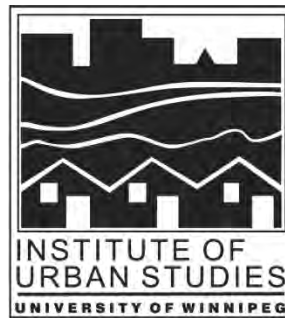


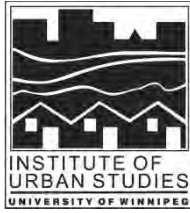
Housing Canada's Seniors

Report No. 14

by Sylvia Goldblatt, Farley Cates, John Phillips
1986

The Institute of Urban Studies





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Published 1986 by the Institute of Urban Studies, University of Winnipeg

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Note: The cover page and this information page are new replacements, 2015.

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CANADIAN CATALOGUING IN PUBLICATION DATA

Goldblatt, Sylvia.
Housing Canada's Seniors

(Report, ISSN 0712-788X; no. 14)

ISBN: 0-920213-01-4

I. Aged - Canada - Dwellings. I. Cates, Farley.
II. Phillips, John, 1932 - III. University of Winnipeg.
Institute of Urban Studies. IV. Title. V. Series:
Report (University of Winnipeg. Institute of Urban
Studies); no. 14.

HD7287.92.C2G64 1986 363.5'9 C86-091121-7

This publication was partially supported by the Canada Mortgage and Housing Corporation, but the views expressed are the personal views of the author and the Corporation accepts no responsibility for them.

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ISBN: 0-920213-01-4

PREFACE

The University of Winnipeg was the location of a major national urban studies conference, hosted by the Institute of Urban Studies in August 1985. The "Canadian Urban Studies Conference" addressed the general theme of "The Canadian Urban Experience - Past and Present." More than ninety specialists spoke during forty separate sessions on such topics as housing and the built environment, economic and community development, planning and urban form, women and the urban environment, and urban government and politics.

This publication is a result of the Canadian Studies Conference. The Institute of Urban Studies is publishing many of the papers presented at the conference in the Institute's publication series. Some of the papers will also appear in the scholarly journal, the Urban History Review/Revue d'histoire urbaine and in book form.

This conference represented a major effort on the part of the Institute of Urban Studies in terms of fulfilling its role as a national centre of excellence in the urban studies and housing fields.

Alan F.J. Artibise
Director.



TABLE OF CONTENTS

Preface	iii
Table of Contents	v
<u>Section</u>	<u>Page</u>
INTRODUCTION	1
CURRENT AND FUTURE LIVING ARRANGEMENTS FOR CANADA'S SENIORS	3
1.0 INTRODUCTION	3
2.0 RENTERS	3
2.1 Public Housing	4
2.2 The Limited Dividend Program	5
2.3 Congregate Housing and Section 56.1	6
2.4 Coop Housing	6
2.5 Enriched Housing	7
2.6 Rooming and Boarding Houses	8
3.0 HOME OWNERS	11
3.1 Residential Rehabilitation Assistance Program	11
3.2 Home Sharing	11
3.3 Accessory Apartments	12
3.4 Granny Flats	13
3.5 Home Equity Conversion Programs	13
3.6 House Exchange	14
4.0 CONCLUSION	15

TABLE OF CONTENTS (Continued)

<u>Section</u>	<u>Page</u>
COMMUNITY DEVELOPMENT AND HOUSING FOR ELDERLY CITIZENS: RETHINKING PROGRAM DELIVERY AND RESPONSIBILITY IN THE URBAN NEIGHBOURHOOD CONTEXT	18
1.0 PLANNING AND DELIVERY ISSUES	18
2.0 ROLE FOR COMMUNITY DEVELOPMENT ASSOCIATIONS	21
3.0 CONCLUSION	25
GERIATRIC TOWN PLANNING: SELECTING LOCATIONS FOR FUTURE GERIATRIC SERVICES	27
1.0 INTRODUCTION AND CONTEXT	27
2.0 PROPOSED MODEL AND TECHNIQUE	29
NOTES	37

INTRODUCTION

The number of persons 65 years of age and over is increasing sharply, both in absolute numbers and as a proportion of the total population. To illustrate this, in 1971, 8% of the total population was aged 65 years or over, while in 1981, the percentage was 10%. This change represents an absolute increase of 600,000 persons. According to Statistics Canada projections by the turn of the century Canada will have approximately 4 million persons over the age of 65, a significant increase from our current population of 2,350,000 elderly persons.

A vast majority of our seniors, approximately 90%, live in private households of one or two persons. Approximately 60% of these private households are occupying single family houses, while 12% live in high-rise apartment blocks. An examination of place of residence indicates that seniors are concentrated in small urban centres and some metropolitan centres such as Victoria.

Population aging which involves a substantial increase in the population aged 65 years or over, has been recognized as a significant social issue. It is attracting the attention of policy-makers and researchers who are concerned with the increasing needs and costs of services critical to an aging population.

Housing is one of many service areas to be addressed. At the recent Canadian Urban Studies Conference held at the University of Winnipeg in August 1985, three specialists discussed housing and community planning options. Sylvia Goldblatt, Researcher with Canada Mortgage and Housing Corporation, reviewed the government housing programs currently available to Canadians. Other alternative programs were also presented. Farley Cates, Planning and Program Analyst with

Manitoba Housing, discussed community development corporations as a delivery model for seniors' housing. John Phillips, an architect and planner with the Institute of Gerontology in Victoria, proposed a community planning process which would ensure better distribution and delivery of services to seniors. These three papers are presented in this report.

CURRENT AND FUTURE LIVING ARRANGEMENTS FOR CANADA'S SENIORS

by

Sylvia Goldblatt

1.0 INTRODUCTION

The shelter options available to Canadians over the age of 65 will be examined in this paper. First, it is important to appreciate that the monetary incomes of older people tend to be disproportionately concentrated at the lower end of the income scale. Approximately one-half of the 2.5 million people over 65 years in Canada have incomes low enough to receive all or some part of the Guaranteed Income supplement. Second, approximately two-thirds of those over 65 years live in homes they own and 90 per cent of those homes are valued at under \$75,000. These points will be referred to again.

Initially, the one-third of the senior population who are renters will be discussed, and the efforts that were made by the public and private sectors during the 1950s, 1960s and 1970s to provide them with appropriate, and affordable housing will be examined. Following this discussion, the older home owners and their shelter options will be considered. For either the renter, or the home owner, any proposed shelter package must include consideration of the support services that are required as people get older.

2.0 RENTERS

Two specific housing programs made a major contribution to the

housing supply for older adults: The Senior Citizen Geared-to-Income Rental Program that built 100,000 units before it was terminated in 1979; and the Limited Dividend Program that built a total of 40,000 apartments (one, two and three bedroom units) that were not initially directed to seniors but today are heavily used by them. Activity under this program declined in the mid-1970s.

