study participants: members of the HAL target population, key informants, and service providers. The majority of the findings were similar for all three groups. However, there were a few differences in the findings from interviews with the above-mentioned three groups. Less than half the respondents in the HAL target population indicated they would feel safe living in the Exchange District. For those who were unfamiliar with the area, their views were based on impressions rather than first-hand knowledge about the district.

For the most part, the key informants living in the Exchange or adjacent Inner City locations indicated they felt relatively safe in the area, compared with less than half the respondents from the HAL target population who believed the Exchange District was not a safe place to live.

The sections below will present the findings that are similar to all three groups.

#### 4.4.1 Assisted Living Housing

The majority of interviewees in all three groups were aware of a variety of assisted living housing options. They identified a shortage of accessible and affordable assisted living housing as a major concern that needs to be addressed.

Although the current research centred primarily around social issues in the Exchange District adjacent to the area where the assisted living facility will be located and exterior spaces, members of the HAL target population and key informants also raised points about the interiors of buildings and outlined a number of supports that should be available in an assisted living housing facility. These supports included: assistance with personal care, such as bathing, dressing, toileting, etc., assistance with household tasks such as meal preparation and laundry, and an on-site nurse on call at all times to respond to medical emergencies.

Those who were employed felt it was extremely important to be able to have their attendants assist them at work. For those who managed their own services, this was possible. Those living in assisted living housing such as Fokus Units, were unable to utilize these attendants at work or in the community because the attendants were not allowed to leave the facility. These participants believed that attendants should be permitted to accompany them to work, on shopping trips or to community activities. The need for volunteers to accompany participants to community activities was also identified.

#### 4.4.2 Access to Community Resources and Services

Respondents in all three groups believed that the majority of community resources and services, such as churches, libraries, community centres, healthcare facilities and disability organizations were either available in the Exchange District or within adjacent areas. The most frequently stated exception was a large and conveniently located grocery store. This finding is also supported in the literature. As noted previously section, one participant stated that buying groceries was a major challenge for her, as she preferred a greater degree of choice than was available at the above-mentioned discount store. Two respondents felt that a shopping mall with discount stores should be available in the area.

#### 4.4.3 Safety in the Exchange

Although key informants generally felt safer living in the Exchange than members of the HAL target population, respondents from all three groups identified similar safety concerns. These included fear of:

- being in the area at night because it's too dark,
- being robbed,
- vandalism of parked vehicles,
- being mugged
- being sexually assaulted,
- being killed,
- being approached by members of the Hell's Angels,
- being approached by strangers, and
- drug dealers.

Participants who lived in the Exchange mentioned issues such as the presence of intoxicated people, those who sniffed substances, noise from bars and drug dealers and the need to be cautious when coming home at night. Poor exterior lighting in public spaces was also identified as a concern as was the possibility of vandalism of parked vehicles. Many individuals indicated their disabilities made them feel more vulnerable particularly because they felt unable to defend themselves or run away. These issues are consistent with the literature that supported the presence of safety concerns in the Exchange District and adjacent areas.

To address safety concerns, participants indicated the need for law enforcement officers and/or citizen patrols to tour the area on foot, more security in buildings, red light cameras, better lighting, etc. More security in the apartments (such as locks on windows) was also identified as a means to address safety issues.

#### 4.4.4 Accessibility in the Exchange

Consistent with the literature, respondents in all three groups identified a number of concerns about the accessibility of the Exchange District, although it was noted that a greater number of facilities are now accessible. Concerns included:

- insufficient curb cuts (both quantity and quality),
- curb cuts that are not even with sidewalks or angle into intersections,
- uneven or sloping sidewalks,
- roads that are in poor repair
- inaccessible buildings (many had stairs and no elevators or small lifts that didn't always work),
- poor exterior lighting in public spaces,
- an insufficient number of accessible parking facilities and drop-off areas,
- inadequate snow removal (mainly quality),
- an insufficient number of accessible businesses with phones where individuals could call for assistance in case of emergency, and

- signs too small or not high enough to be easily read.

#### 4.4.5 Assisted Living Housing in the Exchange

Interviewees in all three groups identified a number of benefits of locating assisted living housing in the Exchange. These included:

- proximity to restaurants, art galleries, cultural events such as festivals, etc.,
- closeness to parks and green space,
- the ability to easily access disability organizations, healthcare services and other community resources, and
- opportunities to socialize with those with and without disabilities.

The main disadvantages of locating assisted living housing in the area centre around accessibility and safety concerns and insufficient community services and, in particular, grocery shopping.

It was noted that the Exchange District was unique and, providing the accessibility concerns were addressed, the area would be a good location for assisted living housing since it would be close to community services, businesses, disability organizations, central landmarks, and a revitalized downtown. However, one service provider indicated that the daytime and evening activities of particular individuals with disabilities should be a major factor in determining suitable locations for assisted living housing options.

## 5. Recommendations

During the interviews and at a follow-up workshop to verify the findings, study participants and members of the project Advisory Committee made a number of recommendations related to the creation of more accessible and affordable assisted living housing, supports and services in assisted living housing, access to community resources and services, and safety and accessibility in the Exchange. These recommendations have implications for:

- Canada Mortgage and Housing Corporation,
- the Province of Manitoba,
- Regional Health Authorities,
- the City of Winnipeg,
- agencies and individuals providing housing and support services,
- health care providers,
- community-based advocacy groups,
- the Exchange BIZ and Downtown BIZ,
- CentreVenture Development Corporation and other organizations involved in developing future housing options to meet the needs of people with disabilities within inner-city Winnipeg and the wider community.

