

RESEARCH REPORT



Study of Home Adaptations Carried Out Under the RRAP-D and HASI Programs



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Study of Home Adaptations Carried Out Under the RRAP-D and HASI Programs

-- *Final Report* --

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EXECUTIVE SUMMARY

Introduction

This summary report presents the key findings of a national survey of clients of two Canada Mortgage and Housing Corporation (CMHC) Programs – the Residential Rehabilitation Assistance Program for Disabled Persons (RRAP-D) and the Home Adaptations for Seniors Independence (HASI) Program. The survey, which was conducted by Social Data Research Ltd., was carried out from January to March, 1994. The HASI Program, which began in 1992 and has just completed, provided a grant of \$2,500 to frail seniors for minor home adaptations. RRAP-D, a Program that has been in existence since 1986 and has recently been renewed, provides up to \$10,000 (\$5,000 of which is repayable) for more extensive home adaptations. The objectives of the study were to:

- determine the range and types of home adaptations made by clients;
- assess the effectiveness of the various types of adaptations made;
- assess the relative importance of the various types of adaptations in helping people continue to live in their own homes;
- determine the costs associated with different types of adaptations; and
- identify any problems or benefits associated with alternative ways of arranging and carrying out the work.

The results of this descriptive study will be useful for CMHC and planners or funders of Programs similar to the RRAP-D and HASI Program. Although these two types of Programs differ in terms of their target groups (with some overlap), grant and loan amounts, and administrative practices, they share a common purpose in helping people who have disabilities or frailties to modify their homes to achieve a more supportive physical environment.

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Sample Design and Survey Methods

Just over 1800 RRAP-D and HASI Program clients were surveyed in total. The total sample was designed to have regional representation and an error margin of less than 10%. In order to achieve this goal, all 1,034 Program HASI clients from 1992 (with the exception of Ontario, where a two thirds sample was sufficient), and a regionally stratified sample of 800 RRAP-D clients from 1990-1992 were selected to be surveyed.

The questionnaires used in the survey were similar for both client groups, however, some Program differences were reflected in the wording of questions in each of the data collection instruments. A long-form self-administered questionnaire and shorter telephone version were developed.

A combination survey method was employed. Initially, all clients were mailed a long-form questionnaire. Clients whose mailed questionnaires were not returned after a two week period received a telephone follow-up call. Clients who had misplaced (or never received) the original mailed questionnaire, could not cope with the self-administered instrument because of frailty, disability or illness, or were reluctant to take the time to complete the longer questionnaire, were encouraged to answer the short telephone questionnaire. The format for the telephone survey was unstructured and provided qualitative data to support the quantitative results generated by the mail-out questionnaire.

Survey Response

A high response rate was achieved. After adjusting for the number of clients who were unlocatable (because they had died or moved), almost 60% of the RRAP-D clients contacted and over 70% of the HASI Program clients contacted returned a long-form questionnaire. An additional 20% of the RRAP-D clients and 19% of the HASI Program clients completed the abbreviated telephone questionnaire. Thus, the total combined survey response rates were 79.6% for RRAP-D clients and 91.1% for the HASI Program clients.

Client Profile

The profile of clients differs somewhat between the two Programs and regionally. In terms of sex, about half of all RRAP-D clients in the sample are males and half are females. In British Columbia, however, RRAP-D clients are far more likely to be female and in the Atlantic Region the reverse is true. The majority of all HASI Program clients, regardless of Region, are females.

Both Programs serve predominantly older people; HASI targets those over 65, however, more than half of HASI Program clients are 75 years of age and over. Between one quarter (Quebec) and about sixty per cent (Ontario, B.C.) of RRAP-D clients are seniors; an additional 20% (B.C.) to just over one third (Atlantic Region, Quebec) are between the ages of 45 and 64.

More than half of the clients of both Programs report gross household incomes of less than \$15,000. Most HASI Program clients live alone, although between 20% and one third, depending on the Region live with a spouse or partner. Most RRAP-D clients live with at least one other person, typically a spouse, and/or son or daughter. Almost half of the RRAP-D clients in B.C., however, live alone reflecting the fact that many are women over the age of 65.

About 90% of all clients (the exception occurring in B.C. where only 70% live in a house) of both Programs live in a ground oriented house, the majority of which have two or more stories. Clients of both Programs live in rural and urban settings; those in the Atlantic Region and in Quebec, however, are more likely to live in rural areas and in small towns.

Type of Disability

Almost all RRAP-D and HASI Program clients have some mobility related disability; most also reported agility and endurance difficulties. The majority of clients of each Program experience two or more different types of disabilities – usually a combination of mobility, endurance and agility. The remaining types of disabilities (vision, hearing, speech, cognitive and other) are experienced by a minority of clients (between 8% and 35% depending on the disability and Program). HASI Clients are more likely to report some hearing impairment, while RRAP-D clients are more likely to have some speech impairment and/or cognitive impairment.

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Clients' Difficulties with Activities of Daily Living

Clients of both Programs report having difficulties with as many as twenty different activities of daily living. Most clients have difficulties with at least six activities. About one quarter of RRAP-D clients and fifteen per cent of HASI Program clients report that at least one other person in their household is also experiencing difficulties carrying out their daily activities.

The majority of clients of both Programs report that they and/or someone else in their household have difficulties with activities of daily living such as: walking up and down stairs; walking three city blocks; standing for more than twenty minutes; bending and picking up objects; and cutting their own toenails.

Use of Assistive Devices

About one third of RRAP-D and HASI Program clients use a walking aid such as a cane or walker. And exactly one third of RRAP-D clients use a wheel chair to assist them with mobility. Fewer clients use other aids such as a hearing aid, visual aid and/or specially equipped vehicle.

Use of Support Services

It is recognized that while home adaptations may play a very important role in increasing a person's independence, they are often part of a range of needed supports. According to the survey, services accessed by RRAP-D and HASI Program clients during the last six months included: visiting homemaker services; home and yard maintenance; special transportation services and attendant or personal care services.

Amount of Assistance Received from CMHC

The amount of money (loan and/or grant) clients received from the RRAP-D or HASI Program clients differs depending on the Program. RRAP-D clients can receive up to \$10,000 (loan and grant); just under twenty per cent of client reported receiving the entire amount. HASI Program clients can qualify for up to \$2,500 assistance; 40% of

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the HASI Program clients surveyed received this amount. However, 14% made changes with less than \$1,000 from the Program.

About half of the RRAP-D clients and almost two thirds of HASI Program clients reported that the amount received from the Program covered the entire cost of the work completed. Almost 90% of the Clients of each Program paid a builder, contractor or renovator to complete the work. However, 15% of RRAP-clients and 12% of HASI Program clients indicated that they or another family member completed some or all of the work.

General Types and Cost of Home Adaptations Made Under the Two Programs

The general types of home adaptations made by the majority of clients in both Programs are those that assist them to approach and enter their home and/or to use their bathroom. In addition, about half of RRAP-D clients made changes to doors and windows and to their plumbing and electrical system. Substantial numbers of RRAP-D clients made changes to entrance closets, hall ways, floors or stairs. Many HASI Program clients also made changes to stairs to assist them to function more independently.

About twenty per cent of RRAP-D and HASI Program clients made changes in only one area of their home. Eighty per cent, however, made changes in as many as eight different areas. Often, one type of home adaptation was connected to another. For example if a room was added to accommodate a main floor bathroom and/or bedroom, electrical and/or plumbing systems, doors and windows, closets etc. were also modified.

The general trends in the types and number of home adaptations made were the same across all Regions.

There were some differences in the average cost of home adaptations depending on the type of work that was completed. RRAP-D clients reported spending an average cost that ranged from \$6,200 (approach and entrance) to \$7,500 (laundry area), while HASI Program clients spent an average of between \$2,100 (approach and entrance, the bathroom, getting in and out of bed) and \$2,400 (the kitchen).

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Clients were asked if they felt they got "value for money" with the changes they made. Over eighty per cent of RRAP-D clients and over ninety per cent of HASI Program clients indicated yes. There was some variation in this response by general type of home adaptation. For instance while 86% of RRAP-D clients who made changes to their laundry area felt they received value for their money, only 77% of those who made changes to their kitchen felt this way. Similarly, about 88% of HASI Program clients reported that they got value for their money for the changes they made to help them control light and ventilation compared to 95% of HASI Program clients who made changes to help them get in and out of bed.

Specific Home Adaptations Rated as Very Helpful

RRAP-D and HASI Program clients were, for the most part, very happy with the changes they made to their home to help them carry out their activities of daily living more independently. For the two general types of home adaptations made by most RRAP-D and HASI Program clients – the bathroom area, and the approach and entrance to the house – the most helpful (rated as very helpful by over 90% of clients) and commonly made (made by at least 10% of the clients) specific changes are:

For RRAP-D Clients

In the bathroom.....installing grab bars by the bathtub; redesigning or enlarging the bathroom; installing a hand held shower; modifying the door for a wheel chair; installing lever faucets; and raising the toilet.

Approach and entrance.....installing a ramp; and installing a chair lift.

For HASI Program Clients

In the bathroom.....installing grab bars by the bathtub; installing grab bars by the toilet; installing a hand held shower; replacing tub or adding shower; installing single lever wash basin faucets; installing single lever faucets on tub or shower; installing seat in shower; installing higher toilet seat; installing non slip floors; and installing grab bars by wash basin.

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Approach and entrance....installing or repairing handrails; installing outside lights; replacing locks; installing door closer; repairing walkway; adding steps; adding a ramp; and adding a grab bar near the door.

There were some home adaptations that between 10% and 50% of the clients who made the change (which in some cases, was only a small number of clients) did not rate as very helpful. The list was longer for RRAP-D clients than HASI Program clients. Home adaptations rated as least helpful (between one third and one half of clients who made the change rated this change as only somewhat, not too helpful or not at all helpful) include: intercom systems; vehicle transfer aids; garage lighting; wall ovens; and, automatic door closers.

Effects of Home Adaptations on Clients' Ability to Carry Out Daily Activities More Independently

The majority of clients of both Programs are of the opinion that taking all things into account, the home adaptations made as a result of assistance from the RRAP-D and HASI Programs improved their quality of life a great deal. *In fact over half of the RRAP-D clients and almost one third of HASI Program clients agreed that without the changes they would have had to move from their present home.* Most clients in both Programs indicated that the changes made their lives more comfortable and safer. And about sixty per cent of clients in both Programs strongly agreed that as a result of the changes, they could carry out their daily activities more independently.

The extent to which clients agreed that the home adaptations improved the quality of their lives differed somewhat by Region and by the general type of home adaptation made.

Factors Associated with Effectiveness of Home Adaptations in Enhancing Clients' Overall Quality of Life

There were some factors associated with the level of effectiveness of the home adaptations made by RRAP-D and HASI Program clients in enhancing their overall quality of life. Level of effectiveness was measured using a Quality of Life (QOL)

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index created by summing the number of times clients "strongly agree" with a series of individual items included in the questionnaire to measure improvement in the quality of life. The individual items are:

The changes made to my home made my life more comfortable;

The changes made to my home made my life safer;

If it were not for the changes made to my home I would have probably had to move; and

As a result of the changes made to my home, I am able to carry out my daily activities more independently than before the changes were made.