2.1 Public Housing

Under the National Housing Act, each municipality requested the number of public housing (geared-to-income) dwelling units they required. Then, in partnership with the provincial and federal governments, senior citizen public housing was built. It was designed for one and two-person occupancy; 280 square feet for bachelor apartments and 460 square feet for one-bedroom units. The housing took many forms. In rural areas it included one-storey, motel-type structures and two-storey walk-ups. In the cities, it included high-rise buildings of 15 storeys with a maximum of 200 units. The units were intended for those in the greatest need. For many of the tenants it was the most attractive housing they had ever known.

In urban areas many of the buildings were located close to amenities: close to good transportation, shopping, churches, health and social services, and recreation facilities. There was considerable debate whether bachelor or one-bedroom apartments should be constructed. The Ontario Housing Corporation decided it would build only one-bedroom units. They argued that the expensive part of a dwelling unit was the bathroom and kitchen, therefore, a one-bedroom apartment would have greater flexibility in accommodating one or two persons, while a bachelor unit could serve only one person. Other provinces built bachelor units in greater number than one-bedrooms, based on the large number of single persons in need of affordable housing. This economic decision created

problems for housing authorities. As seniors began to experience more prosperity, their expectations rose and a single room for eating, sleeping and socializing was less acceptable. Problems were compounded for the housing authorities when these bachelor apartments were poorly located and consumers had a choice in a soft housing market.

In cities such as Ottawa, efforts were made to do social planning before the senior citizens' apartments were built. The recreation and health departments were geared up to send staff into the new apartment buildings to run programs for the residents and to check on their health needs. The federal government also offered the provinces a financial incentive to help get tenant associations going in large buildings or in groups of smaller buildings. The objective was to give tenants the opportunity to carry more responsibility for their own environment. There was a very uneven response. Some buildings, with good resident leaders or helpful resident superintendents, succeeded in creating supportive communities that offered their tenants a sense of security and well-being. Depending on the builder, the quality of construction varied.

2.2 The Limited Dividend Program

This program was directed at modest income people who could afford to pay a low end of market rent (covering interest, principal and taxes) as distinct from those in public housing who paid between 14 and 25 per cent of their income for rent. The shortfall between market and economic rent was made up by government subsidy. The Limited Dividend Program, with its incentives for developers, gave the private sector a chance to compete with public housing in the provision of affordable units. Most of the units were located in low income areas. They were not tied into municipal, social and health services, and were not perceived as housing exclusively for seniors although many seniors were attracted to them by the low rent.

Some church groups sponsored housing under the Limited Dividend Program and offered small apartments to older parishioners on fixed incomes. Many of these projects ran into financial difficulties when costs rose. Tenants on fixed incomes could not meet the higher rents. A section was added to the public housing legislation that provided these church groups with rental subsidies for their residents.

2.3 Congregate Housing and Section 56.1

Mention should be made of congregate housing: a program which is a specific U.S. federal government program providing funds to local public housing agencies and some non-profit groups for meals and supportive services for their frail or impaired elderly, non-elderly handicapped or temporarily disabled residents in need of such services. No such program exists in Canada. However, Section 56.1 of the National Housing Act, the current social housing program in Canada, has produced, with the ingenuity of some sponsors, a similar shelter package for modest income older people. Several church-sponsored housing projects in Toronto provide a small self-contained apartment in a high-rise building with a common dining room where one meal a day is served. The cost of the food service is built into the rental structure. Other support facilities such as a sick bay and recreation facilities are also part of the package. Residents generally function with a high degree of independence. The creativity and vision of those who plan and manage the projects determine the quality.

2.4 Coop Housing

Cooperative housing, sponsored under the 56.1 program, is a housing arrangement that exists between home ownership and rental. The coop members, in a continuing housing coop, collectively own their homes. They can remain in their dwelling indefinitely. However, when they choose

to leave, none of the capital invested in the unit goes with them. Under the current Coop Housing Program, a very small amount of money changes hands to purchase refundable shares in the coop. The member also makes a commitment to share responsibility for the management and operation of the coop. The communal areas are shared and privacy is limited to the individual or family dwelling unit. The management style leads to the creation of a supportive community. This type of living arrangement can be attractive to older individuals without a partner and those with a partner whose health is uncertain.

Coop housing for seniors has not been built in great numbers, as it is an idea that has grown slowly. Where units do exist - Ottawa, Toronto, Vancouver - they have been very successful. The experience and talents brought to the management and maintenance roles by members have proved very useful. Where education is needed to train residents to develop skills to run the coop, courses are offered by coop resource groups. The rent is set at the low end of market rents. Up to 50 per cent of the units can be allocated to those individuals who can only afford to pay 25 to 30 per cent of their income.

2.5 Enriched Housing

Some programs in the United States have a resemblance to Canadian initiatives. For example, New York State's Enriched Housing program provides comfortable, modern apartments that are shared by a group of four to eight elderly residents who have functional disabilities which preclude independent living. It is similar to the group home with a focus on offering service in an apartment setting. The intent is to limit the number of units in a building in order to maintain an informal system of mutual support, and to preserve a non-institutional environment.

This program creatively puts together government housing programs, social services, and non-profit agencies. It took the initiative of a non-profit group and the cooperation of different government departments to turn it into a workable housing alternative. This has been accomplished for some physically and mentally disabled groups in Canada.

It is important to emphasize that a discussion of living arrangements for elderly people must address all aspects of support services that make it possible for them to avoid institutionalization. "Home care" as a term can be used to embrace both necessary health and social services. It allows the frail elderly to live in their own residence and have services brought to them. Among the more common services seniors could receive include: meals-on-wheels, homemaker, nursing, home health aid, shopping assistance, transportation, physical rehabilitation therapy and companionship. Ideally there should be a single entry point into human services and health systems, and a monitoring component that checks on the adequacy of what is being received. The gatekeeper should be aware of the variety of resources available and could help coordinate the delivery of the services to the recipients. Even if appropriate services are available, access to them requires a visible, simple method of accessing them. In an unorganized way some of this happened in old style rooming houses and boarding homes.

2.6 Rooming and Boarding Houses

Although this paper has been focussing on new housing stock for low income seniors, the elderly have traditionally lived in old housing stock. Low income people acquired the old housing when those who could afford it moved into pricier new buildings. It is appropriate to briefly discuss rooming houses and boarding homes here. Primarily single people use rooming and boarding houses in the inner city. With a hot plate and maybe a fridge in their room, the rooming house offers cheap

accomodation. The boarding house, where meals are supplied, gives single people some social contact around the table or in the shared living room.