## 5.1 Creation Of Additional Accessible and Affordable Assisted Living Housing

Increase accessible and affordable housing for persons with disabilities who have complex health and housing needs who live in the Inner City and Exchange Districts.

1. We recommend that the Minister of Family Services and Housing for the Province of Manitoba, Manitoba Housing Authority and other relevant groups develop affordable and accessible assisted living housing to enable persons with disabilities who have complex health and housing needs to live in housing settings of their choice. There is a particular need to develop additional housing options for younger people with disabilities who are under 55 years of age.
2. We recommend that the Canada Mortgage and Housing Corporation (Government of Canada) promote the Residential Rehabilitation Assistance Program (RRAP) and the Home Adaptations for Seniors' Independence (HASI) program to landlords so that disability-related adaptations are funded.
3. We recommend that the Minister of Family Services and Housing for the Province of Manitoba, the Manitoba League of Persons with Disabilities and other advocacy groups monitor the development of accessible, affordable, appropriate and safe housing for persons with disabilities.

## 5.2 Supports and Services in Assisted Living Housing

Ensure that a full range of supports and services are in place to meet the needs of individuals with a variety of disabilities who have complex health and housing needs.

4. We recommend that the Minister of Family Services and Housing for the Province of Manitoba, the Manitoba Housing Authority, the Winnipeg Regional Health Authority, other health authorities in Manitoba, and organizations developing assisted living housing for people with disabilities who have complex health and housing needs ensure that services and supports are in place to meet the needs of individuals with a variety of disabilities and life circumstances. In addition to assistance with personal care and household tasks, supports should include the availability of nursing and mental health supports and flexible attendant services.
5. We recommend that the Minister of Family Services and Housing for the Province of Manitoba, the Manitoba Housing Authority, the Winnipeg Regional Health Authority, other health authorities in Manitoba and community/government committees developing assisted living housing for people with disabilities institute measures that would enable tenants in assisted living housing facilities to have input into decisions related to hiring attendants and other staff for their facilities.

6. We recommend that the Manitoba Housing Authority, the Winnipeg Regional Health Authority, other provincial health authorities and community/government committees developing assisted living housing facilities establish Congregate Meal Programs as an integral part of assisted living housing. Congregate Meal Programs provide hot meals to tenants daily or several times per week for a nominal charge. Individuals participating in the program have the option of eating with other tenants in a common dining room or lounge, or having meals delivered to their own apartments. Congregate meal programs provide tenants with opportunities for social interaction with others in their building while sharing meals together.
7. We recommend that the Manitoba Housing Authority, the Winnipeg Regional Health Authority, other provincial health authorities, community/government committees developing assisted living housing and those managing these facilities ensure that they operate in accordance with independent living philosophies and principles.
8. We recommend that the Minister of Family Services and Housing for the Province of Manitoba, the Manitoba Housing Authority, the Winnipeg Regional Health Authority, other health authorities in Manitoba, and organizations developing assisted living housing for people with disabilities institute measures that would enable attendants in assisted living housing facilities to provide services to tenants at home as well as in the workplace and in the community.
9. We recommend that community/government committees developing assisted living housing convene information sessions with potential tenants of assisted living housing facilities. These sessions would provide potential tenants with information about community services available in the area, accessibility and safety issues in and around the location where they will be living.

### 5.3 Access to Community Services

Increase the accessibility of community services to people with disabilities and seniors living in Winnipeg's Exchange District. These services include shopping facilities such as grocery and convenience stores, community centres, bookstores, healthcare facilities, churches, other businesses, art galleries, etc.

10. We recommend that the Housing for Assisted Living (HAL) Committee request that the Exchange BIZ and Downtown BIZ, CentreVenture, the Manitoba League of Persons with Disabilities and other advocacy groups work with retail business, community centres, healthcare facilities, churches, art galleries, etc., in Winnipeg's Exchange District to increase the accessibility of their services to people with disabilities and seniors living in this area. This could include renovations to buildings and less expensive alternatives such as the provision of on-line shopping and delivery services, which would enable people to shop from their homes.

## 5.4 Safety in the Exchange and Inner City

Increase security in and around buildings where assisted living housing facilities are located.

11. We recommend that the HAL Committee request that owners and landlords of buildings where assisted living housing is located, the Manitoba Housing Authority, the Manitoba League of Persons with Disabilities and other advocacy groups, work to increase security in and around these buildings. This includes such measures as the installation of security cameras around buildings, in lobbies and hallways, locks on windows and doors, increased exterior lighting of public spaces, and the provision of alarms that can be activated by tenants in case of emergency. In addition, procedures should be in place to ensure that support workers, rescue personnel and other staff can easily get to tenants with disabilities in the event of an emergency.
12. We recommend that the HAL Committee request that owners and landlords of buildings where assisted living housing is located, the Manitoba Housing Authority, the Exchange BIZ, CentreVenture, the Manitoba League of Persons with Disabilities and other advocacy groups, work with the Winnipeg Police and citizen groups in the Exchange District to increase foot patrols, community policing and safe walk programs around the buildings where assisted living housing is located to maximize the sense of security afforded to tenants with disabilities, support staff and others living in these buildings. Members of the Winnipeg Police Department could be invited to speak to groups of tenants and staff about safety issues and steps they could take to improve safety in and around their buildings. The implementation of a buddy system could be established so that tenants with disabilities have someone to call in case of an emergency.
13. We recommend that the Manitoba Housing Authority and community/government committees selecting buildings for assisted living housing make every attempt to choose locations with more than one elevator so that people with disabilities would not be trapped in their apartments if the one and only elevator were to break down.
14. We recommend that community/government committees developing assisted living housing facilities provide information to tenants with disabilities about registering with the Winnipeg Fire Department so that fire personnel will be able to get to individuals with disabilities in the event of an emergency.