The score on the "QOL" index can range from 0 (clients who did not strongly agree with any of the statements) to 4 (clients who strongly agreed with all of the statements).

The average scores achieved on the QOL index was almost identical for RRAP-D and HASI Program clients. For RRAP-D clients, the average score for the QOL index was 2.22. For HASI Program clients, the average QOL index score was 2.23.

Factors that were associated (using a correlation or difference of means analysis and appropriate significance testing where applicable) with a higher or lower score on the QOL index for RRAP-D clients were:

- Type of home adaptation – those who made changes to dining room and/or bedroom; kitchen and/or the laundry area scored higher than those who did not;
- Number of difficulties with activities of daily living – the greater the number of difficulties with activities of daily living, the higher the score;
- Type of disability – those with mobility related disabilities and a combination of different types of disabilities scored higher than others;
- Experience with the contractor – those with positive experiences with the contracting process scored higher

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- Number of sources of advice – the greater the number of sources of useful technical and financial advice, the higher the score (associations for disabled persons, rehabilitation centres, provincial and municipal housing offices, CMHC publications rated most useful)
- Number and type of community support services used – the greater the number of community support services used, the higher the score; those who used a meal service scored higher;
- Type of assistive aid(s) used – those using a walking aid scored higher;
- Experience with the application process – the more positive the experience with the application process, the higher the score;
- Amount of money received – the greater the reported amount of money (loan and grant) received from RRAP-D, the higher the score; and
- Length of time since changes were made – the more recently the changes were completed, the higher the score on the QOL index.

For HASI clients, the factors associated with a higher score on the QOL index are:

- Region – clients in Quebec scored highest; clients in the Atlantic and B.C. Regions scored lowest;
- Type of home adaptation – those who made changes to help them get in and out of bed, do the laundry, and/or use the stairs scored higher than those who did not make these changes;
- Income – the higher the income group of the client, the higher the score;
- Number of difficulties with activities of daily living – the greater the number of difficulties with activities of daily living, the higher the score;
- Type of disability – those with mobility related disabilities, cognitive impairment and/or a combination of different types of disabilities scored highest;

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- Experience with the contractor – those with positive experiences with the contracting process scored higher;
- Number of sources of advice – the greater the number of sources of useful advice, the higher the score (CMHC office, publications, contractor/renovator, health or social services, public health nurse or doctor rated most useful);
- Number and type of community support services used – the greater the number of community support services used, the higher the score; those who used a homemaker service, an attendant or personal care service and/or home and yard maintenance service scored higher than those who did not;
- Type of assistive aid(s) used – those using a wheel chair or a walking aid scored higher; and
- Experience with the application process – the more positive the experience with the application process, the higher the score.

Conclusion

The study found that clients surveyed were, for the most part, very satisfied with the home adaptations completed under the RRAP-D and HASI Programs. There is very strong indication that the changes have been effective in delaying or avoiding unnecessary institutionalization of clients with severe disabilities. Clients' own ratings of the quality of their lives after the Program show that physical home adaptations can significantly enhance the independence of persons with disabilities. Additional factors are critical, however, for maximum benefits from Programs like RRAP-D and HASI to be realized. These factors include: having access to appropriate community support services; the right assistive aids; useful technical and financial advice before and during the process; and a builder, contractor or renovator with the necessary understanding, skills, knowledge and resources to complete the work to the satisfaction of the customer.

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Étude des adaptations de logement effectuées dans le cadre du PAREL pour les personnes handicapées et du programme LAAA

RÉSUMÉ

Introduction

La présente est un compte rendu des principaux résultats d'une enquête nationale menée auprès des clients de deux programmes de la SCHL, notamment : le Programme d'aide à la remise en état des logements pour les personnes handicapées (PAREL) et le programme Logements adaptés - aînés autonomes (LAAA). L'enquête a été effectuée par l'entreprise Social Data Research Ltd., de janvier à mars 1994. Le programme LAAA, mis en oeuvre en 1992 et qui vient tout juste de prendre fin, prévoyait des subventions de 2 500 \$ à l'intention des aînés fragiles pour les adaptations mineures apportées à leurs logements. Le PAREL pour les personnes handicapées, créé en 1986 et récemment renouvelé, permet d'allouer jusqu'à 10 000 \$ (dont 5 000 \$ sont remboursables) pour les adaptations majeures apportées aux logements. L'enquête avait les objectifs suivants :

- déterminer la portée et le type des adaptations effectuées par les clients;
- évaluer l'efficacité des divers types d'adaptations effectuées;
- évaluer l'importance relative des adaptations en tant que moyen permettant à une personne de demeurer à domicile;
- déterminer les coûts reliés aux divers types d'adaptations;
- déterminer toute difficulté ou avantage lié aux différents moyens d'organiser et d'effectuer le travail.

Les résultats de cette étude descriptive seront utiles à la SCHL, aux planificateurs ou aux bailleurs de fonds de programmes semblables au PAREL pour les personnes handicapées et au LAAA. Bien que ces deux programmes diffèrent au niveau des groupes cibles (malgré un certain chevauchement), des montants subventionnés ou prêtés et des pratiques administratives, ils ont le même objectif, soit d'aider les personnes handicapées ou fragiles à modifier leur domicile afin de se créer un environnement physique qui répond mieux à leurs besoins.

Caractéristiques des échantillons et méthodes d'enquête

En tout, un peu plus de 1 800 clients du PAREL pour les personnes handicapées et du programme LAAA ont participé à l'enquête. L'échantillon a été conçu de manière à obtenir une représentation régionale et une marge d'erreur inférieure à 10 %. À cet effet, on a choisi les 1 034 clients du programme LAAA de 1992 (à l'exception de l'Ontario où un échantillon des deux tiers des clients suffisait) et un échantillon stratifié par région de 800 clients du PAREL pour les personnes handicapées de 1990 à 1992.

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Les questionnaires d'enquête étaient semblables pour les deux groupes; seule la formulation des questions permettaient de distinguer les programmes pour chacun des instruments de collecte des données. On a créé un questionnaire détaillé que le répondant devait remplir lui-même et une version raccourcie pour utilisation au téléphone.

On a utilisé une méthode d'enquête combinée. D'abord, on a envoyé le questionnaire détaillé à tous les clients. Deux semaines plus tard, on a effectué un suivi téléphonique auprès des clients qui n'avaient pas retourné le questionnaire. Quant aux clients qui avaient égaré le questionnaire ou ne l'avaient jamais reçu, qui ne pouvaient le remplir en raison d'une santé fragile, d'un handicap ou d'une maladie, ou qui étaient peu disposés à prendre le temps de remplir le document, on leur a demandé de répondre aux questions par téléphone. Le questionnaire téléphonique n'était pas structuré et il fournissait des données qualitatives corroborant les données quantitatives obtenues grâce aux questionnaires détaillés retournés par courrier.

Réponses aux questionnaires

Le taux de réponse a été élevé. Si l'on tient compte du nombre de clients introuvables (en raison de décès ou de déménagement), le taux de réponse au questionnaire détaillé atteint près de 60 % des clients du PAREL pour les personnes handicapées et plus de 70 % des clients du LAAA. En outre, 20 % des clients du PAREL pour les personnes handicapées et 19 % des clients du LAAA ont répondu au questionnaire par téléphone. Les taux de réponse combinés ont été de 79,6 % pour les clients du PAREL pour les personnes handicapées et de 91,1 % pour les clients du LAAA.

Profil des clients

Le profil des clients diffère sensiblement par programme et par région. Pour ce qui est du sexe, environ la moitié des clients du PAREL pour les personnes handicapées de l'échantillon étaient des hommes et l'autre moitié, des femmes. En Colombie-Britannique cependant, les femmes sont plus nombreuses à être clientes du PAREL pour les personnes handicapées alors que dans la région de l'Atlantique, ce sont les hommes. La majorité des clients du LAAA sont des femmes, quelque soit la région.

Les clients des deux programmes étaient surtout des personnes âgées; le LAAA vise les personnes de plus de 65 ans, mais plus de la moitié des clients ont 75 ans ou plus. Entre le quart (Québec) et approximativement 60 % (Ontario, C.-B.) des clients du PAREL pour les personnes handicapées sont des personnes âgées; s'ajoute un autre 20 % (C.-B.) et possiblement plus du tiers (Région de l'Atlantique, Québec) qui ont entre 45 et 64 ans.

Plus de la moitié des clients des deux programmes déclarent que le revenu brut du ménage est inférieur à 15 000 \$. La plupart des clients du LAAA vivent seuls, mais entre

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20 % et le tiers, selon la région, vivent avec un conjoint. La majorité des clients du PAREL pour les personnes handicapées vivent avec au moins une autre personne, habituellement un conjoint, un fils ou une fille. Par contre, presque la moitié des clients du même programme en C.-B. vivent seuls, plusieurs étant des femmes âgées de plus de 65 ans.

Environ 90 % de tous les clients des deux programmes (à l'exception de la C.-B. où la proportion n'est que de 70 %) vivent dans une maison avec entrée privée, de deux étages ou plus pour la majorité. Les clients des deux programmes vivent en milieu urbain et rural; dans la région de l'Atlantique et au Québec, les clients sont concentrés dans les milieux ruraux et les petites villes.

Type de handicap

Presque tous les clients du PAREL pour les personnes handicapées et du LAAA ont un handicap relié à la mobilité; beaucoup d'entre eux disent également avoir des incapacités reliées à l'agilité et à l'endurance. La plupart des clients des deux programmes ont deux ou plusieurs types différents de handicap, habituellement une combinaison de difficultés reliées à l'agilité, l'endurance et la mobilité. Une minorité (entre 8 % et 35 % selon le handicap et le programme) ont d'autres types de handicap (vision, ouïe, parole, cognition, etc.). Les clients du LAAA signalent différents degrés de surdité tandis que les clients du PAREL pour les personnes handicapées sont plus susceptibles d'avoir des troubles du langage ou des troubles cognitifs.

Difficultés éprouvées par les clients relativement aux activités quotidiennes

Les clients des deux programmes déclarent avoir de la difficulté à accomplir jusqu'à 20 différentes activités quotidiennes. La plupart des clients éprouvent de la difficulté avec au moins six de ces activités. Environ le quart des clients du PAREL pour les personnes handicapées et 15 % de ceux du LAAA signalent qu'au moins une autre personne du ménage a également des difficultés à accomplir ses activités quotidiennes.

L'ensemble des clients des deux programmes signalent, pour eux-mêmes ou pour un autre membre du ménage, qu'il est difficile d'accomplir des activités quotidiennes telles que monter et descendre des escaliers, marcher trois pâtés de maisons, rester debout plus de vingt minutes, se pencher pour ramasser des objets et se couper les ongles d'orteils.

Utilisation des aides techniques

Environ le tiers des clients des deux programmes utilise un dispositif d'aide pour marcher comme une canne ou une marchette. Un tiers exactement des clients du PAREL pour les personnes handicapées utilise un fauteuil roulant pour palier à des troubles de mobilité.

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Un nombre moins élevé de clients a recours à d'autres aides techniques comme les prothèses auditives, les aides visuelles et les véhicules spécialement équipés.

