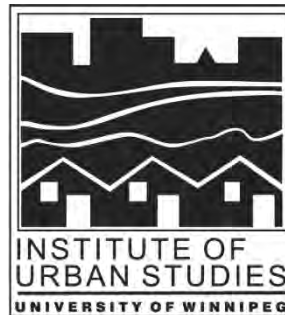
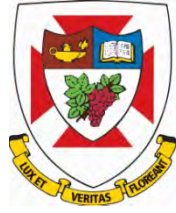


Integration or Isolation?: A Dual Study of Wheelchair Housing in British Columbia

**by John M. Phillips
1985**

The Institute of Urban Studies





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INTEGRATION OR ISOLATION?: A DUAL STUDY OF WHEELCHAIR HOUSING IN BRITISH COLUMBIA

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JOHN M. PHILLIPS

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ABSTRACT.

A DUAL STUDY OF WHEELCHAIR HOUSING IN BRITISH COLUMBIA:
INTEGRATION OR ISOLATION?

JOHN M. PHILLIPS

Following a similar study in 1981 in Alberta, this 1982 British Columbia study had two major purposes:

1. To measure the distances of a large number of wheelchair housing units to the closest set of amenities - drugstore, bank, grocery, post office branch; to tabulate the results. It was suspected that most units exceed distances practical for a wheelchair-bound person to travel.
2. To ascertain whether housing units were occupied by disabled people; to tabulate the results. It was suspected that a large percentage of units built were occupied by able-bodied persons.

Measurements were made related to 436 housing units. This represented 75% of the existing units in B. C. Measurements were made by odometer, measuring device (Moore "Rolatape") and tape measure.

Occupancy of wheelchair units by disabled people was established by telephone and/or face-to-face contact with management.

1. Distance Study:

Letters were written to branches of Canada Mortgage and Housing Corporation, offices of the Ministry of Housing, offices of the Ministry of Human Resources and of the Ministry of Health, Housing Authorities and to multiple housing societies. These letters requested addresses, and contact persons for any wheelchair housing units or projects known to be existing or under construction.

Such letters were sent to organizations in the Capital Regional District (metro Victoria), the Greater Vancouver Regional District, the towns and cities of Lillooet, Prince George, McBride, Kamloops, Vernon, Osoyoos, Keremeos, and all the smaller towns between.

Responses came from 102 complexes containing 550 units. During the study, each location was visited, and corrections where necessary, made to the maps.

Results: Of 85 complexes measured (comprising 532 units):

- 76% exceeded 1000 feet (305 m) to the closest convenience store,
- 85% exceeded 1000 feet (305 m) to the closest grocery,
- 88% exceeded 1000 feet (305 m) to the closest drug store,
- 91% exceeded 1000 feet (305 m) to the closest post office branch,
- 86% exceeded 1000 feet (305 m) to the closest bank.

Conclusions: To give opportunities for integration into community life, and increased independence, housing units closer to amenities are desirable, and would complement those supplied with current methods.

2. Occupancy Study:

Each complex was contacted. Conversations between this investigator and appropriate managements established:

1. The number of wheelchair units (verification), and the number of mobility-impaired people occupying these.
2. In cases of low occupancy by disabled people, the knowledge of management related to the world of disabled people.

<u>Results:</u>	<u>Wheel- chair Units:</u>	<u>Units occ- upied by disabled:</u>	<u>Per Cent:</u>
Complete study area:	347	242	70%
Vancouver: overall:	283	226	80%
knowledgeable m'g'ments:	214	199	93%
non- knowledgeable m'g'ments:	69	27	39%
Victoria:	67	19	28%
All other towns, cities studied:	64	16	25%

Conclusions: Because this data showed a low occupancy rate in many areas, it is evident that at the least:

1. Non-knowledgeable managements must be made aware of the world of disabled people, the contact persons, the groups, and
2. A housing registry must be established in each city or region.
3. Other findings: Several other findings, related to policies of Boards, misunderstandings by city officials, short-term use of housing units, conditions of sidewalks were made, and recorded.

Recommendations: That the conclusions, and this study, be made available to participants in the housing field; and to organizations of and for physically disabled people.

Based on the data found in the 1981 Alberta study, the writer has written on these findings in:

Chapter 7: "Overcoming Distance as a Barrier", in
Crewe, Nancy M., I.K. Zola et al,
Independent Living for Physically Disabled People,
Jossey-Bass, San Francisco, 1983.