## 5.5 Accessibility in the Exchange

Ensure that sidewalks, curb cuts and roadways in the Exchange District are in good repair, accessible for all people and that there is sufficient accessible parking available.

15. We recommend that the HAL Committee request that the City of Winnipeg, the Exchange BIZ, the Downtown BIZ, CentreVenture, community/government committees developing assisted living housing, the Manitoba League of Persons with Disabilities and other advocacy groups work together to ensure that sidewalks, curb cuts and roadways in the Exchange District are repaired and upgraded to increase their accessibility for all. Adequate snow removal during winter months should also be ensured.
16. We recommend that the HAL Committee request that the City of Winnipeg, the Exchange BIZ, the Downtown BIZ, CentreVenture, community/government committees developing assisted living housing, the Manitoba League of Persons with Disabilities and other advocacy groups work together to ensure that accessible parking spaces are designated for people with disabilities and support staff adjacent to buildings in the Exchange where assisted living housing is located. This would permit people with disabilities, family members and other visitors to find adequate parking.
17. We recommend that the HAL Committee request that the City of Winnipeg, the Exchange BIZ, the Downtown BIZ, CentreVenture, building developers, community/government committees developing assisted living housing, the Manitoba League of Persons with Disabilities and other advocacy groups work together to ensure that heritage legislation is amended to enable more effective and creative design solutions to facilitate the accessibility of older buildings in the Exchange and Inner City that are designated as heritage sites.
18. We recommend that the HAL Committee request that the City of Winnipeg, the Exchange BIZ, the Downtown BIZ, CentreVenture, community/government committees developing assisted living housing, the Manitoba League of Persons with Disabilities and other advocacy groups work together to ensure that a crosswalk is installed at the corner closest to the HAL Project site at Princess and Higgins. This would assist people with disabilities and others living in the area to more safely cross the street at that location.
19. We recommend that the HAL Committee request that the City of Winnipeg, the Exchange BIZ, the Downtown BIZ, CentreVenture, the Minister of Conservation for the Province of Manitoba, community/government committees developing assisted living housing, the Manitoba League of Persons with Disabilities and other advocacy groups work together to decrease noise and environmental pollution in the Exchange District.
20. We recommend that the HAL Committee request that the City of Winnipeg, the Exchange BIZ, the Downtown BIZ, CentreVenture, the HAL Committee, community/government committees developing assisted living housing, the Manitoba League of Persons with Disabilities and other advocacy groups work together to ensure that low floor buses are placed on routes that travel through

the Exchange District so that people with disabilities have access to regular transit.

## 6. Summary and Conclusions

This report described the findings of the Housing for Assisted Living in Inner-City Winnipeg research project that examined a variety of social issues related to the development of a building (340 Princess Street) in Inner City Winnipeg adjacent to the Exchange District as an assisted living housing facility for adults with disabilities between 18 and 55 years of age who have complex health and housing needs. This facility will provide a range of on-site support services for people with disabilities within an integrated setting.

The majority of interviewees in all three groups identified the shortage of accessible and affordable assisted living housing as a major concern that needs to be addressed.

Less than half the members of the HAL target population indicated they would feel safe living in the Exchange District. For the most part, the key informants (persons with disabilities living in the Exchange or adjacent Inner City locations) indicated they felt relatively safe residing in the area.

Respondents from all three groups identified similar safety concerns. These included fear of:

- being in the area at night because it's too dark,
- being robbed,
- vandalism of parked vehicles,
- being mugged
- being sexually assaulted,
- being killed,
- being approached by members of the Hell's Angels,
- being approached by strangers, and
- drug dealers.

To address safety concerns, participants indicated the need for law enforcement officers and/or citizen patrols to tour the area on foot, more security in and around buildings, security cameras and better street lighting.

Respondents in all three groups believed that the majority of community resources and services, such as churches, libraries, community centres, healthcare facilities and disability organizations, were either available in the Exchange District or within adjacent areas. The most frequently stated exception was a large and conveniently located grocery store.

Interviewees from the three groups identified concerns about the accessibility of the Exchange District:

- insufficient curb cuts (both quantity and quality),

- curb cuts that are not even with sidewalks or angle into intersections,
- uneven or sloping sidewalks,
- roads that are in poor repair,
- inaccessible buildings (many had stairs and no elevators, or small lifts that didn't always work),
- poor exterior lighting,
- an insufficient number of accessible parking facilities and drop-off areas,
- inadequate snow removal (mainly quality),
- an insufficient number of accessible businesses with phones where individuals could call for assistance in case of emergency,
- signs too small or not high enough to be easily read.

The benefits of locating assisted living housing in the Exchange include:

- proximity to restaurants, art galleries, cultural events such as festivals, etc.,
- closeness to parks and green space,
- the ability to easily access disability organizations, healthcare services and other community resources,
- opportunities to socialize with people with and without disabilities of all ages.

The main disadvantages to locating assisted living housing in the area centre around accessibility and safety concerns, as well as insufficient community services, particularly grocery shopping.