Utilisation des services de soutien

Bien que les adaptations de logement jouent un rôle important dans l'augmentation de l'autonomie d'une personne, on admet qu'elles ne constituent souvent qu'une partie de la gamme de services de soutien requis. Selon l'enquête, les services utilisés par les clients du PAREL pour les personnes handicapées et du LAAA au cours des six derniers mois sont les suivants : services d'auxiliaires familiales, entretien de la maison et du jardin, services de transport spécialisés et services de préposés ou de soins personnels.

Montant de l'aide reçue de la SCHL

Les sommes d'argent (prêt ou subvention) reçues par les clients du PAREL pour les personnes handicapées ou du LAAA varient selon les programmes. Les clients du PAREL pour les personnes handicapées peuvent recevoir jusqu'à 10 000 \$ (prêt ou subvention); un peu moins de 20 % des clients déclarent avoir reçu la somme totale. Les clients du LAAA ont droit à une aide pouvant aller jusqu'à 2 500 \$; 40 % des clients du LAAA ayant participé à l'enquête ont reçu cette somme. Cependant, 14 % ont apporté des modifications d'un montant inférieur à 1 000 \$.

Environ la moitié des clients du PAREL pour les personnes handicapées et près des deux tiers des clients du LAAA ont indiqué que les montants reçus couvraient tous les coûts des travaux effectués. Près de 90 % des clients de chaque programme ont payé un constructeur, un entrepreneur ou un rénovateur pour effectuer les travaux. Cependant, 15 % des clients du PAREL pour les personnes handicapées et 12 % de ceux du LAAA ont indiqué que les travaux ont été en partie ou en totalité exécutés par eux-mêmes ou un membre de leur famille.

Types et coûts des adaptations de logement effectuées dans le cadre des deux programmes

En général, la majorité des clients des deux programmes ont effectué des adaptations qui leur permettaient d'accéder aux abords et à l'entrée de la maison ou d'utiliser la salle de bain. De plus, environ la moitié des clients du PAREL pour les personnes handicapées ont apporté des modifications aux portes et aux fenêtres, ainsi qu'au système de plomberie et au système électrique. Un nombre important de clients du PAREL pour les personnes handicapées ont apporté des modifications aux placards de l'entrée, aux corridors, aux planchers ou aux escaliers. Plusieurs clients du LAAA ont également modifié les escaliers afin d'être plus fonctionnels.

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Environ 20 % des clients des deux programmes ont apporté des modifications à une partie seulement de leur logement. Par contre, 80 % des clients ont apporté des modifications à huit parties, au plus, de leur logement. Très souvent, un type d'adaptation en exigeait un autre. Si on ajoutait une pièce pour aménager une salle de bain ou une chambre au rez-de-chaussée, par exemple, on devait apporter des modifications au système de plomberie et au système électrique, aux portes et fenêtres, aux penderies, etc.

La tendance générale relativement aux types et au nombre d'adaptations apportées aux logements était la même pour toutes les régions.

On a relevé des différences dans le coût moyen des adaptations de logement selon le type de travaux effectués. Les clients du PAREL pour les personnes handicapées ont dépensé en moyenne entre 6 200 \$ (abords et entrée) et 7 500 \$ (buanderie) alors que la moyenne pour les clients du LAAA se situait entre 2 100 \$ (abords et entrée, salle de bain, aller au lit et en sortir) et 2 400 \$ (cuisine).

On a demandé aux clients s'il y avait eu, selon eux, une optimisation des ressources relativement aux modifications apportées. Plus de 80 % des clients du PAREL pour les personnes handicapées et plus de 90 % des clients du LAAA ont répondu par l'affirmative. Les réponses variaient selon le type d'adaptation. Alors que 86 % des clients du PAREL pour les personnes handicapées ayant effectué des modifications à la buanderie disent en avoir eu pour leur argent, 77 % seulement pensent de la même façon par rapport aux modifications apportées à la cuisine. De même, 88 % des clients du LAAA ont dit en avoir eu pour leur argent dans le cas des modifications apportées pour les aider à régler l'éclairage et la ventilation comparativement à 95 % de ceux qui ont apporté des modifications dans le but d'aller au lit et d'en sortir plus facilement.

Adaptations de logement cotées très utiles

La plupart des clients du PAREL pour les personnes handicapées et du LAAA étaient très heureux des modifications apportées dans le but de les rendre plus autonomes dans leurs activités quotidiennes. Pour ce qui est des deux types d'adaptations de logement d'ordre général effectués par la plupart des clients des deux programmes - salle de bain, abords de la maison et entrée - les adaptations les plus utiles (cotées «très utiles» par plus de 90 % des clients) et les plus courantes (apportées par au moins 10 % des clients) étaient les suivantes :

Pour les clients du PAREL pour les personnes handicapées

Salle de bain..... installation de barres d'appui près du bain; nouvelle conception ou agrandissement de la salle de bain; installation d'une touche téléphone;

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modification de la porte pour permettre l'accès en fauteuil roulant; installation de robinets à levier et élévation du siège de toilette.

Abords et entrée..... installation d'une rampe d'accès; installation d'une plate-forme élévatrice.

Pour les clients du programme LAAA

Salle de bain..... installation de barres d'appui près du bain; installation de barres d'appui près de la toilette; installation d'une douche téléphone; remplacement du bain ou ajout d'une douche; installation de robinets à levier pour le lavabo; installation de robinets à levier pour le bain ou la douche; installation d'un siège de douche; élévation du siège de toilette; installation de planchers non glissants et installation de barres d'appui près du lavabo.

Abords et entrée..... installation ou réparation de mains courantes; installation d'éclairage extérieur; remplacement des serrures; installation d'un ferme-porte; réparation des allées; ajout de marches; ajout d'une rampe et ajout d'une barre d'appui près de la porte.

Certaines adaptations ont été cotées «peu utiles» par une proportion variant entre 10 et 50 % des clients (dans certains cas il ne s'agissait que d'un petit nombre de clients). La liste de ces adaptations était plus longue pour les clients du PAREL pour les personnes handicapées que pour ceux du LAAA. Parmi les adaptations cotées «moins utiles» (entre un tiers et la moitié des clients ayant apporté ces modifications les ont coté «un peu utiles», «pas très utiles» ou «inutiles»), on trouve ce qui suit : interphones, aides pour le transfert à l'auto, éclairage du garage, fours encastrés et ferme-portes automatiques.

Incidences des adaptations de logement sur l'autonomie des clients en matière d'activités quotidiennes

La majorité des clients des deux programmes sont d'avis que, tout considéré, les adaptations effectuées grâce au PAREL pour les personnes handicapées et au LAAA ont grandement amélioré leur qualité de vie. ***En fait, plus de la moitié des clients du PAREL pour les personnes handicapées et près du tiers des clients du LAAA déclarent que ces adaptations leur ont permis de demeurer dans leur logement.*** La plupart des clients des deux programmes ont dit que les modifications avaient accru leur confort et leur sécurité. Environ 60 % des clients des deux programmes s'entendent pour dire qu'ils sont maintenant plus autonomes lorsqu'il s'agit d'activités quotidiennes.

Le degré d'amélioration de la qualité de vie des clients dû aux adaptations varie selon les régions et les types d'adaptations d'ordre général.

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Programs

Étude des adaptations de logement effectuées dans le cadre du PAREL pour les personnes handicapées et du programme LAAA

Facteurs associés à l'efficacité des adaptations de logement relativement à l'amélioration de la qualité de vie globale des clients

On a associé certains facteurs au degré d'efficacité des adaptations de logement effectuées par les clients grâce au PAREL pour les personnes handicapées et au LAAA par rapport à l'amélioration de la qualité de vie. On a mesuré le degré d'efficacité à l'aide d'un indice de la qualité de vie (QDV) créé en combinant le nombre de fois où les clients ont répondu «fortement d'accord» avec une série d'énoncés précis du questionnaire destinés à mesurer la qualité de vie. Ces énoncés sont les suivants :

Les modifications apportées à mon logement m'ont rendu la vie plus confortable.

Les modifications apportées à mon logement ont augmenté ma sécurité.

Si des modifications n'avaient pas été apportées à mon logement, j'aurais probablement été obligé de déménager.

Grâce aux modifications apportées à mon logement, je peux accomplir mes activités quotidiennes de façon plus autonome qu'avant.

La cote de l'indice QDV peut aller de 0 (les clients ne sont pas fortement d'accord avec les énoncés ci-dessus) à 4 (les clients sont fortement d'accord avec tous les énoncés).

Les cotes moyennes obtenues par l'indice QDV étaient presque identiques pour les clients du PAREL pour les personnes handicapées et du LAAA. La cote moyenne de l'indice QDV était de 2,22 pour les clients du PAREL pour les personnes handicapées et de 2,23 pour les clients du LAAA.

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En ce qui concerne les clients du PAREL pour les personnes handicapées, les facteurs associés (en utilisant, au besoin, une corrélation ou une différence des moyennes d'analyse et des essais significatifs appropriés) à une cote élevée ou faible sur l'indice QDV étaient les suivants :

- Type d'adaptation de logement - ceux qui ont apporté des modifications à la salle à manger ou à la chambre ou à la cuisine ou à la buanderie ont attribué une cote plus élevée que ceux qui n'ont pas fait ces modifications;
- Nombre de difficultés éprouvées par rapport aux activités quotidiennes - plus les difficultés étaient nombreuses, plus la cote était élevée;
- Type de handicap - ceux qui sont atteints d'un handicap relié à la mobilité ou de plusieurs handicaps ont attribué une cote plus élevée;
- Expérience avec l'entrepreneur - ceux qui ont eu une expérience positive avec un entrepreneur ont attribué une cote plus élevée;
- Nombre de ressources techniques et financières - plus les conseils techniques et financiers étaient nombreux, plus la cote était élevée (les associations de personnes handicapées, les centres de réadaptation, les organismes provinciaux d'habitation, les organismes locaux d'habitation et les publications de la SCHL ont été jugés les plus utiles);
- Quantité et type de service de soutien communautaire - plus les services de soutien communautaires étaient nombreux, plus la cote était élevée; la cote attribuée par les clients qui ont utilisé le service de repas était plus élevée;
- Type d'aide technique - les utilisateurs des dispositifs d'aide à la marche ont attribué une cote plus haute;
- Expérience du processus d'application - plus l'expérience avec le processus d'application avait été positive, plus la cote était élevée;
- Somme d'argent reçue - plus la somme d'argent reçue du PAREL pour les personnes handicapées était élevée (prêt ou subvention), plus la cote était élevée;
- Temps écoulé depuis que les adaptations ont été effectuées - plus les adaptations étaient récentes, plus la cote était élevée.