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A DUAL STUDY OF WHEELCHAIR HOUSING IN BRITISH COLUMBIA:
INTEGRATION OR ISOLATION?

JOHN M. PHILLIPS

This paper deals with facilities for people with mobility problems - not for blind people or those with mental handicaps - but for people having difficulty in achieving access to washbasins, sinks, kitchen cupboards and bathrooms; and thus might live more comfortably in housing units known as "mobility units" ¹ or "wheelchair units." ²

People in this accommodation can be of any age group; can be single, of either sex, or married; can be living alone, with a spouse or without one; with children, or with pets, or without them.

These mobility and wheelchair units can be found in complexes or dwellings other than dependent living facilities. They can be found in a cooperative; in an apartment complex - which can be in urban or rural surroundings, high or single-storey; in a purpose-built or modified house; organized as part of a plan for low-cost housing or for housing for elderly people; or specifically for disabled people.

The types of housing on which I will concentrate today are units within a larger complex, built for senior citizens or as low-cost housing. The wheelchair units form a percentage. Depending on the funding agency, the percentage can range from 2% to 10%, ³ and is often 5%. Wheelchair units have appeared in the last ten years or so, since Canada Mortgage and Housing Corporation, ⁴ and Housing and Urban Development, in the United States, introduced the policies.

We have seen situations where this percentage has been exceeded, as in the case of purpose-built complexes such as Battin-Fielding Housing in Victoria, ⁵ and at 1010 Sinclair in Winnipeg; ⁶ and I have also seen an instance in which the requirement was "waived", because a mis-guided management persuaded authorities that if a person "regresses" to the state of being in a wheelchair, that person should be in an institution! ⁷

- These units can be found in rural, and in urban settings.
- the complexes can be small.
- the complexes can be multi-storey and large.
- they can be part of the inventory of a Housing Authority, or
- they can be independently organized by non-profit societies, consisting of a volunteer membership and each having a volunteer board of directors.

Today, I am going to address the two major concerns which we covered in our surveys of wheelchair housing in 1981 in Alberta ⁸, and in 1982 in British Columbia. Then I will conclude with a few additional recommendations, of which I hope all of you will make a note.

Readers: Please imagine the slide pictures, as they cannot accompany the paper. Numbers throughout the text refer you to "References", pages 8 and 9.

The first concern is related to distance, and as it applies to integration. We don't, I believe, necessarily "integrate" in our own apartment building. We "integrate" in all facets of our lives.

Imagine Glenda, who lives alone, independently; she's run out of butter, today, a Sunday; and she's going to her neighborhood grocery.

She's putting on her coat.

She's going out of her apartment.

She's leaving the apartment block.

She wheels out to the sidewalk,

- down to the intersection,
- across the street,
- along one block,
- to the next intersection,
- across the next street,
- along the next block,
- to the third intersection,
- across that street,
- along the third block,
- to the final or fourth intersection,
- across that intersection,
- along to the grocery store,

And Glenda reaches the store.

With the goal reached, Glenda picks up her butter,

- chooses some toothpaste,
- pays for her purchase,
- has a conversation - which may be just as important from a social point of view as the purchases - and prepares to wheel back home.

I will not picture Glenda's return journey, but you will realize that her journey home is as long as her journey to the store.

You can also consider Glenda's journey in the rain,

- or in the snow.

Please also realize that the journey in one direction took Glenda twelve minutes, and that it also took Glenda a further eight minutes to get dressed in outdoor clothing, in the cases of traveling in the cold or the rain or the snow.

Here, then, is my concern: Such a journey as you just saw in detail is exceeded for anyone living in 74% of the wheelchair housing built in Alberta, and in 76% of the wheelchair housing built in B. C.

We have also measured in Ottawa, and found, by measurement, the situation to be as bad, based on a random survey of eleven complexes.

Glenda, and thousands of disabled people like her, can enjoy the independence of traveling to the amenities if they are close enough, for many months of the year, in any part of Canada. By visiting these amenities, they then can integrate with other users of those amenities.

But most of the housing units that we are building exceed common-sense distances to the closest amenities; and until the situation is tabulated, as we have done in our two surveys, it may not be realized as being a problem. Housing exceeding 1000 feet (300 m) accounts for 74% of wheelchair housing in Alberta, and 76% in British Columbia.