Most participants felt that, providing the accessibility and safety concerns were addressed, the Exchange District would be a good location for assisted living housing because of its proximity to community services, businesses, disability organizations, central landmarks, and a revitalized downtown.

If more affordable and accessible assisted living housing is to be built in the Exchange District, these concerns and the recommendations from this study will first need to be addressed so that the area becomes a truly affordable, accessible and safe place to live for those with disabilities.

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## 8. Appendices

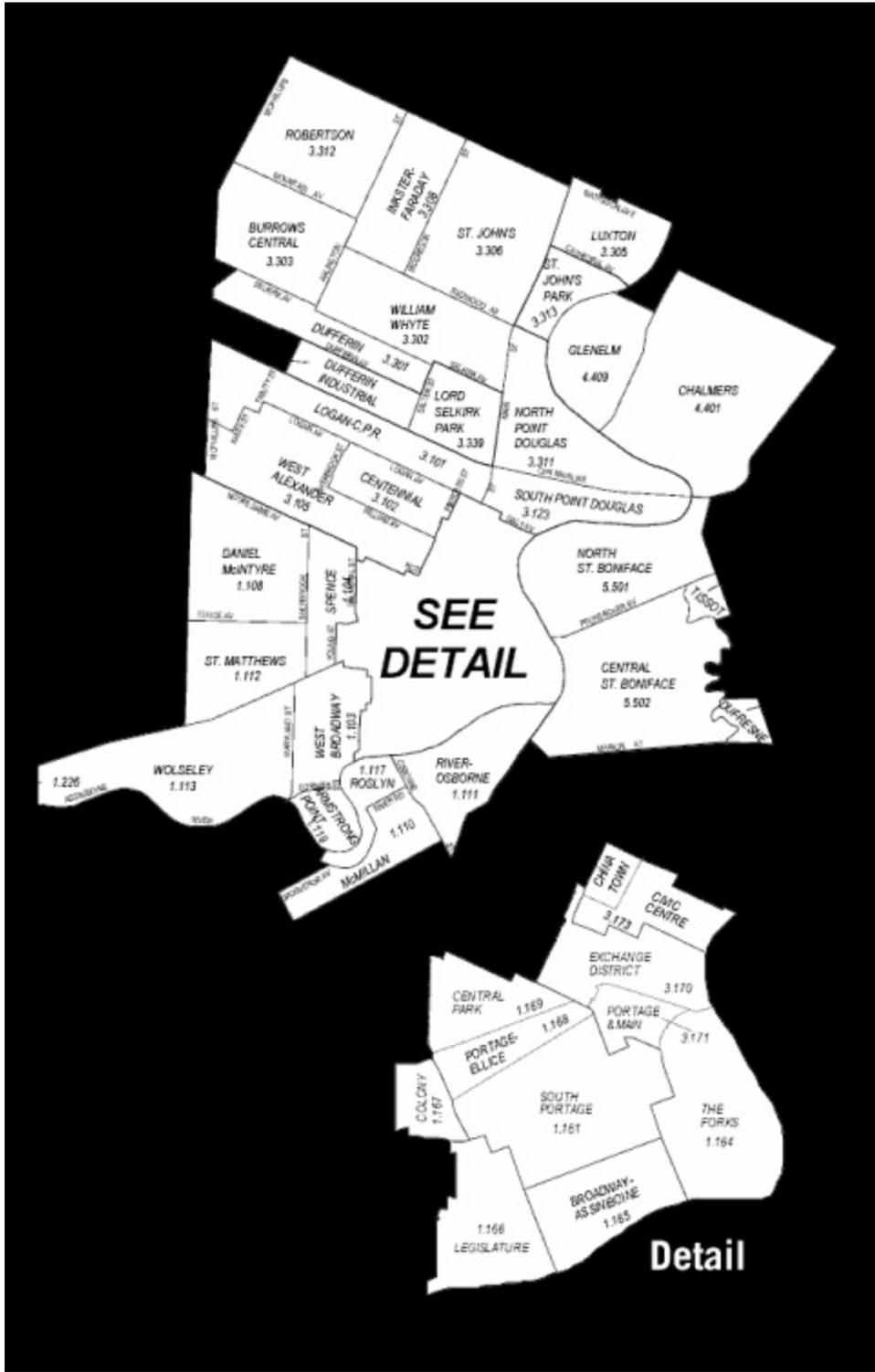
### Appendix A - Maps

Housing Site (340 Princess Street) Map



HAL Project Website:  
<http://www.halproject.mb.ca>

# Winnipeg Inner City Map



Winnipeg Inner City Research Alliance website:  
[http://ius.uwinnipeg.ca/wira\\_resources.html#](http://ius.uwinnipeg.ca/wira_resources.html#)

## **Appendix B**

### **Research Instruments**

#### **Appendix B-1 Interview Guides**

#### **Housing for Assisted Living in Inner-City Winnipeg Interview Guide: HAL Target Population**

##### **Background Information**

1. How old are you?
2. What is your gender?
3. Do you consider yourself to be a person with a disability?
  - a) If yes, what is your disability? Please tell me as little or as much as you would like to about your disability.

##### **Current Living Situation**

4. What intersection is closest to your current place of residence?
  - a) What is your postal code?
5. What is your current living arrangement?
  - a) Do you receive help at home? What type(s)?
6. How satisfied are you with your current living arrangement? Please elaborate.
7. What kinds of alternate living arrangements are you aware of?
8. Have you ever tried to find alternate housing arrangements? (Within the past year? Within the past five years?)
  - a) If yes, why? What was your experience with this?
  - b) If no, why not?