En ce qui concerne les clients du LAAA, les facteurs associés à une cote élevée sur l'indice QDV étaient les suivants :

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Programs

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- Région - les clients du Québec ont attribué la cote la plus élevée, et les clients des régions de l'Atlantique et de la Colombie-Britannique, les cotes les plus basses;
- Type d'adaptation de logement - ceux qui ont effectué des modifications pour aller au lit et en sortir plus aisément ou pour faire la lessive ou utiliser les escaliers ont attribué des cotes plus élevées que ceux qui n'ont pas fait ces modifications;
- Revenu - plus les revenus des clients étaient élevés, plus la cote était élevée, elle aussi;
- Nombre de difficultés à accomplir les activités quotidiennes - plus on éprouvait de difficultés, et plus la cote était élevée;
- Type de handicap - les clients ayant un handicap relié à la mobilité, une déficience cognitive ou une combinaison de handicaps ont attribué une cote plus élevée;
- Expérience avec l'entrepreneur - ceux qui ont eu une expérience positive avec un entrepreneur ont attribué une cote plus élevée;
- Nombre de sources de conseils - plus les sources de conseils utiles étaient nombreuses, plus la cote était élevée (les bureaux et les publications de la SCHL, les entrepreneurs et les rénovateurs, les services de santé et les services sociaux ainsi que les infirmières et les médecins de la santé publique ont été jugés les plus utiles);
- Quantité et type de service de soutien communautaire utilisé - plus les services de soutien communautaires utilisés étaient nombreux, plus la cote était élevée; ceux qui ont utilisé des services d'auxiliaires familiales, des services de préposés ou de soins personnels ou des services d'entretien de la maison ou du jardin ont attribué une cote plus élevée que les autres clients;
- Type d'aide technique - ceux qui utilisaient un fauteuil roulant ou un dispositif d'aide à la marche ont attribué une cote plus élevée;
- Expérience du processus d'application - plus l'expérience avec le processus d'application avait été positive, plus la cote était élevée.

Conclusion

L'enquête a démontré que les clients avaient été, pour la plupart, très satisfaits des adaptations de logement effectuées grâce au PAREL pour les personnes handicapées et au programme LAAA. Il y a de très fortes indications que les modifications apportées ont

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Programs

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contribué à retarder ou à éviter une institutionnalisation inutile des clients sévèrement handicapés. L'évaluation par les clients de leur qualité de vie après avoir effectué des adaptations démontre que ces dernières peuvent améliorer grandement l'autonomie des personnes handicapées. D'autres facteurs sont toutefois essentiels afin de maximiser les bienfaits du PAREL pour les personnes handicapées et du LAAA, notamment : l'accès aux services de soutien communautaires appropriés; des aides techniques adaptées; des conseils techniques et financiers utiles avant et durant le processus; des constructeurs, des entrepreneurs et des rénovateurs ayant la compréhension, la connaissance et les ressources nécessaires pour effectuer les travaux à la satisfaction du client.



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Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

1 INTRODUCTION

This report presents the findings of a national survey of clients of the Residential Rehabilitation Assistance Program for Disabled (RRAP-D) and the Home Adaptations for Seniors Independence (HASI) Program. The HASI Program, which began in 1992 and has just ended, provided a grant of up to \$2,500 to frail seniors for minor home adaptations. RRAP-D, a Program that has been in existence since 1986 and has recently been renewed, provides up to \$10,000 (\$5,000 of which is repayable) for more extensive home adaptations. Although the two Programs differ in terms of their target groups (with some overlap), grant and loan amounts, and administrative practices, they share a common purpose in helping people who have disabilities or frailties to modify their homes to achieve a more supportive physical environment.

The main objective of the survey was to identify the range of home adaptations carried out by RRAP-D and HASI Program clients and to examine their comparative effectiveness in enhancing the functional ability of clients to enable them to continue to live in their own homes. A further objective of the study was to determine the relative costs associated with different types of home adaptations and to identify any problems or benefits associated with alternative ways of commissioning or carrying out the work. The results described in this report are based on the perceptions of the respondents to the survey.

The study found that most clients were very satisfied with the home adaptations completed under the RRAP-D and HASI Programs. Further, the results provide strong indication that the changes have been effective in delaying or avoiding unnecessary placement of clients with severe disabilities in institutions. Clients' own ratings of the

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

quality of their lives indicate the significant contribution that physical home adaptations make towards increasing the independence of persons with disabilities. The Programs' positive impacts are illustrated by some of the personal accounts of the survey's respondents. One RRAP-D client writes:

"without the RRAP-D our son's asthma would not have improved and the house would have rotted...our son was taken off his respiratory machine and put on inhalers...doctors have seen great improvements in health...heating bill has dropped and our house doesn't seem cold, damp and stale any more.."

Another RRAP-D client expresses her gratitude for the Program by writing:

"...the improvements made to our home have provided a safer environment, better security, a more functional interior, and overall, a more comfortable lifestyle. These changes have brought a great psychological and emotional lift that has enabled me to really enjoy my home because I am able to do so much more in it..."

A senior who was a recipient of a grant from the HASI Program provides these comments:

"I have arthritis which is quite painful and severe, and the repairs and handrails were very helpful. The step repair and carpet covering made it so very much safer..."

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The study identified a number of associated factors that are critical for maximum realization of benefits from Programs like RRAP-D and HASI. These factors include: having access to: community support services; assistive aids; useful technical and financial advice before and during the process; a positive application experience; and a builder, contractor or renovator with the necessary understanding, skills, knowledge and resources to complete the work to the satisfaction of the customer.

The study found Program and regional differences in the findings. It was not within the scope of this report to interpret these differences. The reader is cautioned about drawing conclusions. These differences may be due to a number of factors including: diversity in the way the two Programs are delivered in each of the provinces; and, provincial variation in the availability and accessibility of health and social services (including supportive housing Programs) for seniors and persons with disabilities.

Organization of this Report

This report contains five sections. The first section serves as an introduction and gives the objectives of the study and describes the survey design and methodology. Section 2 provides a profile of the RRAP-D and HASI Program clients who responded to the survey in terms of their socio-demographic background, living arrangements, type of dwelling place, type of neighbourhood, number of difficulties with activities of daily living, type of disability(ies), use of assistive aids (if any) and use of health and social services in the last six months.

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Section 3 describes the different types of home adaptations made by clients and the range of specific changes within each area of the home. The perceived effectiveness of the home adaptations in assisting clients with their daily activities and improving different aspects of their quality of life is discussed in Section 4, and Section 5 considers additional factors that influence clients' satisfaction with the home adaptations such as their experiences with the builder/contractor and sources of advice they may have had during the process. The final section concludes the report by presenting the key findings.

Sample Design and Survey Methods

Just over 1800 RRAP-D and HASI Program clients were surveyed. The sample was designed to have regional representation and an error margin of less than 10%. To achieve this goal, all 1,034 HASI clients from 1992 (with the exception of Ontario, where a two thirds sample was sufficient), and a regionally stratified sample of 800 RRAP-D clients from 1990-1992 were selected for the survey. The five Regions are: the Atlantic provinces (Newfoundland, Prince Edward Island, Nova Scotia and New Brunswick); Quebec; Ontario; the Prairie provinces¹ (Manitoba, Saskatchewan, Alberta); and British Columbia/Yukon.

¹ including the North West Territories

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

The questionnaires used in the survey were similar for both client groups, although, some Program differences were reflected in the wording of questions in each of the data collection instruments. A long-form self-administered questionnaire and a shorter telephone version were developed.

A combination survey method was employed. Initially, all clients were mailed a long-form questionnaire. Clients whose mailed questionnaires were not returned after a two week period received a telephone follow-up call. Clients who had misplaced (or never received) the original mailed questionnaire, could not cope with the self-administered instrument because of frailty, disability or illness, or were reluctant to take the time to complete the longer questionnaire, were encouraged to respond to a brief telephone interview. The format for the telephone survey was unstructured and provides qualitative data to support the quantitative results generated by the long-form mail-out questionnaire. These quantitative findings are displayed in the Exhibits throughout this report.

Copies of the self-administered questionnaires can be obtained by contacting the Canadian Housing Information Centre, CMHC, 700 Montreal Road, Ottawa, Ontario, K1A 0P7 (613-748-2367).

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Survey Response

Exhibit 1.1 demonstrates a high survey response rate for RRAP-D and HASI Program clients. After adjusting for the number of clients who were unlocatable (because they had died or moved), almost 60% of the RRAP-D clients contacted and over 70% of the HASI Program clients contacted returned a long-form questionnaire. An additional 20% of RRAP-D clients and 19% of the HASI Program clients completed the abbreviated telephone questionnaire. Thus, the total combined survey response rates were 79.6% for the RRAP-D and 91.1% for the HASI Program.

The final response distribution by province for each Program is given in Exhibit 1.2.

Exhibit 1.1**Survey Response Rates For RRAP-D
and HASI Program Clients**

	Residential Rehabilitation Program for Disabled Persons	Home Adaptation for Seniors Independence Program
Number of questionnaires mailed out	800	1034
Number of questionnaires completed	356	613
Number of questionnaires returned incomplete or too late	19	17
Number of clients completed short questionnaire by telephone	120	155
Number of clients reached by telephone but did not complete survey (refusal, too ill, did not remember program etc.)	101	86
Number of clients unlocatable (deceased/moved/no telephone in service)	195	182

RESPONSE RATE (Number of Clients Responded/Number of Clients Located)

	Residential Rehabilitation Program for Disabled Persons	Home Adaptation for Seniors Independence Program
Total number of clients located	605	852
Per cent returned mailed questionnaire	59.8	72.2
Per cent completed telephone questionnaire	19.8	18.9
<i>FINAL RESPONSE RATE</i>	<i>79.6</i>	<i>91.1</i>

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FINAL RESPONSE RATE

79.6

91.1

2 PROFILE OF THE CLIENTS

This section describes the RRAP-D and HASI Program clients who responded to the survey in terms of their socio-demographic background, living arrangements, dwelling place, location of residence, difficulties with activities of daily living, use of assistive aids and utilization of community support services. This description sets the context for the discussion of results in Sections 3, 4 and 5.

Socio-demographic Background

Respondents to the RRAP-D and HASI Program survey were asked to provide a few details about their socio-demographic background – in particular sex, age and gross household income level for 1993. Their responses are presented in Exhibits 2.1a for RRAP-D clients and Exhibit 2.1b for HASI Program clients.

Sex

There are regional and Program differences with respect to the sex of the client. On the Program level, a higher proportion of RRAP-D clients are male (54.1%) than female (45.9%), while HASI Program clients are far more likely to be female (72.4%) than male (27.6%). The male-female client ratios differ by Region, particularly for RRAP-D clients. About two thirds of the clients in the Atlantic Region and in Quebec are male, and just over half in Ontario and the Prairie region are male. In British Columbia/Yukon, however, two thirds are female.