The supply of this type of accomodaton was seriously reduced by public and private initiatives. First there was urban renewal that financed the redevelopment of prime land in downtown areas. In older neighbourhoods land was assembled by private developers to build high-rise apartments and commercial structures. Then came high income, two wage earner families who wanted to live in the heart of the city. They bought, gutted and "white painted" older housing stock. All of this has been going on over the past 20 to 25 years, seriously reducing the number of cheap rooms available.

Recently, in desperation, municipalities have been trying to fill the gap that was created by these changes, by going into the rooming house business. Further on in the paper when older home owners are discussed, the subject will come up again in terms of their role in opening their homes to sharing space. The term home sharing is being used to describe this phenomenon.

In addition, new agencies (for-profit and non-profit) are coming into existence to facilitate the process of increasing the supply and range of rental housing. One example is the rest-home where a person moves into a building that might be labeled "retirement community." Entrepreneurs, catering to a high income population, have developed a shelter package that operates like an apartment hotel. Renters might have one or two rooms, housekeeping and linen services, and three meals a day. They may have the option to furnish the apartment themselves. A requirement for nursing services or attendant care is met by the tenant. Corporations exist that own a number of these facilities in different cities (i.e., Central Park Lodge). Then there is the group home, with under 10 residents, that could be set up to function as a

family. For by-law purposes it could be so defined. Unlike a boarding or rooming house that is set up for profit, the group home can function as one household. An employee prepares meals, does housekeeping, and sometimes provides other services. People who are basically independent and who, for financial and/or social reasons, wish to live with others could find this an attractive arrangement. It has been used for other vulnerable groups; e.g., people coming out of correctional institutions (Elizabeth Fry Society).

Another version of the group home can be found in a model used by a Toronto agency called Houselink Community Homes that accommodates people coming out of psychiatric hospitals. It is a non-profit organization that develops cooperative housing for single men and women. These coops provide affordable housing with privacy and companionship. Each house has three to five people. They have been located in apartment buildings owned by a housing cooperative or municipal non-profit organization, and in single-family housing purchased under the 56.1 program.

Each coop resident has his/her own bedroom and residents deal directly with the landlord. Rent, household expenses and chores are shared. There is a volunteer house co-ordinator and Houselink staff; seven people are available as needed. All coop residents become full members of Houselink. Non-residents, people on the waiting list and other interested people can apply for membership. Vacancies are filled by a process of interviewing people who have been placed on the Houselink waiting list. The selection of a new resident for a house is a mutual decision of the coop and the prospective resident. The assumption is that elderly people, attracted to this type of living arrangement, would be able to function with a minimum of assistance.

The fact that the population over 85 is the group that will double

by the turn of the century forces Canadians to consider an increased variety of rental alternatives. They are the group, among the older population, who are most likely to need a supervised living environment.

3.0 HOME OWNERS

Approximately two-thirds of seniors over 65 live in homes they own, and 90 per cent of these properties are valued at \$75,000 or less. Also, 90 per cent of these seniors have paid off their mortgage.

3.1 Residential Rehabilitation Assistance Program (RRAP)

RRAP is a federal government effort to help preserve existing housing stock. Delivered by municipal departments, it gives financial assistance to modest income home owners whose property is in "designated" areas. These are the rundown neighbourhoods of a community where many properties do not meet municipal fire and safety standards. Landlords who use the program have to agree that rents will not be raised for five years. A report on the utilization of this program shows 50 per cent of the owners were over the age of 65.

3.2 Homesharing

Homesharing is the term given to the old idea of someone taking in a roomer when they have a spare bedroom and the need for an extra income. It has taken on additional significance since there are so many people over the age of 65 who are living alone in a house they own. The assumption is that many of them are lonely and have modest incomes. Sharing their place with a compatible person could help to overcome both problems. The shortage of affordable rental accommodation also makes it an attractive idea to bring together renters with older home owners. Both may be older people but not necessarily so. Municipalities

that are setting up the service, as an offshoot of their Homes for the Aged or another social service, are fairly optimistic about the proposal. Private non-profit groups are having trouble finding money to support their work. The housing agencies see homesharing as a social service. The welfare agencies see it as a housing problem. Funding has proved difficult to find under these circumstances. The New Horizons program of Health and Welfare Canada put up more than \$150,000 to help non-profit groups demonstrate the value of a home sharing service. Once this money is gone, there appears no way for them to continue without public sponsorship.

Homesharing agencies have found more home owners coming forward than home-seekers. Once the match is made, the agency acts as a back-up to deal with problems that arise or even to make a new match. A study is underway, funded by Canada Mortgage and Housing Corporation, to set up a system for evaluating this service.

3.3 Accessory Apartments

Another technique for intensifying use of an existing property is to convert it to provide more than one dwelling unit. Accessory apartment is the name given to an independent dwelling unit installed in an existing single-family home. An older home owner or a family may convert a portion of their house for use by another family. The American literature describes a phenomenon familiar to the Canadian scene. These conversions are carried out with legal sanction in some areas but in others, authorities ignore the happening. The argument is that people will do very discreet conversions without upsetting the appearance of a one-family neighbourhood when the conversions do not have legal sanction. On the other hand, in Bridgeport, Connecticut, the Area Agency on Aging set up a revolving loan fund to provide low interest loans to elderly home owners to accommodate accessory apartments.

It may be unrealistic to expect many older home owners to get involved in conversion activity, particularly if they are without the support of a spouse. Of course, conversion could range from something as simple as putting a bathroom on the first floor and a kitchen upstairs in two or three-storey homes. In a one-storey house with a basement, that space could provide a basement apartment. Converting large older houses into several apartment units is a major undertaking. Where the by-laws permit, this is an option.

3.4 Granny Flats

Granny flats is the term the Australians gave to a small one-bedroom house which is temporarily located on the property of an adult child. Electricity and water are supplied by making connections to the main house. In that country, the municipality rents the unit to a family and removes it when the granny flat is no longer required. This housing solution requires municipal by-law changes and properties large enough to accommodate the new unit. The arrangement gives older adults a chance to be close to the supports their children can give them while providing some separation and privacy.

The Ontario Government has a pilot project in which they are setting up a few units in three communities, Ottawa, Kitchener-Waterloo and Sudbury. The local municipality and the province will be monitoring this experience. CMHC has been working with the manufactured housing industry in Canada to explore the potential in granny flats for them. The intent is to set up these portable houses on shopping centre parking lots across Canada. Interested people would have the chance to walk through them and put their reactions on a short questionnaire.

3.5 Home Equity Conversion Programs

Equity conversion is another in the lexicon of choices considered

for elderly home owners. It has tantalized public policy-makers for a long time. Ideas about helping elderly persons get their equity out of their house without depriving them of affordable housing is one of the challenges. There has been little enthusiasm from lenders to get involved with reverse mortgages on older houses, possibly in need of repair, owned by little old ladies who really want to leave the house to their children or grandchildren.