##### **Nursing Homes**

9. Have you ever visited a nursing home?
10. Have you (or has anyone you know) ever lived in a nursing home?

a) If yes, why were you/they living there and what were some of your impressions of the home(s)?

b) If no, what (if anything) do you know about nursing homes?

c) If no, would you ever want to live in one? Why/why not?

11. How do you feel about younger adults with disabilities living in nursing homes? Please elaborate.

12. Do you think you would feel differently about nursing homes if they were designed specifically for younger adults with disabilities who have complex health and housing needs? Why/why not?

### **Assisted Living Housing**

13. Have you ever visited an assisted living housing environment? (Assisted Living housing provides a range of on-site support services for people with disabilities within an integrated setting.)

14. Have you (or has anyone you know) ever lived in assisted living housing?

a) If yes, why were you/they living there and what were some of your impressions of this type of housing?

b) If no, what (if anything) do you know about assisted living housing?

c) If no, would you ever want to live in this type of environment? Why/why not?

15. What kinds of supports/services would you see as being important to have in an assisted living housing environment?

### **General Impressions of Winnipeg's Inner City/ Exchange District**

16. How familiar are you with Winnipeg's inner city Exchange District? Are you familiar with the area around the intersection of Princess and Higgins? (Explain that assisted living housing is being developed at 340 Princess).

Probe: def.? (use City of Winn./IUS map) The boundaries of the Exchange District include the following avenues: Lombard, Notre Dame, Ross, William, Market and James.

17. Have you ever been to the Exchange District? If no, why not? If yes, what was your purpose for going there?

18. What are some of your general impressions of the Exchange District as a place to live?

19. (*If participant does not currently live in the Exchange District*) Would you consider living in the Exchange District? Yes \_\_\_ No\_\_\_

a) If yes, why?

b) If no, why not?

20. (*If participant currently lives in the Exchange District*) Are you satisfied living in the Exchange District? Yes\_\_\_ No\_\_\_

a) If yes, why?

b) If no, why not?

### **Community Resources and Services**

21. What types of community resources and services do you currently use (e.g. shopping, churches, libraries, health care, community centre, etc.)?

22. Which of these resources and services are most important for you to access easily?

23. Do you think that the resources and services you have identified as most important are available in the Exchange district? Please elaborate.

24. If you have identified gaps in services, do you think these can be addressed? If so, how??

### **Safety**

25. Do/would you feel safe living in Winnipeg's inner-city Exchange District?

a) If yes, what about the area makes you feel safe?

b) If no, what are your safety concerns? (In your opinion, are these concerns particular to living in the Exchange District?)

26. Do you feel that your disability affects your level of concern about safety? Please elaborate.

27. Do you feel that your gender affects your level of concern about safety? Please elaborate.

28. Do you feel that any other aspects of your identity (e.g. race, sexuality, etc.) affect your level of concern about safety? Please elaborate.

**Accessibility**

29. Do you currently use any mode(s) of transportation outside of your residence (e.g. scooter, public transit, own vehicle, etc.)?

30. What are your priorities regarding accessibility (e.g. public buildings, roads, sidewalks, signage, etc.)?

31. What is your impression of the accessibility of the Exchange district?

32. Would accessibility issues influence your decision to live in the Inner City?

**Conclusion:**

33. What do you think about locating assisted living housing in Winnipeg's Inner City Exchange District for younger persons with disabilities who have complex health and housing needs?

34. If an assisted living facility for younger adults with complex health and housing needs (with important services available) was developed in Winnipeg's Exchange District, would you consider living there?

a) If yes, why?

b) If no, why not?

35. What (if any) benefits do you see in locating assisted living housing in Winnipeg's Exchange District?

36. What (if any) disadvantages do you see in locating assisted living housing in the Exchange District?

37. Is there another area of Winnipeg that you think would be a more suitable location for assisted living housing?

a) If yes, where? Why?

b) If no, why not?

38. Is there anything that you would like to add that has not been covered in this interview?

39. Would you like to receive follow-up information regarding this research? As you know, we would appreciate your participation in a workshop to review the preliminary findings. (Separate honorarium.)

40. Do you have any suggestions regarding other people we could interview for this project? (Three types: HAL target pop., key informants, service providers.)

## **Housing for Assisted Living in Inner-City Winnipeg Interview Guide: Key Informants**

### **Background Information**

1. How old are you?
2. What is your gender?
3. Do you consider yourself to be a person with a disability?
  - a) If yes, what is your disability? Please tell me as little or as much as you would like to about your disability.

### **Current Living Situation**

4. What intersection is closest to your current place of residence?
  - a) What is your postal code?
5. How long have you lived at this residence?
6. How long have you lived in the Exchange district?
7. What is your current living arrangement?
  - a) Do you receive help at home? What type(s)?
8. How satisfied are you with your current living arrangement? Please elaborate.
9. What kinds of alternate living arrangements are you aware of?
10. Have you ever tried to find alternate housing arrangements? (Within the past year? Within the past five years?)
  - a) If yes, why?
  - b) If no, why not?

### **Nursing Homes**

11. Have you ever visited a nursing home?
12. Have you (or has anyone you know) ever lived in a nursing home?

a) If yes, why were you/they living there and what were some of your impressions of the home(s)?

b) If no, what (if anything) do you know about nursing homes?

c) If no, would you ever want to live in one? Why/why not?