Exhibit 2.1a

Socio-Demographic Profile of RRAP-D Clients by Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	TOTAL
<i>Per Cent of RRAP-D Clients With Each Characteristic:</i>	%	%	%	%	%	%
SEX						
Female	37.5	30.4	45.7	47.3	65.3	45.9
Male	62.5	69.6	54.3	52.7	34.7	54.1
AGE						
Under 20	6.9	7.1	1.2	8.2	2.8	5.1
20 -29	5.6	7.1	3.7	2.7	1.4	3.9
30-44	13.9	17.9	8.5	23.0	15.3	15.4
45-64	36.1	37.5	26.8	27.0	19.4	28.9
65+	37.5	26.8	58.5	39.2	61.1	45.8
Not given	0.0	3.6	1.2	0.0	0.0	0.8
INCOME						
Under \$15,000	63.9	50.0	45.1	52.7	56.9	53.7
\$15,000 - \$19,999	23.6	21.4	20.7	18.9	22.2	21.3
\$20,000 - \$24,999	5.6	12.5	15.9	10.8	12.5	11.5
\$25,000 or more	1.3	5.4	8.5	13.5	2.8	6.5
Not given	5.6	10.7	9.8	4.1	5.6	7.0
TOTAL NUMBER	72	56	82	74	72	356

Exhibit 2.1b

Socio-Demographic Profile of HASI Program Clients by Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent Of HASI Program Clients With Each Characteristic:</i>	%	%	%	%	%	%
<i>SEX</i>						
Female	66.1	81.0	75.8	71.9	72.4	72.4
Male	33.9	19.0	24.2	28.1	27.6	27.6
<i>AGE</i>						
Under 65	1.7	0.0	1.1	0.0	0.0	0.7
65-74	45.2	33.3	44.6	34.2	35.2	39.6
75-84	43.5	52.4	43.0	49.3	46.9	45.8
85 +	9.6	14.3	10.8	16.4	16.6	13.4
Not given	0.0	0.0	0.5	0.0	1.4	0.5
<i>INCOME</i>						
Under \$15,000	72.2	85.7	60.2	66.4	58.6	64.4
\$15,000 - \$19,999	18.3	9.5	23.7	21.2	27.6	22.5
\$20,000 - \$24,999	4.3	0.0	7.5	6.2	8.3	6.5
\$25,000 or more	3.5	0.0	3.8	2.8	1.4	2.8
Not given	1.7	4.8	4.8	3.4	4.1	3.8
<i>TOTAL NUMBER</i>	<i>115</i>	<i>21</i>	<i>186</i>	<i>146</i>	<i>145</i>	<i>613</i>

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Age

Almost half of the RRAP-D clients are aged sixty five years or older. This proportion was higher in British Columbia/Yukon (61.1%) and in Ontario (58.5%) where the majority of clients are seniors. There are some regional differences in the distributions of each of the age groups for RRAP-D. For instance, while just less than 10% of all RRAP-D clients are under the age of thirty, this per cent ranged from about 5% in Ontario and British Columbia/Yukon to almost 15% in Quebec and the Atlantic Region.

HASI Program clients have to be 65 or older to qualify for the Program, although a few respondents claimed to be younger. Almost half of the HASI Program clients – slightly more so in Quebec – are between the ages of 75 and 85. And between 10% and 17%, depending on the Region of the country are 85 years of age or older.

Income

A large majority of RRAP-D and HASI Program clients report gross household income levels of less than \$20,000. In fact, just over half (53.7%) of RRAP-D clients and almost two thirds (64.4%) of HASI Program clients have gross household incomes of less than \$15,000. Program differences in reported gross household income levels are largely explained by the fact that the majority of HASI Program clients are women and living alone (refer to Exhibit 2.2).

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

There are some regional variations in the income distributions of RRAP-D and HASI Program clients. In the case of RRAP-D clients, a higher than average proportion of survey respondents whose gross household income levels are below \$15,000 reside in the Atlantic Region (63.9% compared to a national percentage of 53.7%). As well, a higher proportion of clients living in the Prairies (13.5%) reported a gross household income level of \$25,000 or more than was the case for the country as a whole (6.5%).

For HASI Program clients, those living in the Atlantic Region (72.2%) and the province of Quebec (85.7%) were most likely to have gross household income levels of below \$15,000. This is compared with 58.6% for HASI Program clients residing in British Columbia/Yukon, 60.2% for HASI Program clients in Ontario, and 66.4% for those living in the Prairie provinces.

Living Arrangements

Exhibit 2.2 illustrates Program and regional differences with respect to the living arrangements of RRAP-D and HASI Program clients. Most RRAP-D clients either live with their spouse (50.6%) or with a son or daughter (30.6%). About 13% of RRAP-D clients live with someone other than a relative. Almost 30% of RRAP-D clients live alone.

Most HASI Program clients (59.1%) live alone; just over one quarter (28.2%) live with their spouse, and just under 12% live with a son or daughter.

Exhibit 2.2

Living Arrangements of RRAP-D and HASI Program Clients By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who:</i>	%	%	%	%	%	%
Live alone	16.7	28.6	24.4	32.4	47.2	29.8
Live with spouse/partner	66.7	50.0	54.9	44.6	36.1	50.6
Live with son/daughter	40.3	35.7	23.2	33.8	22.2	30.6
Live with others	19.4	17.9	14.6	8.1	4.2	12.6
<i>TOTAL NUMBER</i>	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Who:</i>	%	%	%	%	%	%
Live alone	52.2	66.7	60.8	56.2	64.1	59.1
Live with spouse/partner	33.0	19.0	22.6	34.9	26.9	28.2
Live with son/daughter	19.1	4.8	12.9	8.9	7.6	11.6
Live with others	10.4	9.5	7.5	2.7	5.5	6.5
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

There is no uniformity in living arrangements across the different regions of Canada for RRAP-D and HASI Program clients. For RRAP-D clients, there is a greater proportion living alone (47.2%) in British Columbia/Yukon than any where else in Canada. For both clients groups, there is more of a propensity for clients to live with a son or daughter or someone other than a relative in the Atlantic Region than in other areas of the country.

Type and Place of Residence

The type of dwelling place occupied by clients of the RRAP-D and HASI Program, the number of floors in the dwelling place and the location are given in Exhibits 2.3, 2.4, 2.5.

Type of Dwelling

As Exhibit 2.3 shows, that about 90% of RRAP-D and HASI Program clients reside in a house (including mobile structures) with ground level entrance. There are regional differences, particularly with respect to apartment dwellers. A higher proportion of HASI Program clients in British Columbia/Yukon live in either a ground level (9.7%) or upper storey apartment in building with an elevator (15.2%) than those living in Canada as a whole (2.9%; 4.6%; respectively). RRAP-D clients living in British Columbia/Yukon are also more likely to report living in an elevator building (8.3%) than RRAP-D clients in total (2.2%).

Exhibit 2.3

Type of Dwelling Occupied by RRAP-D and HASI Program Clients By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Occupy:</i>	%	%	%	%	%	%
Home with ground level entrance (including mobile homes)	97.2	82.2	93.9	95.9	84.8	91.3
Ground level apartment	0.0	5.4	1.2	2.7	2.8	2.2
Upper story apartment in non- elevator building	1.4	7.1	1.2	1.4	1.4	2.0
Upper story apartment in elevator building	0.0	3.6	0.0	0.0	8.3	2.2
Other/not given	1.4	1.8	3.7	0.0	2.8	2.0
<i>TOTAL NUMBER</i>	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Who Occupy:</i>	%	%	%	%	%	%
Home with ground level entrance (including mobile homes)	91.3	95.2	95.1	97.2	70.3	89.1
Ground level apartment	0.0	0.0	1.1	1.4	9.7	2.9
Upper story apartment in non- elevator building	5.2	0.0	0.5	0.0	2.1	1.3
Upper story apartment in elevator building	0.0	0.0	2.7	0.7	15.2	4.6
Other/not given	3.5	4.8	0.5	0.7	2.8	1.6
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Regional differences in dwelling types are apparent in other ways. RRAP-D clients living in Quebec, for instance, are least likely to report living in a ground level house, and most likely to live in either a ground level apartment (5.4%) or upper storey apartment in a building without an elevator (7.1%) than RRAP-D clients as a whole (2.2%; 2.0%; respectively).

Number of Floors

About two thirds of RRAP-D and HASI Program clients report living in a dwelling place with more than one floor (Exhibit 2.4). This proportion, however, is much lower in the West (34.7% for RRAP-D; 42.7% for HASI) than anywhere else in the country, reflecting the greater number of clients who live in elevator apartment buildings in British Columbia/Yukon.

Type of Neighbourhood

The type of neighbourhood where clients live is given in Exhibit 2.5. RRAP-D and HASI Program clients are more likely to live in small towns or villages, rural and suburban areas than in large cities or urban areas. Just over one third, the single largest proportion, of both client groups live in small towns or villages, and almost the same proportion live in rural and suburban areas.

There are definite regional differences with respect to type of neighbourhood. The Programs appear to be the most evenly distributed in Ontario and in the Western Region (British Columbia/Yukon). In other parts of the country HASI Program clients

Exhibit 2.4

Number of Floors in Dwelling Place Occupied by RRAP-D and HASI Program Clients by Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Whose Dwelling Place Has:</i>	%	%	%	%	%	%
One floor	25.3	42.9	15.8	24.3	65.3	33.7
Two or more floors	74.7	57.1	84.2	75.7	34.7	66.3
<i>TOTAL NUMBER</i>	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Whose Dwelling Place Has:</i>	%	%	%	%	%	%
One floor	27.9	33.3	29.5	28.8	57.3	35.8
Two or more floors	72.1	66.7	70.5	71.2	42.7	64.2
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

ibit 2.5

Location of Dwelling Place of RRAP-D and HASI Clients By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Cent of RRAP-D Clients Who Live In:</i>	%	%	%	%	%	%
large city/urban area	4.2	23.2	30.5	43.2	26.4	<i>25.8</i>
urban area	4.2	8.9	13.4	9.5	18.1	<i>11.0</i>
small town/village	47.2	50.0	31.7	33.8	20.8	<i>36.0</i>
rural area	44.4	14.3	23.2	12.2	30.6	<i>25.3</i>
other (ie. trailer park)/ not given	0.0	3.6	1.2	1.3	4.1	<i>1.9</i>
<i>TOTAL NUMBER</i>	<i>72</i>	<i>56</i>	<i>82</i>	<i>74</i>	<i>72</i>	<i>356</i>
<i>Cent of HASI Program Clients Who Live In:</i>	%	%	%	%	%	%
large city/urban area	12.2	4.8	43.0	32.9	34.5	<i>31.5</i>
urban area	0.9	0.0	14.5	6.2	30.3	<i>13.2</i>
small town/village	48.7	81.0	26.3	48.6	21.4	<i>36.5</i>
rural area	38.3	9.5	12.9	12.3	11.7	<i>17.1</i>
Indian reserve	0.0	4.8	2.2	0.0	0.0	<i>0.8</i>
other (ie. trailer park)/ not given	0.0	0.0	1.0	0.0	2.1	<i>1.0</i>
<i>TOTAL NUMBER</i>	<i>115</i>	<i>21</i>	<i>186</i>	<i>146</i>	<i>145</i>	<i>613</i>

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

in particular, and in some Regions RRAP-D clients, are more likely to live in small towns or villages. For instance, in Quebec, 81% of the HASI Program clients live in small towns or villages compared to 36.5% for the country as a whole. In the Atlantic Region, the percentage of HASI Program clients who live in small towns or villages is 48.7% and in the Prairie Region it is 48.6%.

RRAP-D clients living in the Prairie provinces, on the other hand, are more likely to live in large cities and urban areas; 43.2% of RRAP-D clients from the Prairies live in large cities or urban areas compared with 25.5% of all clients.

Difficulties With Activities of Daily Living

Clients of both the RRAP-D and HASI Program report having difficulties with as many as twenty different activities of daily living. About one quarter of RRAP-D clients and fifteen per cent of HASI Program clients report that at least one other person in their household is also experiencing difficulties carrying out their daily activities.