We must realize - all of us - that DISTANCE IS A BARRIER, TOO. Glenda was not confronted by narrow doorways, by a flight of steps, or by steep hills (although we found several complexes on hills too steep for wheelchair use). Glenda and her neighbors are barred from reaching the stores and other amenities, thus barred from integrating, by the BARRIER OF DISTANCE. Glenda can cook her own meals, she can wash her own clothes; but the distance to community contact points is just too far for Glenda to travel often; and too far absolutely for some of Glenda's neighbors. To make such a journey requires Glenda and her neighbors to make use of a bus, or to own a powered wheelchair, if they are not fortunate enough to be able to afford a car. In any case, why should it be necessary to get into a car to reach the corner pub or coffee house, even if one does drive? Earlier, we mentioned hills which make a journey impossible. Many locations of wheelchair housing, from our studies, occurred on slopes that are too steep; or where the combination of slope and distance defeated successful travel.

To be sure, organizations have devised methods by which people in wheelchairs can reach these amenities even if they don't own cars or powered wheel-chairs. In most cities, one can telephone for a bus. Mind you, this bus doesn't do much good if you run out of butter, because in most cities there is a 24-hour advance notice required; and there may be no service on Saturdays and Sundays. The other constraint is financial; the more funds used on special buses, the less there is in the budget for food, shelter and entertainment.

How much better were we able to say that 80% of our wheelchair housing is within 250 m (800 feet) of amenities! How could we achieve such a goal? How could we build in better locations?

Well, we can complement and supplement those supplied by current methods, by supplying wheelchair and mobility units closer to amenities.

We can persuade planning officials to formulate policies and to persuade others.

We can persuade architects, when such people have been brought into the process early enough, to give due consideration to distance problems.

We can persuade the developers, the members of non-profit societies and associations, the boards, the building committees, to put less emphasis on the cost of the land, and more emphasis on the importance of good locations.

We must explore housing abutting, or over, shopping centres and malls.

City-wide, we must keep a record of how well we have done; and always try to maintain a high enough percentage of appropriately-located housing units.

Appropriately locating other facilities which are used by physically disabled people is also just as important: Agency offices, workshops, and so on must be on level parts of the city, on bus routes.

Methodology: We collected the addresses and descriptions of all known locations of wheelchair housing units, from Housing Authorities, the Province, and from C.M.H.C. The area covered included the Capital Regional District (metro Victoria), the Greater Vancouver Regional District, the towns and cities of Lillooet, Prince George, McBride, Barriere, Kamloops, Vernon, Osoyoos, Keremeos, and all the smaller towns between, and included those built or under construction. We mapped all these known locations. We verified the location of each housing unit (often modifying incorrectly-recorded data), by driving to each location. We then drove in expanding clockwise circles to find the closest amenities. Then we measured back to the housing location in the most direct manner, by using vehicle odometers for the longer distances, and tapes and roller-meters for shorter ones, with two persons observing each measurement.

To digress for a moment: In our investigations, we were struck by the inappropriate locations of housing for the elderly. We saw, and recorded this information, because many of the wheel-chair units were part of larger seniors' housing schemes. 10

Coincidentally, we were also working on another project. We were plotting locations of care facilities and services used by the elderly.

Look at the disposition, on this slide, of all the beds of one type of facility. The beds are "Special Care", in Ottawa. Elderly people, including elderly disabled people, live all over this city. This map was prepared by using pertinent statistical and incidence data. Yet, although elderly people do live all over the city, these facilities have been distributed - irrationally in my view - in clumps or groups, and with gaps between these clumps. Thus, someone living in a gap would have to travel four miles or more to partake of a service or be in care.

Could you imagine the outcry if we distributed our elementary schools in this way? This type of mal-distribution occurs in twelve cities which we have studied, and applies to all levels of geriatric care and long-term care facilities. The situation is easily corrected - we can show you how - and we can provide material to help you to examine the situation in your own city. 11

We have read Papers at national conferences on this topic. 12

Here is some more clumping, in Ottawa: Chronic Care beds.

Here is some more clumping - Vancouver: Intermediate Care beds.

And, to show that the problem is not restricted to this country: Skilled Nursing Facilities in Seattle.

We have found inappropriate and irrational locating of care facilities and services in twelve out of the twelve cities that we have studied. Planners in the audience can have a look at their own cities in this way some time, bearing in mind the relative difficulty of mobility - in other words, handicaps - that the participants have, related to age and/or prior disability. We can provide material to help you to examine your own city, and to consider distribution of services and facilities by "patch" or neighborhood, each patch having its appropriate share of services and facilities, visible, accessible, non-frightening.