13. How do you feel about younger adults with disabilities living in nursing homes? Please elaborate.

14. Do you think you would feel differently about nursing homes if they were designed specifically for younger adults with disabilities who have complex health and housing needs? Why/why not?

### **Assisted Living Housing**

15. Have you ever visited an assisted living housing environment? (Assisted Living housing provides a range of on-site support services for people with disabilities within an integrated setting.)

16. Have you (or has anyone you know) ever lived in assisted living housing?

a) If yes, why were you/they living there and what were some of your/ impressions of this type of housing?

b) If no, what (if anything) do you know about assisted living housing?

c) If no, would you ever want to live in this type of environment? Why/why not?

17. What kinds of supports/services would you see as being important to have in an assisted living housing environment?

### **Life Experiences in the Exchange District**

18. What has living in the Exchange District been like for you?

19. Have you ever lived anywhere in Winnipeg other than the Exchange District?

a) If yes, where else have you lived, and how do your experiences compare between these different areas?

b) If no, would you choose to move to a different area? Why/why not?

20. Have you encountered any difficulties or challenges that you think are particular to the area in which you live? Please elaborate.

### **Community Resources and Services**

21. What types of community resources and services do you currently use (e.g. shopping, churches, libraries, health care, community centres, etc.)?
22. Which of these resources and services are most important for you to access easily?
23. Do you think that the resources and services you have identified as most important are available in the Exchange district? Please elaborate.
24. If you have identified gaps in services, do you think these can be addressed? If so, how?

### **Safety**

25. Do you feel safe living in Winnipeg's Exchange district?
- a) If yes, what about the area makes you feel safe?
  - b) If no, what are your safety concerns? In your opinion, are these concerns particular to living in the Exchange District?
26. Do you feel that your disability affects your level of concern about safety? Please elaborate.
27. Do you feel that your gender affects your level of concern about safety? Please elaborate.
28. Do you feel that any other aspects of your identity (e.g. race, sexuality, etc.) affect your level of concern about safety? Please elaborate.

### **Accessibility**

29. Do you currently use any mode(s) of transportation outside of your residence (e.g. scooter, public transit, own vehicle, etc.)?
30. What are your priorities regarding accessibility (e.g. public buildings, roads, sidewalks, signage, etc.)?
31. What is your impression of the accessibility of the Exchange district?
32. Did accessibility issues influence your decision to live in the Exchange District?

**Conclusion:**

33. What do you think about locating assisted living housing in Winnipeg's Exchange District for younger persons with disabilities who have complex health and housing needs?

34. If assisted living housing for younger adults with complex health and housing needs (with important services available) was developed in Winnipeg's Exchange District, would you consider living there?

a) If yes, why?

b) If no, why not?

35. What (if any) benefits do you see in locating assisted living housing in Winnipeg's Exchange District?

36. What (if any) disadvantages do you see in locating assisted living housing in the Exchange District?

37. Is there another area of Winnipeg that you think would be a more suitable location for assisted living housing?

a) If yes, where? Why?

b) If no, why not?

38. Is there anything that you would like to add that has not been covered in this interview?

39. Would you like to receive follow-up information regarding this research? As you know, we would appreciate your participation in a workshop to review the preliminary findings. (Separate honorarium.)

40. Do you have any suggestions regarding other people we could interview for this project? (Three groups: HAL target pop., key informants, service providers.)

THANK YOU!

## **Housing for Assisted Living in Inner-City Winnipeg Interview Guide: Service Providers**

### **Background Information**

1. What type of organization do you work for?
2. Where is your organization located (intersection and postal code)?
3. What type(s) of service(s) do you provide for younger adults with disabilities? Can you estimate what percentage of your clients live in the Exchange district?
4. What steps have you taken to ensure that younger adults with disabilities who have complex health and housing needs have access to the services you provide?
5. Tell me about some of the barriers that you have encountered in providing services to younger adults with disabilities who have complex health and housing needs.
6. Tell me about some of the successes that you have encountered in providing services to younger adults with disabilities who have complex health and housing needs.

### **Gaps in the Provision of Services in Winnipeg's Inner-City/Exchange District**

7. In your opinion, what are some of the major gaps in services for younger adults with disabilities in Winnipeg's Exchange District (e.g. community resources and services, safety, accessibility)?
8. What (if anything) do you feel can be done to address these gaps in services?
9. In what ways do you see your organization possibly being involved in facilitating some of these changes?
10. What (if any) steps have recently been taken (by your organization/other groups) to improve accessibility, safety, and access to community services for younger adults with complex health and housing needs living in the Inner City?

### **Awareness of Assisted Living Housing**

11. How do you feel about younger adults with complex health and housing needs living in nursing homes with seniors?
12. Do you think it is important to make a clear distinction (in lifestyles/living situations) between younger adults with disabilities and seniors?
  - a) If yes, why?

b) If no, why not?

13. What do you know about assisted living housing in Winnipeg for younger adults with disabilities who have complex health and housing needs?

14. What do you think are some of the major benefits of developing an assisted living housing option for younger adults in Winnipeg's Exchange District?

15. What do you think are some of the major concerns with developing an assisted living housing option in Winnipeg's Exchange District?

16. In your opinion, is there a need to develop separate assisted living housing for certain segments of the population of younger adults with disabilities (Based on gender, race, ethnicity, etc.)?

a) If yes, why? If no, why not?

b) If no, why not?

17. Are there any special considerations that need to be taken into account to integrate certain segments of the population of younger adults with disabilities into existing housing (Based on gender, race, ethnicity, etc.)?

a) If yes, what might these be?

b) If no, why not?