However, something should be said about equity conversion. To be successful, this option must satisfy the home owner and the investor. The owner wants the choice to live in the home indefinitely. When or if they leave the house, the cash equivalent of the present value of the house would go to them or their estate. For the investor, who bought the house, returns are realized in two ways: while the seller is in the house, proceeds from the sale are invested and the interest earned is shared by both parties; when the owner is paid off and the property sold by the investor, any appreciation in the value of the property goes to the investor.

3.6 House Exchange

A house exchange, for lack of a better label, is another housing option. There have been ideas advanced that would encourage older home owners to sell their property, use a portion of the equity as a down-payment on a condominium and the rest would be invested to enhance their income. This requires a market for the house to be sold. It also calls for an attractive affordable alternative. The new housing must have carrying charges that can be met by the elderly home owner. The person who would be left with some equity to invest and who is in receipt of the Guaranteed Income Supplement would have a problem. They will lose one dollar of their GIS for every two dollars of private income generated by

their investment. This could provide a less than attractive alternative to some elderly people. There is certainly room for more investigation into the circumstances of elderly home owners.

4.0 CONCLUSION

Greg Mason of the Institute for Social and Economic Research, in a paper entitled "Home Ownership Among Low-Income Families: Evidence from the Mincome Experiment Data," makes the obvious but important statement: "A key variable in any model of housing demand, whether it be tenure choice, household formation, or quantity/quality consumption, is permanent income." When we look down the road past the 1980s and into the 21st century, will we see a change in the annual income of older adults? What will happen to the employment pattern of people over 65? We could see a change in the pension income of women, for example, by virtue of the fact that more of them will receive work-related pensions because more women will be in the work force. As well, pensions could be paid to women for work inside as well as outside the home.

It is the families with two incomes today who can afford to buy a home. If this earning potential is not achieved, we could see an increase in the number of people who go into old age as renters not owners. It has been said that 80 per cent of the housing stock that will exist in the year 2000 has already been constructed. If we look at the current cost of new housing, it is primarily directed to a high income market.

Although a variety of living arrangements are used by elderly Canadians, the two major determinants are health and wealth. These are the basis on which need is defined and meeting that need is addressed. The next big factor is a state of with or without a partner. Individuals with a high level of dependency for food preparation, getting dressed, etc.,

can manage outside of an institution if they have a partner or another adequate support system. The sometimes maligned family members are in fact widely utilized. To complement the family's effort, formal structures in the community will have to be increased. Day care and respite care can effectively extend the family's involvement.

The principal goal is to avoid institutionalization. Society supports this goal because institutionalization is costly. The individual wants independence and institutional life by virtue of its own structure must limit independence. For those who require a high level of care, a good institution is still essential.

Although the shelter package for dependent people must include support services as well as a housing component, this package is being delivered in numerous ways. There is some choice. Many schemes have been tried and have proved a capacity to provide a good quality of life. The trick is to find the money and trained personnel to get the job done, and to make the choices widely available. This requires a social insurance system built into the tax structure. As an insurance scheme, everyone would pay and those who need it would use it. Presently, the political and economic environment does not seem to be too encouraging.

The rental choices like coop and non-profit apartments, and group homes even for frail people, have all worked well. With the high cost of housing and land making it difficult for young people to buy houses today, there could be more elderly renters in the future. As a society we want to develop social policies that are designed to help people to help themselves. With an aging population, the importance of pension programs for people who work inside or outside the home becomes more urgent. Those pensions will provide the financial security needed for a decent quality of life in old age.

Because the low income single female represents a large portion of the people over 65, women's issues are tied to adequate incomes for seniors. This illustrates the relevance of such social policies as affordable day care for children permitting women to enter the work force, and pension schemes for women.

Today the living arrangements for older people are seen in terms of small-scale alternatives. This is in spite of the rapid increase we will see, by the turn of the century, in the numbers of older Canadians. No one is talking about large expensive solutions. The search is in the direction of smaller-scale activity that will be acceptable to municipal planners and the voters, as well as fit the pocketbook of financially strapped funders. It will be small infill housing clusters for home buyers and many versions of a rented room with shared eating and minimum care services for those who want to rent.

The activist young people of the 1960s will be the older adults of the 2020s. It is not unreasonable to expect that they will build improvements on these evolving ideas. They should be a better educated, healthier group of people enjoying increased longevity. The greater numbers of elderly, however, may limit the amount of private space each person can have and increase the pressure to share what is available.

Some indication of potential political influence of older Canadians was demonstrated recently in the pension indexing issue. To be effective, however, seniors must know what they want. This calls for involvement of adults at all ages to examine what is going on now and to help define future requirements.

COMMUNITY DEVELOPMENT AND HOUSING FOR ELDERLY CITIZENS:
RETHINKING PROGRAM DELIVERY AND RESPONSIBILITY
IN THE URBAN NEIGHBOURHOOD CONTEXT

by

Farley Cates

1.0 PLANNING AND DELIVERY ISSUES

Presently, housing and residential planners are faced with an ever-growing challenge to formulate an enhanced elderly persons' housing 'policy' for the coming few decades. At issue is the unrelenting need to continue the development of a rational, realistic and sensitive balance between cost effectiveness in the application of restricted housing resources (i.e. funds, programming and research) and a firm understanding of the complex requirements and needs of the elderly as the fastest growing segment of the population.

On the one hand, there is the obvious pressure facing the so-called housing bureaucrats to increase the viability of housing program delivery to seniors. On the other, this is occurring at a time when the urban environment, which constitutes the major focus, is becoming increasingly complex. Accordingly, considerable debate has been taking place over the past ten years as to whether housing delivery to seniors, and the corresponding ability of housing bureaucrats to in fact fully comprehend their role as primary approving authorities and delivery agents, are keeping pace adequately with these pressures and complexities.

In addressing the provision of housing units for seniors, planners

generally have been preoccupied both with the number of units available and their rudimentary physical characteristics such as square footage, bedroom type, etc. This stress on the quantitative rather than the qualitative component of senior citizens' housing is still premised on the belief that mere housing unit delivery should satisfy shelter needs almost exclusively. This perhaps stems, to a large degree, from the predicament in which state housing authorities (i.e., agencies) at the federal or provincial level find themselves. In order to justify their existence, they must present a successful picture or experience to the senior policy-makers; in this instance, that a minimum number of units are being and can be delivered. This goal, of course, cannot be realized unless the housing agency is somewhat selective as to the type of 'quick-start' project it ultimately approves. Consequently, subsidized rental accommodation for seniors has been traditionally concentrated in inner city areas, consisting primarily of high-rise, larger-scale developments. The root rationale can be traced to the preoccupation evident in the 1960s and 1970s to inject vast numbers of seniors' units at a rapid rate into the larger urban centres to address the limited service levels for this target population.