Returning to our main Report, and the survey we conducted in 1982 in B.C., our second major concern was that of "occupancy rate". What I'm going to tell you now will allow most of you to effectively double the number of wheelchair housing units in each of your cities or communities. We think that it is reasonable that in any city where wheelchair housing units are known to be needed, and where wheelchair units have been built, that the existing units are appropriately occupied by physically disabled people.

We felt quite disappointed, then, to find in Calgary in 1981, that tabulating the occupancy of 200 wheelchair units, only 63 disabled people were living in them. This gives a "successful" occupancy rate, then, of 31.5%. Realize, please, then that one hundred and thirty seven other wheelchair units had been built - but that these were occupied by able-bodied people.

In many cases, those units had been re-modified for use by able-bodied people. The counters raised to standing height!

In 1982, we looked at the situation in metropolitan Vancouver, population 1,650,000, in greater detail. We found two distinct groups. The first group contained managements who had some motivation for filling their wheelchair housing units appropriately; and who had the intelligence to contact organizations of and for disabled people, such as the Canadian Paraplegic Association, Workers' Compensation Board, and so on. Some of these managements were responsible for a large number of complexes and suites, and were skilled and resourceful.

The "score" of this first group was 93%, of 214 housing units surveyed. In other words, 199 units were occupied by disabled people. 93%

On the other hand, we also found managements of units who had no knowledge of the problems of, or the world of, disabled people; or of where to find disabled people, or even their organizations! Conversely, organizations of and for disabled people, and individual disabled people, were unaware that such wheelchair accommodation was being built, or was coming available.

The occupancy rate related to these managements was 39%, compared with the 93% for good managements. 39%

Overall, in metro Vancouver, the occupancy rate was 80%. 226 out of a designed 283 units were occupied by disabled people. The remaining fifty-seven units can be considered as on reserve; or wasted. They will only be useful for their true purpose when the current occupants move out, which may take years.

In the other parts of the Province of B.C., the occupancy rate dropped dramatically to 21%, if a very few units having known highly motivated and intelligent staff are subtracted. These units are situated in cities, towns and villages outside the Vancouver area.

How can we improve our score? Let me preface my concern with an explanation: I am not suggesting that we build less wheelchair units, because the more we have, the more opportunities disabled people have to live where and how they want to.

Obviously, we must make housing organizations more knowledgeable of where to contact disabled people, so as to locate potential tenants. Conversely, we must make disabled people who are looking for appropriate housing more knowledgeable as to where new wheelchair (or mobility) housing units are coming available, and where vacancies are occurring.

One method is to form a Registry. Benefits, and suggestions for introducing a Registry are described in the Chapter of the book referenced on page 7 of this Paper, and in Reference ¹³.

Another method is to use an existing registry, and to introduce the two components - the special housing, and the prospective disabled tenants.

A third method, which requires little organization, is to see that all the managements of leasing complexes either existing, or under construction, are aware of places to which disabled people go, agencies to which some relate. Vacancies can then be posted on notice boards and inserted into newsletters. Thus, some of the population will be informed. Additionally, notices can be sent to placement officers and consultants in agencies, community health, social services and others. This can readily be put into effect right away.

But, we feel, the best method is of a true Registry.

A Registry has several other functions, including: Relating to other registries; information centre; data centre; research; advocacy.

Inevitably, in opening a new complex which has several wheelchair housing units within it, it may be found (unless there is a severe dearth of such units; or unless there is an excellent registry) that one or more of these is still not allocated to a disabled person on opening day. We have seen vacancies of twelve, and of fifteen! Do not be alarmed by this. A law of mathematics is at work: There is a low probability of encounter between the (relatively few) disabled people who may require, then, an accommodation change, and the number of appropriate units (at the appropriate location) becoming available, on one specific date.

A month later, two months later, three months later, disabled people might want to move in as tenants and to remain there for ten years, or more. But, it is absolute coincidence that an opening date for a unit occurs together with the needs of one of a very small part of the population, in the appropriate neighborhood, related to appropriate contact points for him or her, and with the appropriate existence (or non-existence) of regulations related to children, pets and so on.

The reasons for a disabled person moving on a certain date relate to an urge, or to a graduation, or to a discharge from an institution, or an eviction, or to a move from another city, or to a move to an employment opportunity. These reasons have no relationship to the opening date of the new units - or on the vacancy of one unit.