## **Conclusion**

18. If an assisted living housing facility was designed in the inner-city Exchange District, would you recommend this option to any of your clients?

a) If yes, why?

b) If no, why not?

19. Is there anything that you would like to add that has not been covered in this interview?

20. Would you like to receive follow-up information regarding this research? As you know, we would appreciate your participation in a workshop to review the preliminary findings.

21. Do you have any suggestions regarding other people we could interview for this project? (Three types: HAL target pop., key informants, service providers.)

THANK YOU!

## **Appendix B-2 Consent Forms**

### **Housing for Assisted Living in Inner-City Winnipeg Research**

#### **Consent Form for HAL Target Population and Key Informants**

The Housing for Assisted Living in Inner-City Winnipeg is an investigation of the housing experiences of younger adults with disabilities (18-55 years of age) who have complex health and housing needs. The study will focus on social issues arising from a project site in Winnipeg's Inner City that has been chosen for the development of an assisted living housing facility.

The Principal Investigator is Dr. Michelle Owen (Department of Sociology, University of Winnipeg), and the Co-Investigators are Don Ament (Ten Ten Sinclair Housing) and Donna Collins (School of Medical Rehabilitation, University of Manitoba). This research is being funded by the Winnipeg Inner-City Research Alliance (WIRA) through the Social Science and Humanities Council of Canada, and has been approved by the University of Winnipeg Ethics Review Committee.

I understand that interviews may be conducted by the Principal Investigator, Co-Investigators, Project Manager or Research Assistant, and I will be asked a series of questions about my housing experiences and impressions of living in Winnipeg's Exchange district. Each interview will last approximately 60-90 minutes and will be tape recorded to allow the researchers to review and transcribe the discussion. However, my name and/or unique personal characteristics will not be included in any research reports or other publications.

No direct quotations from my interview will be used in any written report without my reviewing the excerpt and giving consent. All interviews are confidential, and the report will be edited to conceal any identifying information. I understand that the Principal Investigator, the Co-Investigators, the Project Manager, and the Research Assistant will have access to the data. The interview data will be stored in a locked cabinet for a period of three years following the completion of the project, and then it will be destroyed.

Participants will be recruited using a broad range of sources, including notices in the newsletters of disability organizations, public service announcements on radio stations, notices posted in apartment complexes where people with disabilities reside, word of mouth, "snowballing" techniques, etc. (Snowballing is a sampling technique in which participants identify others for inclusion in a study.)

I understand that the interview data will be analyzed and a workshop will be held where I and the other research participants will have an opportunity to discuss the preliminary findings and to offer feedback to the researchers. The workshop will last approximately two hours. Data obtained in the workshop will be kept confidential, and workshop participants will be asked not to reveal the identities of other participants. I understand,

however, that the researchers cannot guarantee that other participants will comply with this request.

The analysis of the data from the interviews and the workshop will be included in a final report on the project that will be disseminated in multiple formats. I understand that members of the advisory committee for the project will receive copies of the report to distribute to their organizations and networks, and that the report will be posted on a web site. A copy of the report will also be given to the project funder (WIRA), as well as to all participants in the study.

I understand that my participation is voluntary and that I may withdraw from the study at any time without penalty by contacting the researchers. I am also aware that I may refuse to answer any questions without explanation.

I understand that I will receive two \$50 honoraria, the first for participating in an interview and the second for participating in the workshop as part of data analysis. These honoraria are intended to cover the expenses incurred by the participants such as the costs of specialized transportation, childcare and other disability-related costs.

Any further questions about the study should be directed to the Principal Investigator, Dr. Michelle Owen, 786-9973, m.owen@uwinnipeg.ca. Any ethical concerns should be directed to the Chair of the University of Winnipeg Senate Committee on Ethics in Human Research and Scholarship, Dr. Laura Sokal, 786-9915.

I agree to take part in the project entitled: *Housing for Assisted Living in Inner-City Winnipeg*. (In situations where informed consent cannot be obtained in writing due to the nature of a disability, tape-recorded or e-mail consent will be accepted.)

Participant signature \_\_\_\_\_

Participant name (print) \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_

Researcher signature \_\_\_\_\_

Date \_\_\_\_\_

NB/ One copy of this form should be given to the participant and the other left with the researcher.

## **Housing for Assisted Living in Inner-City Winnipeg Research**

### **Consent Form for Service Providers**

The Housing for Assisted Living in Inner- City Winnipeg is an investigation of the housing experiences of younger adults with disabilities (18-55 years of age) who have complex health and housing needs. The study will focus on social issues arising from a project site in Winnipeg's Inner City that has been chosen for the development of a housing facility.

The Principal Investigator is Dr. Michelle Owen (Department of Sociology, University of Winnipeg), and the Co-Investigators are Don Ament (Ten Ten Sinclair Housing) and Donna Collins (School of Medical Rehabilitation, University of Manitoba). This research is being funded by the Winnipeg Inner-City Research Alliance (WIRA) through the Social Science and Humanities Council of Canada, and has been approved by the University of Winnipeg Ethics Review Committee.

I understand that interviews may be conducted by the Principal Investigator, Co-Investigators, Project Manager, or Research Assistant, and I will be asked a series of questions about the provision of housing services for younger adults with disabilities and social issues pertaining to the Exchange district. The interview will last approximately 60-90 minutes and will be tape recorded to allow the researchers to review and transcribe the discussion. However, neither my name nor the name of my organization will be included in any research reports or other publications.