Subsequently, as in Manitoba, the shift to family housing delivery further exacerbated the rational and sensitive delivery of seniors' housing on the part of state housing authorities. In terms of this former target group, there has been a greater emphasis on smaller-scale, less concentrated developments resulting from the move to better integrated family housing into the local community. Such a move has correspondingly increased the time/resources allocated to family housing. This has been at the expense of seniors' housing delivery which has undergone a diminishing of sorts in terms of appropriate research, planning measures and thought.

Therefore, at the moment and certainly over the past 10 years, it

cannot be said that state housing authorities have addressed the seniors' side of the subsidized housing market with the same degree of enthusiasm (albeit tempered) they have extended to family housing developments and standards.

Additional salient issues pertaining to program delivery and responsibility on the part of state housing authorities include the following:

- Seniors' housing units are often delivered as a simple responsive measure to requests by local housing authorities or sponsoring (non-profit) groups, as opposed to being pro-active in nature. This does little to effect long-range planning in terms of decisions as to where units/projects may be best suited.
- The location of projects is often stated as being based on statistical or presumably 'measured' need/demand. However, the planning and determination of unit allocations frequently occur either as a response to crisis situations (reactive), or to the fact that land is available and the state authority is aware of its existence at the particular moment.
- A potentially 'creative' project is defeated or receives lowest priority owing to land costs or resourcing considerations. This results in such projects, and their potential to offer new directions in seniors' housing policy/programming, being lost in the shuffle.
- The state housing authority does not always have the opportunity in terms of lead time, staff resources, etc., to coordinate and integrate the necessary resources within and without its system in order to realize a potentially creative project. In particular, this will occur during periods when, owing to generally decreasing housing unit start levels, the rush is on to bring other units on-stream quickly.
- Seniors' housing delivery covers too large an area; accordingly, boundaries, distinctions and need/demand characteristics become somewhat nebulous.
- The strategic value of housing unit delivery is not perceived (especially during periods of resource constraints) as having major relevance to an area's overall, long-term stability and

rational development. This results in projects being considered in isolation, rather than being recognized as contributing to a residentially-based network within their respective communities.

In brief, over the past few years state housing authorities have become highly specialized with a myriad of programming objectives to meet and components to deliver. Concurrently they have waivered to varying degrees, in their ability to view housing delviery as part of a community-oriented system - having gone the route of perhaps too closely identifying their role or function viz. the general economic order. Within the authority, the specialist is confronted by an ocean of sophistication and expertise, meanwhile losing sight of some of the ordinary and casual but very critical issues at play in the community as a system. A rethinking of program delivery and responsibility must encourage a blending of qualitative and quantitative elements essential to the provision of housing in the 1980s and beyond. No longer is it possible for one authority or delivery agent to intervene as if it alone were penetrating a given part of the community or urban neighbourhood in context.

2.0 ROLE FOR COMMUNITY DEVELOPMENT ASSOCIATIONS

How best then to overcome this situation? The ways and means are in themselves quite complex and offer no easy, direct or proven methods. However, there are measures at hand which can contribute to the ability/capacity of the state authority to in fact cope in an enhanced fashion. One of these relates to the subject of community development as a facilitative measure; here, a means towards rethinking housing program delivery and perhaps even responsibility.

To be more specific, community development associations recently have re-emerged on the local scene, attempting both to coordinate and to implement community-based responses which address the need for effective

urban redevelopment at the neighbourhood level. Typical thrusts exist in the areas of commercial revitalization, residential stabilization and enhancement, provision of day care and recreational facilities, and so forth. Whereas these associations are earnestly developing their skills and capacities as multi-program planners and delivery agents, their actual and potential role in the housing delivery sector remains largely ignored. Furthermore, their potential as program facilitators has yet to be tapped by state housing authorities in a meaningful way.

This paper will focus on the need to call upon such associations to act as a vital link between seniors' housing program policy and design, and effective implementation.

A recent report on seniors' housing activity in Boston, Massachusetts notes that "the image of city neighbourhoods as obsolete, blighted, and a place to move away from, prevalent not long ago, did not stimulate community-based housing programs responsive to the needs of older persons. Rather, it led to subsidized housing which - while filling an important need - was typically not sensitive to the desires of many older individuals to 'age in place' or to remain independently in their communities. Now, new confidence in city neighbourhoods has encouraged a range of supportive public programs and self-help community activity."¹

In this fashion, urban neighbourhoods undergoing revitalization can be unique testing grounds for developing new working relationships and coalitions among seniors, local advocates, state housing authorities and, in particular, 'community development associations' (CDAs).

In order to be successful in its respective community, the CDA must rely on, and continue to develop as a major strength or basis of its 'legitimate right' to function in the community, a level of intuition -

that is, the ability of the association to perceive the local community and its various resident groups based on first-hand knowledge and understanding is paramount. Of course, a major difficulty which arises frequently is the inability to reinforce intuition at all times with hard quantitative facts (i.e., market analysis) in order to ensure that perceived needs, aspirations, preferences, etc., do exist in the community to the stated degree. In essence, this leads me to the crux of the discussion.

State housing authorities should start recognizing that actual and/or 'moral' support for community development efforts and their corresponding associations will invariably raise the level of intuition to a point where it is more closely meshed with hard fact. A re-thinking of program delivery and responsibility in the urban neighbourhood context is meant to imply the need for a better linkage between intuitive understanding at the local level and 'expertise' evident at the bureaucratic level, as a means of improving program methodology, design, delivery and resource allocation.

In proper perspective, CDAs can provide a source of knowledge upon which the intuitive basis of housing market analyses for seniors may be initiated, thereby readily ensuring that local needs are both accurately perceived and addressed through suitable programming measures.

A major study for Canada Mortgage and Housing Corporation (CMHC) on seniors project approvals concluded: "There can be problems when arbitrarily predetermined factors are applied [to market analyses], and, therefore sensitive consideration should be given at the outset to determining the suitability and applicability of federal or provincial guidelines to specific areas."²

Much in the same manner, a CDA's focus, objectives and CDA's

strategies pertaining to residential development and support for specific target populations may be quite different from those of a state housing authority. In effect, they are both looking at the same target group from different vantage points and, consequently, may well perceive housing requirements and respective plans differently.

As community-oriented practitioners including Alinsky have noted, helping groups without securing their active involvement in the process renders the process and its ends as relatively valueless and ultimately contributes little to the development of the individuals concerned. Likewise, omitting the community/neighbourhood from assuming a noteworthy role in the housing development process for seniors will do little and may in fact hinder the integration of the housing development into the neighbourhood mainstream as a facet of the community's overall development. Beyond this, it will do little to contribute to the development of specific housing programming measures for seniors over the next few decades.