The average number of reported difficulties for RRAP-D clients who responded to the survey is 8.1; for HASI Program clients the average number of reported difficulties is 5.8. Clients of both Programs who live with at least one other person report a higher average number of difficulties than those who live alone. While for HASI Program clients, there are no regional differences in the reported number of difficulties, RRAP-D clients living in Quebec report the highest average number of difficulties (9.4) compared to RRAP-D clients living in other regions.

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

There are no significant age or gender differences in the average number of difficulties reported for RRAP-D clients, however, in the case of HASI Program clients, those aged 85 or over report the highest average number of difficulties (7.4).

Type of Difficulties

Exhibit 2.6 shows the percentage of RRAP-D and HASI Program clients who report that they have difficulties with a list of daily activities identified in the questionnaire. About half or more of the clients of both Programs indicate that they have difficulties with activities of daily living such as: walking up and down stairs; walking three city blocks; standing for more than twenty minutes; bending and picking up objects; and cutting their own toenails. A smaller, but still substantial percentage of clients of both Programs have difficulties carrying a bag of groceries 10 feet; having a bath or shower; reaching in any direction; and/or dressing and undressing.

There were Program differences in the percentages of clients reporting difficulties. RRAP-D clients were more likely than HASI Program clients to report experiencing difficulties with most activities. The activities that a higher percentage of HASI Program clients (compared with RRAP-D clients) have difficulty with are: cutting own toenails; seeing ordinary newsprint; hearing in a group conversation; and hearing over the telephone.

Exhibit 2.6**Difficulties with Activities of Daily Living
Experienced by RRAP-D and HASI Program Clients**

<i>Per Cent of Clients Who Report Difficulty With:</i>	PROGRAM TYPE	
	<i>RRAP-D</i> %	<i>HASI</i> %
Walking up and down stairs	66.1	62.6
Walking 3 city blocks	64.1	53.7
Standing for more than twenty minutes	57.6	50.8
Bending & picking up objects	52.8	45.4
Cutting own toe nails	49.7	56.0
Carrying a bag of groceries 10 feet	49.7	42.0
Having a bath or shower	49.1	38.8
Reaching in any direction	31.7	28.2
Dressing and undressing	30.9	18.2
Moving from room to room	25.6	16.9
Getting in and out of bed	25.5	16.7
Using scissors or pliers	25.0	24.3
Cutting own food	18.8	7.8
Using the toilet	23.3	12.4
Seeing ordinary newsprint	19.7	24.1
Seeing a face across the room	8.1	10.3
Legally classified as blind	1.7	2.1
Hearing in a one-on-one conversation	18.3	17.2
Hearing in a group conversation	9.8	26.7
Hearing over the telephone	9.6	12.4
Remembering or learning	12.4	8.1
Speaking and being understood	10.7	6.7

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Type of Disability

RRAP-D and HASI Program Clients have one or more of seven different types of disabilities according to the difficulties they are experiencing with the activities of daily living. The disability types and corresponding activities of daily living for each type are:

- *Mobility related* – walking up and down stairs, walking 3 city blocks, moving from one room to another, cutting own toenails, having a bath or shower, reaching in any direction, dressing and undressing, getting in and out of bed, using the toilet;
- *Endurance related* – carrying a bag of groceries for 10 feet, and standing for more than 20 minutes;
- *Agility related* – bending down and picking up an object from the floor, using fingers to grasp or handle scissors or pliers, cutting own food;
- *Vision related* – seeing ordinary newsprint, seeing a face across the room, legally classified as blind;
- *Hearing related* – hearing in a one-on-one conversation, hearing in a group conversation, hearing over the telephone;
- *Speech related* – speaking and being understood, and
- *Cognitive related* – remembering or learning.

Almost three quarters of RRAP-D clients and just over 60% of HASI Program clients experience two or more different types of the disabilities described above. The most prevalent combinations are mobility, endurance and/or agility related disabilities;

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Cognitive and speech difficulties are also often combined as are hearing and vision related disabilities.

Exhibit 2.7 displays the breakdown of the individual types of disabilities experienced by RRAP-D and HASI Program clients. The Exhibit reveals that almost all RRAP-D and HASI Program clients have some mobility related disability. Endurance and agility related difficulties are also experienced by the majority of RRAP-D and HASI Program clients.

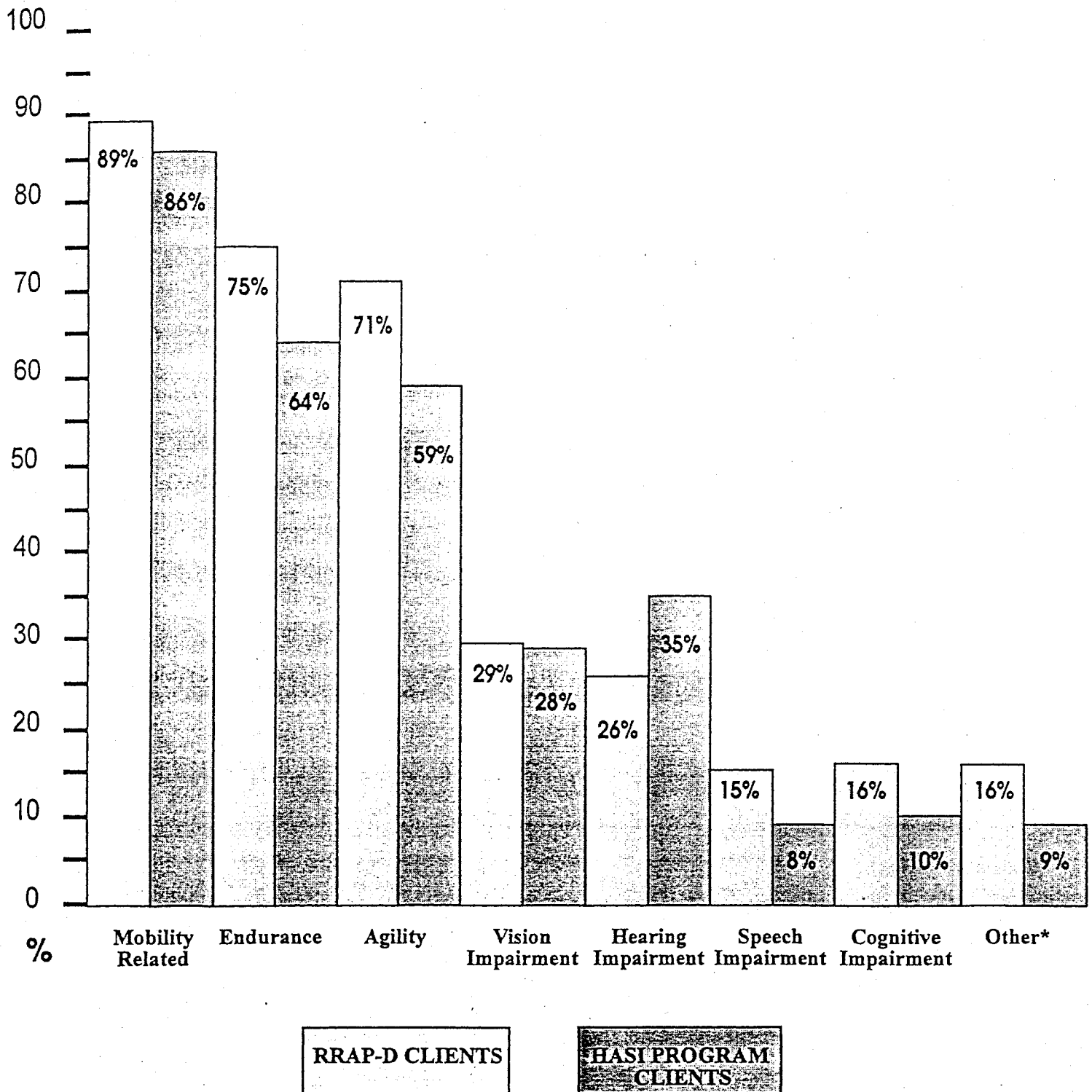
HASI Program clients are more likely than RRAP-D clients to report some hearing impairment (35% versus 26%), while RRAP-D clients are more likely than HASI Program clients to have some speech impairment (16% versus 8%) and/or cognitive impairment (16% versus 10%). About 30% of both client groups are vision impaired.

For some disability types, there are regional variations. For RRAP-D clients, the percentage of survey respondents who reported vision related difficulties, for instance ranged from 23.2% in Ontario, 24.3% in the Prairies and 29.2% in British Columbia/Yukon, to 33.9% in Quebec and 36.1% in the Atlantic Region.

In the case of speech disabilities, the percentages of RRAP-D clients with this type of difficulty ranges from 5.6% in British Columbia/Yukon to 21.4% in Quebec. About 15% of clients in the other regions have a speech related difficulty. Similarly cognitive difficulties are experienced by almost one quarter (21.6%) of RRAP-D clients in the Prairies and by 14%–16% of RRAP-D clients living in other Regions.

Exhibit 2.7

Types of Disabilities for RRAP-D and HASI Program Clients



includes specific condition, allergies, etc.

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

There are fewer regional differences in the type of disabilities for HASI Program clients. HASI Program clients in the Atlantic Region are the most likely to report some vision related disabilities (36.5%), followed by those living in Quebec (33.3%), Ontario (28.0%), the Prairies (27.4%), and British Columbia/Yukon (23.4%). HASI Program clients living in Quebec are the least likely to have hearing related disabilities (14.3%). Over one third of the HASI Program clients living in other Regions report some hearing related difficulties.

Use of Assistive Aids

The majority of RRAP-D clients (64.3%) and almost half of HASI Program clients reported that they and/or someone else in their household use at least one assistive aid to help them with daily activities. Exhibit 2.8 displays the use of various assistive devices by RRAP-D and HASI Program clients in each Region. In addition to the percentages given in the Exhibit, up to about 8% of RRAP-D clients and about 3% of HASI Program clients (depending on the assistive aid) live with someone who uses at least one assistive aid.

The survey found that about one third of RRAP-D and HASI Program clients use a walking aid such as a cane or walker. There are Program differences, however, with respect to the use of other assistive aids. Exactly one third of RRAP-D clients, for instance, use a wheel chair to assist them with mobility. Less than ten per cent of HASI Program clients use a wheel chair. Close to twenty per cent of HASI Program clients use a hearing aid compared with about ten per cent of RRAP-D clients. A

Exhibit 2.8

Assistive Aids Used By Clients of RRAP-D and HASI Programs by Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Use:</i>	%	%	%	%	%	%
A wheelchair	19.5	60.7	28.0	39.2	25.0	33.1
A walking aid (cane/walker)	26.4	28.6	29.2	40.6	44.5	34.0
A hearing aid (ear devices/special telephone/close captioned TV)	2.8	8.9	14.6	12.2	12.5	10.4
A white cane/guide dog	0.0	1.8	1.2	0.0	0.0	0.6
Other visual aids (magnifying glass/talking clock/symbols)	8.3	0.0	4.2	2.8	9.1	5.1
A communication/speech aid	0.0	1.8	0.0	0.7	0.5	0.2
Specially equipped vehicle	4.2	10.7	8.5	10.8	5.6	7.9
Other aids (electric push-up chair, shoe inserts, 'grab-arm' for lifting items etc.)	5.6	3.6	11.0	9.5	6.9	7.6
TOTAL NUMBER	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Who Use:</i>	%	%	%	%	%	%
A wheelchair	7.9	9.5	7.5	12.3	6.9	8.7
A walking aid (cane/walker)	31.3	9.5	27.4	37.7	35.2	31.8
A hearing aid (ear devices/special telephone/close captioned TV)	12.2	19.0	14.5	16.5	24.2	16.8
A white cane/guide dog	1.7	4.8	0.5	1.4	0.0	1.0
Other visual aids (magnifying glass/talking clock/symbols)	1.7	0.0	3.2	5.5	2.8	3.3
A communication/speech aid	0.9	0.0	0.0	0.0	0.0	0.2
Specially equipped vehicle	0.0	0.0	1.6	1.4	0.7	1.0
Other aids (motorized scooter, reader, handicapped parking, electric push-up chair etc.)	4.3	4.8	4.3	3.4	4.8	4.2
TOTAL NUMBER	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

specialty equipped vehicle is used by about 8% of RRAP-D clients but only 1% of HASI clients report the use of such a vehicle.