Without wasting money, then, managements - and to give guidance, the funding and approving agencies - might do well to consider mechanisms whereby some of a group of new wheelchair units opening simultaneously can be held until appropriate disabled people do come along. For example, these units could be filled by people providing revenue, but on a short-term basis; or on an indeterminate basis,

with a month's notice mechanism. A unit might be suitable for an office, to provide revenue on a temporary basis. We must, in one of many ways, then, discourage the panic and the filling of these units with "inappropriate" able-bodied people, and certainly, the modification of these units to able-bodied standards.

Here are some relatively minor recommendations, arising from our studies in both Alberta and British Columbia. Most of them are worth noting - they are also in this written text - and putting into effect in your city when you return home. Set a target time to do so.

- Inform the Public Works Department of your city where wheelchair or mobility units have been built. Ask them to give priorities these units when:
 - levelling and cleaning sidewalks and roads each Spring,
 - clearing snow after a snow-fall,
 - creating an annual inventory of new curb-cuts at intersections.
- Evaluate existing wheelchair and mobility units for actual success.
- Advise designers, when incorporating any wheelchair units in a complex, to protect against wheelchair damage in all common areas, for example, around the mail boxes and the doors in the lobby, and so on.
- If your city has an accessible transit system, consider a program of increasing the number of units close to stations or stops, by using incentives or other devices. Retrofit older buildings, as some of these were generous in space.
- Study the problem of "small-town return". How many people from smaller communities come to a city rehabilitation centre, and cannot return because of real or imagined barriers?
- Consider methodology of economically adjusting heights of counters and plumbing fixtures.
- Consider the effect of distance to amenities related to senior citizens' housing. These distances we tabulated as being great, also.

In summary, we found a need to establish additional wheelchair and mobility housing units close to amenities, so as to allow mobility-impaired people to live close to points of contact that would enhance their integration. This would be accomplished by a new mechanism or policy complementary to the existing, or a change in the existing mechanism.

We also found a need to establish a Registry in each city and/or each region, introducing disabled people to wheelchair and mobility housing more successfully than is now occurring.

Further reading on this topic can be found in: Chapter Seven, Independent Living for Physically Disabled People, Crewe, Nancy M. and I.K. Zola, eds., Jossey-Bass, San Francisco and London, 1983.

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References:

1. Mobility Housing: That which is accessible, and which anyone using crutches, cane, walker, can use with ease. A person in a wheelchair can enter each room. In kitchens and bathrooms, walls are backed with plywood or similar material so that grab bars and other aids can be attached anywhere, to suit needs of specific people; and cupboards and counters can be readily adjusted to suit one or more persons.
2. Wheelchair units: Housing units which are not only accessible from outside by people in wheelchairs and people with mobility problems, but are also built so that each room and each piece of equipment and cabinet-work is accessible by a person in a wheel-chair. All doorways are sufficiently wide, and fixtures height-variable as in mobility housing. Spaces are left for knees beneath kitchen, utility and bathroom counters.
3. Currently, (as of January, 1985), the C.M.H.C. requirement is, for Social Housing schemes, that 5% of such schemes' units shall be to wheelchair standards. This was described in Regional Directives; for example, that for the British Columbia Region was transmitted January 14, 1982.
4. C.M.H.C. has a National Office; and Regional and local offices in Canada.
5. Battin-Fielding Housing is a complex at 880 Vernon Avenue, in the municipality of Saanich, managed by the British Columbia Housing Management Commission. The complex is made up of some row housing, and a four-storey apartment building designed for elderly people and for physically disabled people.
6. 1010 Sinclair in Winnipeg is an apartment building for physically disabled people, with some ancillary spaces such as communal lounges, equipment library.
7. This was related verbally to the writer, by that management person.
8. Phillips, J.M., and family, Measurement of Distances of Existing Housing Projects used by Disabled People to Community Contact Points, unpublished report, funded by Alberta Housing and Public Works, 1981.
9. Phillips, J.M., and I.S.R. Phillips, A Dual Study of Wheelchair Housing in British Columbia, 1983, unpublished report (but well-distributed in photocopy form), funded by Provincial Committee, International Year of Disabled Persons.
10. From our initial inquiries, we established which housing complexes were for seniors, which for low-income families, and so on. Thus, clearly we were able to see that a large percentage of senior citizens' housing, though perhaps close to bus routes, are distant from amenities. In fact, in some of our tabulations in the above reports, it will be seen that the results are identical, the difference being that the majority of the elderly are more mobile. Because of distances, they may suffer more from loneliness than is necessary.