The support of the role of CDAs in ensuring that seniors' housing allocations and developments measurably respond to the needs/demands of seniors in a particular neighbourhood or community is apparent. For instance, in a neighbourhood where a community development effort is active, concentrated seniors' housing may be the preference of local seniors if support services (actual and potential) are also tightly concentrated and, if the overall (re)development of the community is geared towards the concentration of community-based services (recreation, facilities, retail, day care centres). However, where the dispersal of services is the focus of the neighbourhood's effort, the development of smaller projects may be the appropriate action for the state housing authority to consider. With the latter approach, the CDA may well be on course in the development of 'linkage' services which would provide continuity among various geographically dispersed housing projects. This

may take the form of transportation links, dispersed retail services, etc.

With respect to the specific roles that a CDA could assume in the delivery of seniors' housing programming, the following are noteworthy:

- The development, maintenance and monitoring of a neighbourhood-based picture, and overview of the housing needs and aspirations of seniors in the particular community, with direct links to programming activities of the state housing authority(ies).
- The implementation and encouragement of the use of support services by seniors. This would aid dramatically the ability of housing planners to better pinpoint appropriate locations/sitings for housing developments in relation and proximity to the services that are preferred or relied upon by seniors in a given neighbourhood.
- The determination and coordination (as a facilitative measure) of public, third sector and, to a more limited extent, private sector funding and like supports in order to bring about the development of creative seniors' housing projects. This is especially critical where the state authority either does not have the resources available to devote to a project's assembly, or is not fully aware of the potential community/neighbourhood resources which could be duly assembled.
- The development/planning of innovative housing strategies which meet, complement or support 'unique' features/distinctions in the particular neighbourhood. Here, the function would encompass primarily the modification/enhancement of existing or proposed seniors housing programs to fit the needs and demands for a specific market area or neighbourhood.

3.0 CONCLUSION

This paper, in terms of an overview, has illustrated the urgent need on the part of state housing authorities to begin a structured and rational redefinition of housing program delivery and responsibility for seniors in the context of the changing urban neighbourhood. In essence, this implies a redirected move (albeit concurrently) to the micro urban environment.

Although the majority of CDAs have not yet reached the point of having achieved multi-level successes, they do nonetheless possess an endemic worth which can aid in the provision of an enhanced elderly persons' housing policy for the 1980s and beyond. To reiterate an earlier point, CDAs, while less concerned with the general economic order, are attempting to recapture an understanding/perception of the system at the ground level.

The area specific information and support, assembled in the context of urban neighbourhoods and not solely on the basis of the 'general' urban environment, will do well to permit state housing policy and program planners to limit the gap with respect to project-neighbourhood integration, suitability and adequacy, and to re-examine the appropriateness of their plans and assumptions.

NOTES

1. Phyllis Meyers, Aging in Place: Strategies to Help the Elderly Stay in Revitalizing Neighbourhoods (Washington: The Conservation Foundation, 1982), 17.
2. O. Gilson and M. Flood, Effective Evaluation of Housing Needs for Seniors in Non-Metro Centres (Toronto: Gilson/Flood Assoc. Ltd., 1982), 2.

GERIATRIC TOWN PLANNING:
SELECTING LOCATIONS FOR FUTURE GERIATRIC SERVICES

by

John Phillips

1.0 INTRODUCTION AND CONTEXT

This paper outlines a technique which can be used to meet the requirements of an increasing population of elderly persons, and to facilitate rational disposition and integration of future services and facilities. Application of the technique is proposed within a model of decentralized service delivery and preventive intervention to reduce the number of crises which lead to institutionalization. The model relates to earlier work identifying the reasons for, and results of previous inappropriate planning for elderly persons.

There is no need here to describe in more than a few words the types of programs that are consistently provided for the elderly. At the regional level, with two or three units in each city (generally attached to acute hospitals), are found geriatric assessment and treatment units, geriatric rehabilitation units and geriatric day hospitals. Distributed around the city, and preferably not related to an acute hospital, are two and perhaps three levels of geriatric institutional or custodial care homes. Between these institutions, they house between seven to nine per cent of all individuals over the age of 65 years. They are known by different names in each province, and they can be public, run by societies; or private, as "private hospitals."

There are other services which will be discussed later in the paper. Here, this paper will focus on sheltered housing, a service which does not exist at present in Canada. It is curious that it does not exist, as it is a good service and it is extensively used in the United Kingdom. It fills the gap between living alone independently and complete institutionalization. If it were accepted as a service, it might accomodate another two or three per cent of the Canadian elderly population.

In most provinces, there is a gap between independent housing and full custodial care. Home care delivery may be the first option recommended by a physician for an elderly lady, living alone who is forgetting to take her medicine, neglecting housework, not eating regular and nutritious meals, etc. Often home care delivery is not a satisfactory service as the home care visitors are not in the home all day. Too, there may be additional problems, such as alcohol, and consequently, a physician can only finally recommend that an individual be placed into "care" - sent to one of the institutions in the regional or city levels. Even at the lowest level, this full time care is expensive. If it were available, sheltered housing could be a better alternative.

There are three essential components to sheltered housing:

- independent living with each resident having a kitchenette, but also, access to a full meal, and social activities in a shared area;
- a sophisticated call system;
- a compassionate, sensible homemaker/housekeeper.

A unit of sheltered housing might be specially designed as a large house in a residential neighbourhood. Alternatively, in a large apartment block, a section of the building could be designated as sheltered housing.

In a city of 600,000, such as Winnipeg, approximately 3,000 elderly

could live in this system in the future. Hopefully, these units could be distributed across the city, causing no one to have to move out of his/her neighbourhood, and never being built in a noticeable form.

2.0 PROPOSED MODEL AND TECHNIQUE

The planning and service delivery pattern and techniques will be discussed in this section. The model suggested is a unique, comprehensive and cost saving approach to the delivery of health, housing and social services to the elderly.

The approach can be implemented gradually or dramatically. It requires a redeployment of some staff and facilities now in use, and requires a positioning of future staff and facilities so that both are located strategically and optimally, close to potential clients. No increase in staff or facilities is intended other than that required by population increase; neither is any increase in the capital cost of land, building or in the operating budget. Elements can be provided in any order as circumstances permit. A decrease in institutionalization should result, with a consequent decrease in the provision of beds to be built and operated. Social benefits should increase, for patients/clients and others.

A decrease in institutionalization would result from a "patch"¹ approach in the provision of services. A patch could be considered as being a neighbourhood, a geographical area. The patch contains about 1,500 people over 65 years of age, and may be from one-half mile to three-quarters of a mile across. In suburban and rural areas, patches would be larger.