Regional Differences in the Use of Assistive Aids

As Exhibit 2.8 demonstrates, the survey found some regional differences with respect to the use of assistive aids. For example, proportionately twice as many RRAP-D clients living in Quebec compared to elsewhere in Canada use a wheelchair. While about one third of all RRAP-D clients report using a wheelchair, the majority (60.7%) of Quebec clients did so. This was in spite of the fact that the vast majority of clients in all Regions reported mobility related difficulties.

Walking aids (such as canes or walkers) are used more by RRAP-D clients living in British Columbia/Yukon (44.5%) and the Prairies (40.6%) than in Ontario (29.2), Quebec (28.6%) or the Atlantic Region (26.4%) according to the survey. Similar differences with respect to the use of walking aids were found for HASI Program clients with those living in British Columbia/Yukon (35.2%) and the Prairies (37.7%) reporting the highest use, and Quebec (9.5%) the lowest use. Hearing aids (including ear devices, specially adapted telephones and close captioned televisions) were also used more by HASI Program clients from British Columbia/Yukon (24.2%) than by clients as a whole (16.8%).

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Other Factors Related to the Use of Assistive Aids

Other factors that appear to relate to the use of assistive aids by clients of either RRAP-D and/or the HASI Program include living arrangements, location of dwelling place and income. RRAP-D clients and HASI Program clients who live with someone else are more likely to report using an assistive aid of some sort than clients who live alone. A higher percentage of RRAP-D clients living in large urban areas or suburban areas use assistive aids than clients living in small towns, villages and/or rural areas.

For HASI Program clients, income may make a difference for access to assistive aids. Clients who reported income levels of less than \$20,000 were least likely to use an assistive aid (47.8%). Sixty per cent of clients with income levels between \$20,000–\$24,999 and 64% of those with incomes between \$25,000–\$29,999 reported the use of an assistive aid.

Use of Community Support Services

RRAP-D and HASI Program clients were asked which health or social services they had accessed (if any) during the six months prior to the survey to assist them with their daily activities. Exhibit 2.9 displays the responses to this question for both Programs and by Region. The per cents refer to the clients' own use of services. A small percentage of clients (about 3% of RRAP-D clients and about 2% of HASI Program clients depending on the service) reported that at least one other person in their household had also accessed at least one service during the last six months.

Exhibit 2.9

Community Support Services Accessed By RRAP-D and HASI Program Clients During the Last Six Months By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Accessed:</i>	%	%	%	%	%	%
Visiting homemaker service	15.3	21.4	25.7	20.3	38.9	24.4
Special transportation service	12.5	30.4	13.4	21.7	11.1	17.1
Home and yard maintenance	4.2	19.7	9.8	17.6	12.5	12.3
Attendant/personal care service	8.3	12.5	17.1	12.2	8.3	11.8
Day programs	2.8	12.5	3.7	10.9	12.5	8.2
Other (home nursing, dental services)	0.0	0.0	4.9	9.5	2.8	3.7
In home meal service	1.4	5.4	2.4	4.1	4.2	3.4
<i>TOTAL NUMBER</i>	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Who Accessed:</i>	%	%	%	%	%	%
Visiting homemaker service	27.9	38.1	23.1	18.5	42.7	28.0
Home and yard maintenance	11.3	38.1	18.8	17.1	15.9	17.0
Special transportation service	4.4	9.5	14.0	9.6	12.4	10.6
Attendant/personal care service	14.8	0.0	2.7	11.7	7.6	8.2
Day programs	0.9	0.0	3.8	4.1	5.5	3.6
Other (home nursing, dental services)	3.5	0.0	1.6	4.8	5.5	3.6
In home meal service	3.5	4.8	2.7	5.5	1.4	3.3
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

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The service accessed by the most clients was a visiting homemaker service which about one quarter of the RRAP-D (24.4%) and HASI Program clients (28.0%) used during the last six months prior to the survey. Homemaker services vary by Region but most offer assistance with light housekeeping, shopping, laundry and in some instances bathing and personal grooming.

Special transportation (usually a door-to-door service with vehicles equipped to handle wheel chairs) was the second most accessed service for RRAP-D clients. Well over fifteen per cent (17.1%) of RRAP-D clients reporting the use of this service during the last six months prior to the survey compared with about 11% of HASI Program clients. HASI Program clients were more likely than RRAP-D clients to report the use of a home and yard maintenance service during the same time period (17.0% vs. 12.3%).

Regional Differences in the Use of Community Support Services

There were some regional differences in the reported use of various community support services by RRAP-D and HASI Program clients. As Exhibit 2.9 shows, RRAP-D clients living in the Atlantic Region were the least likely to report using any of the services, while those residing in the Prairie Region consistently had a higher use of each service compared to RRAP-D clients as a whole. RRAP-D clients from some Regions were more likely to use selected services than clients from other Regions.

For example, RRAP-D clients living in Quebec utilized a special transportation service more than clients in any other Region. Almost one third (30.4%) of Quebec RRAP-D

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

clients reported the use of this service compared to only 17.1% for all RRAP-D clients. RRAP-D clients living in British Columbia/Yukon were least likely to use special transportation (11.1%), but most likely of all the Regions to use a visiting homemaker service (38.9% compared to 24.4% for all Regions).

Overall, there were fewer regional differences with respect to service use for HASI Program clients. However, the use of homemaker services by HASI Program clients was highest in Quebec (38.1%) and British Columbia/Yukon (42.7%) and lowest in the Atlantic Region (27.9%), Ontario (23.1%) and the Prairies (18.5%). As well, almost forty per cent (38.1%) of HASI Program clients in Quebec reported utilizing a home and yard maintenance service during the last six months; proportionately twice as many as all HASI Program clients (17.1%).

Other Factors Related to the Use of Community Support Services

Community support services appear to be accessible to RRAP-D and HASI Program clients who need them regardless of their socio-demographic background. Factors such as income, age or gender were not related with use for either client group. Although not statistically significant, clients of both Programs utilizing services were more likely to be living with another person. (The existence of a caregiver in the home is an eligibility criteria for some in home services.)

A significant factor for RRAP-D clients but not HASI Program clients was the location of the clients' home. Clients living in rural settings or small towns and villages were less likely to report using community support services. Exactly one third

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

of the RRAP-D clients living in rural areas and 44.5% of those living in small towns and villages utilized a community support service during the six months prior to the survey. This is compared with almost sixty per cent (58.7%) of those living in large urban centres.

3 TYPES OF HOME ADAPTATIONS MADE BY CLIENTS

This section describes the different types of home adaptations made by clients of the RRAP-D and HASI Program to assist them to carry out their daily activities more independently. Both questionnaires provided lists of eligible home adaptations for each area in the home. Respondents were asked to check which changes, if any, they had made with assistance from the respective Program. Respondents were given an opportunity to add changes if the particular home adaptation(s) they made was (were) not on the list.

The amount of financial assistance reported by clients of each Program for the different types of home adaptations and the extent to which this assistance covered the costs of the changes is also discussed in this section.

General Types of Home Adaptations Made by Clients

The general types of home adaptations made by RRAP-D and HASI Program clients to different areas of the home are identified in Exhibit 3.1a and 3.1b. The Exhibits show that the majority (between two thirds and three quarters of the respondents) of RRAP-D and HASI Program clients have used the funds received from the Program to make changes to their bathroom and/or the approach and entrance to their home. About half of the RRAP-D clients reported making changes to the doors and windows and/or the plumbing and/or electrical systems and just over forty percent made changes to the entrance, closets, hallways, floors or stairs.

Exhibit 3.1a

General Types of Home Adaptations Made By RRAP-D Clients By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Made Changes To:</i>	%	%	%	%	%	%
The bathroom	55.6	87.5	70.7	48.6	77.8	67.4
The approach and entrance to their home	52.8	85.7	46.3	60.8	62.5	60.1
The doors and windows	51.4	66.1	40.2	43.2	47.2	48.9
The plumbing and/or electrical systems	56.9	35.7	47.6	51.4	43.1	47.5
The entrance/closets/hallways/floors or stairs	33.3	50.0	45.1	52.7	36.1	43.4
The kitchen	12.5	30.4	22.0	18.9	23.6	21.1
Other rooms	13.9	30.4	11.0	14.9	9.7	15.2
Other changes (painting, eavestroughs, roofing, basement insulation etc.)	15.2	0.0	8.5	24.3	23.6	14.9
The safety and security features	26.4	16.1	4.9	12.2	13.9	14.3
The laundry area	8.3	14.3	19.5	10.8	18.1	14.3
<i>TOTAL NUMBER</i>	72	56	82	74	72	356

Exhibit 3.1b

**General Types of Home Adaptations Made by
HASI Program Clients by Region**

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of HASI Program Clients Who Made Changes To Help Them:</i>	%	%	%	%	%	%
Use the bathroom	73.9	90.5	73.1	58.9	86.9	73.7
Get in and out of their home	72.2	66.7	66.7	67.1	62.1	66.7
Use the stairs	53.0	42.9	45.7	43.2	31.0	42.9
Use the kitchen	35.7	38.1	43.5	34.2	37.9	38.0
Move from room to room	33.0	33.3	36.0	32.2	29.7	33.0
Control light & ventilation	22.6	28.6	38.2	29.5	24.8	29.7
Use the telephone or answer the door	14.8	14.3	20.4	21.2	23.4	20.1
Do laundry	15.7	19.0	16.1	17.1	10.3	15.0
Use closets and storage areas	11.3	23.8	17.2	8.9	11.7	13.1
Get in and out of bed	7.0	9.5	7.5	4.1	9.0	7.0
Other types of changes (painting/drywalling/roof repairs/furniture modification)	2.6	0.0	4.8	6.2	0.7	3.6
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

About one third of HASI Program clients made changes in their home to help them move from room to room, and just over one third made changes to their kitchen. Seven per cent of HASI Program clients used the funds to make changes that would help them get in and out of bed.

Most clients of both Programs made changes in three or fewer areas of the home, however, about 15% used the money to make changes in more than five different areas.

Range of Specific Home Adaptations Made by Clients

There was a wide range in the specific home adaptations made by clients of the RRAP-D and HASI Program. Over 130 different types of changes throughout all areas of the home were identified by RRAP-D clients and almost 150 were listed by HASI Program clients. As many as forty changes were made by any one client. Most RRAP-D clients (57%), however, reported making five or fewer specific changes, and most HASI Program clients (55.8%) made seven or fewer changes.