No direct quotations from my interview will be used in any written report without my reviewing the excerpt and giving consent. All interviews are confidential, and the report will be edited to conceal any identifying information. I understand that the Principal Investigator, the Co-Investigators, the Project Manager, and the Research Assistant conducting the interviews will have access to the data. The interview data will be stored in a locked cabinet for a period of three years following the completion of the project, and then it will be destroyed.

I understand that the interview data will be analyzed and a workshop will be held where I and the other service providers will have an opportunity to discuss the preliminary findings and to offer feedback to the researchers. The workshop will last approximately two hours. Data obtained in the workshop will be kept confidential, and workshop participants will be asked not to reveal the identities of other participants. I understand, however, that the researchers cannot guarantee that other participants will comply with this request

The analysis of the data from the interviews will be included in a final report on the project that will be disseminated in multiple formats. I understand that members of the advisory committee for the project will receive copies of the report to distribute to their organizations and networks, and that the report will be posted on a web site. A copy of

the report will also be given to the project funder (WIRA), as well as to all participants in the study.

I understand that my participation is voluntary and that I may withdraw from the study at any time without penalty by contacting the researchers. I am also aware that I may refuse to answer any questions without explanation.

Any further questions about the study should be directed to the Principal Investigator, Dr. Michelle Owen, 786-9973, m.owen@uwinnipeg.ca. Any ethical concerns should be directed to the Chair of the University of Winnipeg Senate Committee on Ethics in Human Research and Scholarship, Dr. Laura Sokal, 786-9915.

I agree to take part in the project entitled: Housing for Assisted Living in Inner City Winnipeg. (In situations where informed consent cannot be obtained in writing due to the nature of a disability, tape-recorded or e-mail consent will be accepted.)

Participant signature \_\_\_\_\_

Participant name (print) \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_

Researcher signature \_\_\_\_\_

Date \_\_\_\_\_

NB/One copy of this form should be given to the participant and the other left with the researcher.

## **Appendix C**

### **HAL Recruitment Notices**

This recruitment notice was distributed to Advisory Committee members, members of the Housing for Assisted Living Committee, disability organizations and individuals with disabilities to assist in recruiting the 20 members of the HAL Target Population for the current study. Recruitment took place from May to July 2004.

#### **ASSISTED LIVING HOUSING STUDY**

Are you a person with a disability between the ages of 18 and 55? Do you need an accessible and supportive environment in order to live independently?

The Housing for Assisted Living in Inner-City Winnipeg project is looking for 20 adults with a variety of disabilities who have complex health and housing needs and are willing to talk about their experiences. The study will examine social issues arising from a project site in Winnipeg's Inner City that has been chosen for the development of a housing facility for younger adults with disabilities.

This research is being conducted by a team led by Dr. Michelle Owen (Department of Sociology, University of Winnipeg). The Co-Investigators are Don Ament (Ten Ten Sinclair Housing) and Donna Collins (School of Medical Rehabilitation, University of Manitoba). The Winnipeg Inner-City Research Alliance (WIRA) has provided funding for this study through the Social Science and Humanities Council of Canada, and it has been approved by the University of Winnipeg Ethics Review Committee.

If you choose to participate in the research, you will be asked a series of questions about your housing experiences as well as your impressions of Winnipeg's Exchange district. The interview will last approximately 60-90 minutes and you will receive an honorarium for your participation in the interview, and for participating in a follow-up meeting to talk about the study findings. All responses will be kept confidential by the researchers.

The information you provide will be useful to the Housing for Assisted Living Committee, and will contribute to a greater understanding of housing issues for people with disabilities in our city.

If you are interested in participating in the research or for further information, please contact Colleen Watters, Project Manager at (204) 488-0466 or [wattersc@mts.net](mailto:wattersc@mts.net). You can also contact Dr. Michelle Owen, Principal Investigator at [m.owen@uwinnipeg.ca](mailto:m.owen@uwinnipeg.ca).

We appreciate your interest and welcome your help.

## **HAL Workshop Notice**

Prior to the Housing for Assisted Living workshop on October 29th, 2004 to review the study findings, this notice was sent out to the 20 members of the HAL Target Population, the five key informants and the five service providers who were interviewed.

### **ASSISTED LIVING HOUSING STUDY**

#### **Workshop To Review Preliminary Research Findings**

As a participant in the Housing for Assisted Living in Inner-City Winnipeg study, you are invited to a workshop to provide feedback on the preliminary research findings prior to the preparation of the final project report.

The first part of the research involved interviews with 20 consumers with disabilities with complex health and housing needs, five individuals with disabilities living in the inner-city/Exchange District, and five organizations providing disability-related housing support to individuals with disabilities.

The workshop is the second part of the research process. Participants who were interviewed during the first portion of the study will be brought together in a group setting to provide feedback on a preliminary project report. This draft report will be sent to you prior to the workshop. You will receive an honorarium of \$50.00.

The information gathered through this research will be useful to the Housing for Assisted Living Committee, and will contribute to a greater understanding of housing issues for people with disabilities in our city.

**Date:** Friday, October 29th, 2004

**Place:** 340 Princess Street

**Time:** 12:00 noon to 2:30 p.m.

***Lunch will be provided***

**Contact Colleen Watters, Project Manager at (204) 488-0466 or e-mail: [wattersc@mts.net](mailto:wattersc@mts.net) if you have any questions. Please let us know if you will be attending this event and if you require transportation or other disability-related accommodations.**

Hope to see you there!!