Each patch would contain its share of facilities and services for the elderly. Some of these, but not all would be located at the focus of the patch. These elements may be in one building, or may be

in a complex loosely linking one element to another. Thus, at this focal point the following may be found:

- 40 extended care beds;
- 55 intermediate care beds;
- 15 chronic behavioural disorder beds (every other patch);
- 1 or 2 respite beds;
- 1 or 2 night care beds;
- 26 persons in sheltered housing²;
- adult day care centre (every other patch);
- home care offices for the patch;
- service suite (dentistry, podiatry, counselling, etc.);
- equipment loan centre.

Note that institutional beds are limited to less than one hundred³ and that with a few sheltered housing pods, or units of seniors' housing, an easy visual transition from housing to care unit can occur. Within the patch, at natural locations, there should be the patch's complement of the remainder of sheltered housing, normal seniors' housing and other services.

Staff working within the patch, and all people living within the patch, can be knowledgeable about all the resources of the patch - the official and the unofficial networks (relatives, friends and neighbours), mobile staff people, key neighbourhood leaders, care facilities and their staffs, sheltered housing clusters and their staffs, activity centres and their managements, and so on.

In order to decrease the cost of care, and as it is difficult to reduce per diem costs in institutions and per diem costs of caring for

people within their homes, the following will have to occur:

- get closer to the target population, and reduce the numbers of crises which lead to institutionalization; and
- maximize the use of the unofficial networks of people who are willing to donate their time - relatives, neighbours, and friends of the elderly, as well as volunteers.

Staff and others in the patch can also be knowledgeable about most of the potential problems - elderly persons at risk; elderly persons ready to change housing or level of care; transportation problems; fuel problems; or compatibility problems.⁴

Knowledge of conditions outside their patch, with the exception of sophisticated services, is redundant. Staff and others can concentrate their resources, which are at hand, and their elderly and their problems.

"Sophisticated services" have been referred to earlier in this paper. These are the regionally-distributed services used by a lesser number of the aged population and include:

- geriatric assessment and treatment in-patient units;
- geriatric day hospitals;
- psychogeriatric services;
- geriatric rehabilitation in-patient units.

Like a patch service, these must be equitably and rationally distributed. Travel distances are important - in all cases from a social viewpoint and, in the case of day services such as day hospitals, from an effectiveness viewpoint. (It has been found that visit patterns decrease if travel times are excessive).

In a city such as Ottawa, the sophisticated services could be located in two, three or four locations, perhaps each at an acute hospital which could provide support in the areas of testing, psychiatry, rehabilitation and hotel services. They could be located in the same method as one locates high schools in a city. If those services are analogous to high schools, then the services at the focus of each patch are analogous to the elementary schools with their catchment areas, they are distributed across a city with no service gaps between them (except where there are lakes, parks and other barriers) and with no overlapping.

There is one more important element to the approach being presented in the paper. The planning technique presented is valid standing alone. The element about to be described reinforces the value of good planning, and would allow cost-saving and social benefits to accrue. In the model presented, the responsibility for the care of the elderly is within the patch under the organization and administration of the core complex. At present, the staff and administration that work in buildings are loyal to the objectives of their one building's organization; but that is all. An 80 year old senior could be suffering from malnutrition across the street from an in-patient care unit and the administrator, the social worker, the nurse within may have no knowledge of, nor feel responsibility for, that person. This planning proposal, then, includes a patch responsibility approach, whereby, for example, the social worker for the neighbourhood, working out of the core base, can ensure that the appropriate program is supplied to that person having nutrition problems before a crisis occurs.

Let us examine some of the results of our current planning system. Regardless of whether one accepts the patch concept, it would seem rational that the facilities and services be distributed across a city or region with recognition of where clients or potential patients are

now living. (There is evidence that people do not want to move out of the neighbourhood in which they live when they change housing. This must apply when they must be institutionalized, also). Equitable and rational distribution of services and facilities has not occurred. In 12 cities that the writer has studied, groupings of facilities occur, with consequent gaps in service. These gaps occur in districts that do include large percentages and large numbers of elderly people. In previous papers, the writer has identified some 17 reasons for inappropriate planning.⁶ The major one, it is contended, is that the "planning" bodies that exist today are responsive, responding to requests from ambitious organizations, rather than being creative. Other reasons are:

- there are separate "planning" bodies for housing, for each of several care units, for social services;
- planning is not seen as a long-range effort but, rather, responds to crises;
- an existing organization, because it exists, finds it easier to achieve expansion, or (inappropriate) addition of services to the facility which it already administers;
- criteria have not been developed;
- locational elements have been stressed too little, and land cost elements have been over-stressed.

For example, applying a mapping technique to identify the disposition of Ottawa's care facilities, we found in terms of "special care facilities" one gap in which 390 elderly persons would be removed from their neighbourhood for in-patient care at units some two to four miles away. In terms of "chronic care facilities," one district fell within the catchment area of four facilities, yet there were two major gaps in which this service was not provided. A rational disposition would have seen no overlapping and no gaps.

Other Canadian cities studied were Vancouver, Victoria, Calgary, Edmonton, Regina, Saskatoon, Winnipeg and London. In many of these cities, districts six times over-provided by a service were identified as were, of course, other districts devoid of the same service.

This type of mapping technique can be used for preparing for the future. By determining where we have over-supplied a service today, we can:

- make recommendations for locations of future services.
- do this concurrently for several levels of care and for several services; we can then determine locations for multi-level, multi-service centres and these can become nuclei of patches.
- determine how some of the facilities over-built in some parts of the city can be modified for use for under-provided functions.
- address some of the micro-planning problems which have seen us, in part, locate out in the fields, on tops of hills, and in other unsuitable places.

To demonstrate use of the mapping technique in identifying sites for the future, some senior volunteers helped in 1984 to prepare a set of maps for the Victoria Capital Region district. The maps were based on 1981 data, existing facility locations and capacities, and projected requirements. Maps were prepared for extended care, intermediate care, adult day care, and activity centres. Neighbourhoods appropriate for locating future services and facilities were identified.⁷

In terms of extended care, for example, it was discovered that Victoria does not have a severe grouping problem but does have some facilities that are too large as well as gaps in service. We were able to recommend some nine locations, so that opportunities could be taken if land became available. Also, we could identify options to

reduce the too-large facilities by transferring some beds to a complementary level of care and/or to another service such as geriatric rehabilitation.

Examining intermediate care, we found a disproportionate number of facilities in the downtown area. These developed at the expense of elderly persons living in some of the suburbs. Again, we could recommend locations in the suburbs and close to the urban centre for future sites. As well, we could identify the possibilities for multi-level, multi-service units in two areas. In one case, we identified three coincident components for the nucleus of a patch - extended and intermediate care, and adult day care facilities.

By having on record several acceptable approximate locations for long-range use, opportunities can be taken as they arise, in any order. Opportunities are more likely to be available if there is a range of options rather than one target. Thus, with opportunities occurring because of land being available as a result of bankruptcy, death, fire, disuse of a building for its function - such as school, firehall or business venture - land can be purchased, put on reserve, first option recorded, or down-payment made.

It is important to be concerned about facilities which are too large, or districts which are over-provided because they have taken more than their fair share, at the expense of districts that do not have these facilities. What is required, then - and this can be accomplished with very little reorganization is this:

- central planning body or secretariat (one or two staff plus a steering committee) which plans comprehensively for services and facilities to be provided by the various departments of health, housing, human resources or social services, and for voluntary organizations supplying services; and that mechanisms be put into place whereby these departments take notice of the plans of the secretariat.

- participation in the planning process by several professionals, including town planners.
- acceptance of the patch concept.

NOTES

1. Patch: This is the front line where opportunities for improvement lie. The patch is where we can get close to our targets. Although we can use modern methods such as computer keyboards to match volunteers with those at risk, we have to improve our effectiveness in reducing the number of crises. For example, crises that are caused by falling can be reduced by emphasizing the danger of using scatter rugs. Maintenance men from the nucleus, or volunteers (neighbours, friends or relatives) can be used to add a handrail to a stairway that a frail elderly person must use; shopping assistance during snowfalls can mean the difference between wellness and malnutrition, or wellness and a broken leg. This is the rationale seen often in the small town and the remote island village; having forgotten it in our cities, and in our automobile-oriented attitudes, we must recapture the spirit in our urban communities - and the start is with the use of the patch concept.

If each patch has an appropriate administration, then checks and balances, and evaluation procedures can occur to ensure that the goals of the patch are being attained. Administration can introduce quality of care control by the use of committees and other mechanisms, in similar format, perhaps, as is used in acute hospitals and in sophisticated group practices.

The word "patch" comes from a social service pattern (and a police patrol pattern) used in some parts of the United Kingdom. The word is preferred by the writer over "neighbourhood"; a patch may contain a neighbourhood plus a four-by-six-mile rural area. Other patterns seen in Britain are in the Gofal-type schemes and the neighbourhood care (or Good Neighbour) schemes. The three patterns are described in "Patterns of Partnership," Gordon Grant and Clare Wenger, a chapter in Rediscovering Self-Help, C. Froland, Diane L. Pancoast, Paul Barber, eds. (Beverly Hills: Sage, 1983).

2. Sheltered housing has several definitions. In this context it has three components:
 - a. Elderly people live independently, with kitchenettes; but they also come together, as they live in clusters for one nutritional meal a day.
 - b. A call system for emergencies, from each individual unit.
 - c. A compassionate, sensible person responsible for being available at all times, giving some help, but not "care."

Ultra-sheltered housing would have a cluster of fewer people.

Sheltered housing is widely used in the United Kingdom. There is a concern by some in this country that the compassionate, sensible person might expand his/her role, and inappropriately become domineering or overly protective. There is also a concern that the elderly people might change their characters so as to become more "in need" of caring; in other words, playing a role of a sick or incompetent person unnecessarily. Alternatives, therefore, might be explored, in which:

- a. the nutritional meal is provided by persons ex-house;
 - b. the call system is answered from ex-house and
 - c. the compassionate, sensible person is a (staff) visitor rather than an in-house staff member. Care-givers in some parts of the U.K. are not only given lists of things they should do, but also of things that they should not do for their clients.
3. There are many reasons, most of them social, for keeping such an institution small in scale. Inoffensive to the eye, this nucleus complex should be a building which the residents of the patch or neighbourhood have been used to all their lives. Small in scale, it should not frighten or depress. Internally, distances will not be great, and common rooms not too large to be overpowering, as can be the case with facilities even with 150 beds. This and other factors are discussed in: J.M. Phillips, An Examination of the Optimal Sizing of Geriatric Facilities: With a View to Consideration of Building Smaller Units, and Decentralizing to Neighborhoods in Urban and Suburban Areas (Unpublished Paper, University of Victoria, 1977).
 4. Without breaching confidentiality, certain details of those persons at risk can be held at the patch nucleus. For example, if an elderly couple is known to live in a house lacking insulation, during a power outage of more than a few hours that couple can be checked for adequacy of heating arrangements as their house will cool off rapidly in a cold snap. Lists of potential care-givers can be kept, specific or generic.
 5. J.C. Brocklehurst, The Geriatric Day Hospital (London: King Edward's Hospital Fund, 1970). Brocklehurst states:
Short attendance (up to two weeks) is also related to the distance travelled - for instance, only 13 per cent of patients

from Bromley and Beckenham (one to five miles) gave up within two weeks, compared with 23 per cent of those from Sidcup (five to ten miles). This is statistically significant, $\chi^2 = 5.624$: $P < 0.02$.

6. Some reasons for inappropriate planning occurring:
 1. Land available, belonging to proponent: inappropriate location.
 2. Zoning regulations, real or imaginary or as excuses.
 3. A proponent follows another - "two better than one."
 4. The existence of an organization, with a board, or an owner.
 5. Over-emphasis on the factor of cost of land.
 6. Under-emphasis on siting by locational criteria.
 7. Single-mindedness of a proponent; and lack of knowledge of other areas of potential service.
 8. Single-mindedness of funding and approving agencies.
 9. Existing organizations requesting expansion.
 10. Planning within an atmosphere of frustration.
 11. Planning because of an immediate crisis.
 12. Planning by using the proponent-approval system. As part of our concept of democracy, we wait for suggestions instead of truly planning ahead. (School districts do not, in contrast).
 13. Fragmented responsibility areas of various levels of government.
 14. Using areas too gross for planning.
 15. Approving and funding agencies often act as committees, without using planning secretariats whose staff work actively.
 16. Approving and funding agencies' committees are often incomplete, without a town planner, a sociologist, a social worker.
 17. Approving and funding agencies for geriatric care are often involved with other health matters, and are often:
 - too busy
 - overshadowed by "more critical" acute hospital problems
 - over-influenced by "efficiency" and "effectiveness."

The list is drawn from: J.M. Phillips, "A Redeployment for the Elderly: Of Buildings, Services and People," presented at the Canadian Public Health Association Conference, Ottawa, June 1980.

7. A paper related to the Victoria experience: Selecting Locations For Future Geriatric Services for the Capital Regional District, including the methodology used, is in preparation. The work was supported in part by a research grant #84-004 from the Victoria Institute of Gerontology, responsibility for interpretations and conclusions resting with the author. A similar Report was recently completed for the Department of Health, City of Vancouver.



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