The most frequently mentioned changes by RRAP-D and HASI Program clients for each area of the home are listed in Exhibits 3.2a and 3.2b. The specific types of home adaptations are different for the two clients groups, largely due to the difference in the amount of money available through the two Programs. Some changes, however, such as the installation of grab bars and handrails are frequently made under both Programs.

Exhibit 3.2a

Range of Home Adaptations Made By RRAP-D Clients

*Specific changes made
most often to help clients
with:*

(Per Cent Who Made Change Given In Brackets)

The bathroom

Install bathtub grab bar (43.3%); install toilet grab bars (34.0%); redesign/enlarge bathroom (25.6%); install hand held shower (24.4%); modify door for wheelchair (23.6%); install lever faucets (18.0%); raise toilet (13.8%); install a bathtub chair (7.6%); install bath lift (6.2%); install medicine cabinet (5.6%); install thermostatically controlled faucets (5.6%); insulate water pipes under wash basin (5.3%); install wheel in shower (5.3%)

Approaching and entering the home

Install a ramp (34.8%); widen/install walkway (14.6%); install a chair lift (9.6%); relocate the main entrance (7.8%); install railing along walkway (7.0%); enlarge/level porch (5.3%); modify steps (5.1%); widen/pave parking area (4.8%)

The doors and windows

Relocate/modify door openings (20.8%); change type of door (14.8%); replace door hardware (14.6%); modify door thresholds (12.9%); modify windows for viewing (9.0%); replace/add windows (7.3%); change swing of doors (5.9%); remove storm doors (5.1%)

The plumbing and electrical systems

Modify plumbing system (22.2%); install/adjust heating/cooling/ventilation (18.8%); add wiring/electrical outlets (18.5%); replace light fixtures (11.2%); lower/relocate light switches (8.1%); update existing panels (9.0%)

The entrances/closets hallways/floors and stairs

Install handrails on stairs (17.4%); replace existing floors (13.8%); modify entrance for turning (10.7%); install wheelchair lifts/stair glides (6.2%); install/change carpeting (4.5%); modify closets (4.5%)

The kitchen

Modify/enlarge kitchen (8.1%); install single lever faucets with thermostatic controls (5.9%); install accessible switches (4.8%)

Other rooms/changes

Redesign/modify bedroom for wheelchair (7.0%) reshingle/repair roof (5.6%)

The security and safety features

Install sound/sight fire alarm (9.8%)

The laundry area

Relocate laundry room (10.4%)

Exhibit 3.2b

Range of Home Adaptations Made By Clients of HASI Program

*Specific changes made
most often to help clients
with:*

(Per Cent Who Made Change Given In Brackets)

Using the bathroom

Install grab bar by bathtub (55.6%); install grab-bar by toilet (21.2%); install hand-held shower (20.6%); replace tub/add shower (17.5%); install single lever wash basin faucets (15.2%); install lever faucets on tub/shower (14.0%); install seat in shower (13.5%); install higher toilet seat (13.4%); install non-slip floor (11.1%); install grab bars by wash basin (10.9%); install transfer bench-tub (6.7%); install hot water control (6.5%); add mirror light fixtures (4.9%)

Getting in and out of their home

Install/fix handrails (39.4%); install outside lights (22.7%); replace locks (18.3%); install door closer (17.8%); repair walkway (13.9%); add steps (13.7 %); provide non-slip finish on walkways (11.4%); add ramp (11.3%); add grab bar near door (9.8%); install lever door handles (9.5%); install easy light switches (6.4%); widen walkway (6.4%)

Using the stairs

Install/repair/extend handrail (28.1%); cover stairs with non-slip surface (10.3%); improve stair lighting (7.7%); relocate toilet/add toilet to main level/bedroom (7.5%)

Using the kitchen

Install single lever faucets (16.0%); install smoke/heat detectors (10.8%); install fire extinguishers (10.3%); add cupboards or shelves (7.7%); install pull-out shelves (6.9%); add/relocate electrical outlets (5.2%); add counter/storage space (5.1%)

Moving around the home

Install handrails/grab bars (22.7%); replace door knobs (8.8%); repair door frame/hinges (5.7%)

Controlling light and ventilation

Install/update light fixtures/outlets (12.2%); repair window/sliding door (7.7%); replace windows (6.0%)

Using the telephone or answering the door

Install phone jacks (9.8%); install/adjust peephole/view panel (5.5%)

Using the laundry

Relocate appliances (5.5%); add shelves/storage (5.5%)

Using closets and storage areas

Install bi-folding/accordion doors (6.0%)

Getting out of bed/chairs

Install grab bars/vertical poles (6.7%)

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Exhibit 3.2a details the specific changes made by RRAP-D clients. The most common specific home adaptations made by at least twenty per cent of RRAP-D clients are: the installation of a grab bar by the bathtub (43.3%); the installation of a ramp to assist in approaching and entering the home (34.8%); the installation of toilet grab bars (34%); the redesign/enlargement of a bathroom to make it suitable for a wheel chair (25.6%); the installation of a hand held shower (24.4%); the modification of a bathroom door for a wheel chair (23.6%); and the relocation/modification of door openings in any room (20.8%).

As Exhibit 3.2b shows, the most common specific home adaptations made by at least twenty per cent of HASI Program clients are: the installation of a grab bar by the bathtub (55.6%); the installation/repair of handrails to assist in getting in and out of the home (39.4%); the installation/repair/extension of handrails on stairs (28.1%); the installation of outside lights (22.7%); the installation of toilet grab bars (21.2%); and the installation of a hand held shower (20.6%).

Amount of Financial Assistance Received From the RRAP-D and HASI Program

Respondents to the survey of RRAP-D and HASI Program clients were asked to recall the amount of financial assistance (loan and grant) they received from the Program. It was evident from the responses, that in some cases clients did not know the exact amount. About 15% of the clients of both Programs did not respond to the question or indicated that they did not know the actual amount received. An additional 5%

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

(HASI Program) to 7% (RRAP-D) of the clients gave amounts that were higher than the maximum amount allowed under the respective Programs.

RRAP-D clients can receive up to \$10,000 (loan and grant); just over fifteen per cent of clients reported receiving the entire amount. The average amount of financial assistance received by RRAP-D clients was just under \$6000. The individual amounts received by any one client ranged from as low as \$690 to the maximum allowed.

Most of the RRAP-D clients (76.7%) who responded to the survey, indicated that they qualified for a complete grant and were not required to pay back any of the money received from the Program. The average percentage that had to be repaid for those clients who had a combination of loan and grant (and could provide a figure) was about 35%.

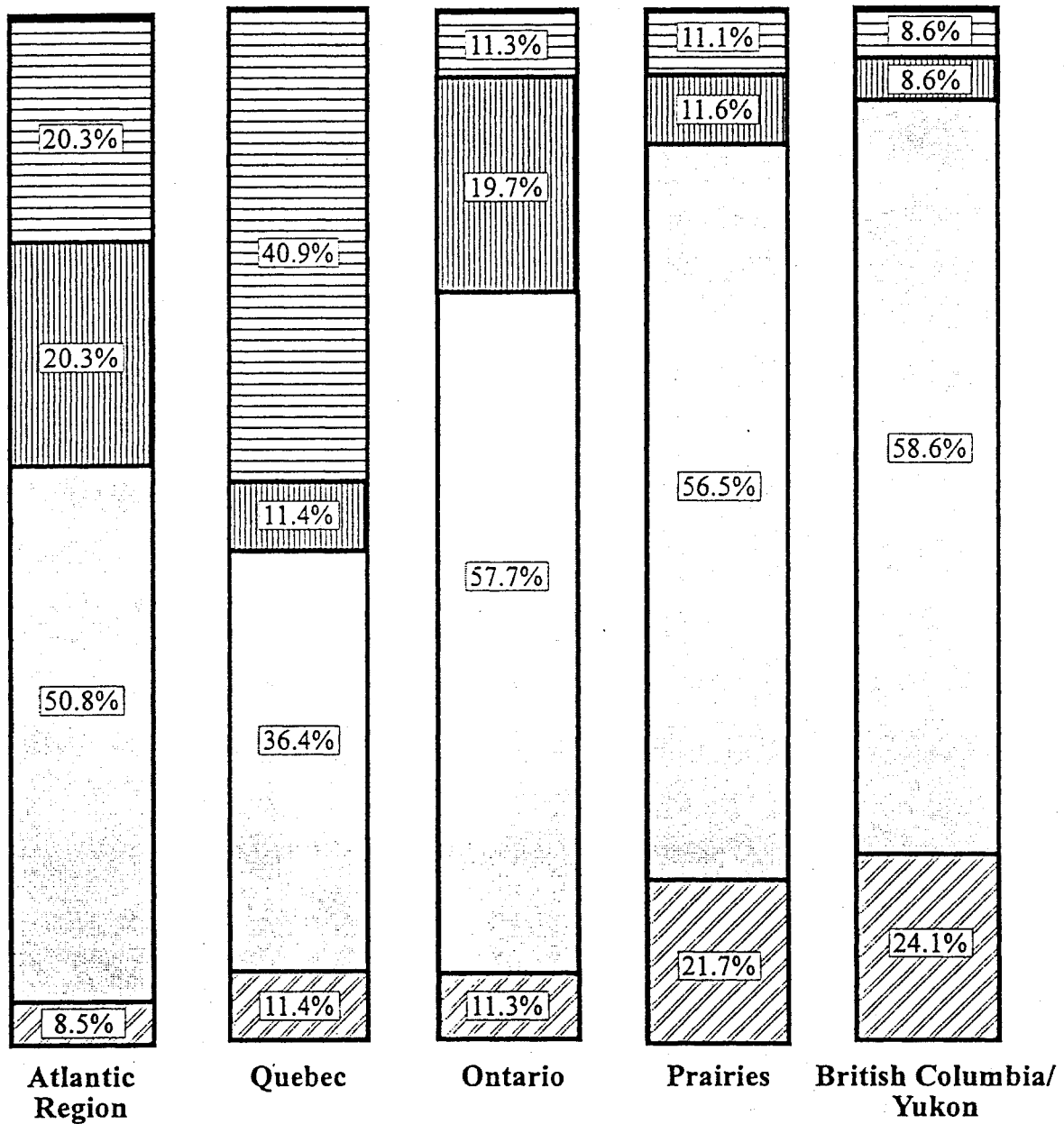
HASI Program clients can receive up to \$2,500 assistance; 40% of the HASI Program clients surveyed reported receiving the full amount and the majority (63.6%) received at least \$2,000. However, 14% of the clients made changes with less than \$1,000 from the Program.

Differences in the Amount of Financial Assistance Received From the RRAP-D and HASI Program by Region

Exhibits 3.3a and 3.3b depicts the regional differences in the amount of financial assistance received by RRAP-D and HASI Program clients. Both Exhibits demonstrate that there are regional differences with respect to the reported amounts of financial assistance received. In the case of RRAP-D clients, those living in the

Exhibit 3.3a

Regional Distribution of Financial Assistance Received By RRAP-D Clients



< \$3,000



\$6,000 - \$9,999



\$3,000 - \$5,999



\$10,000 +

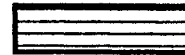
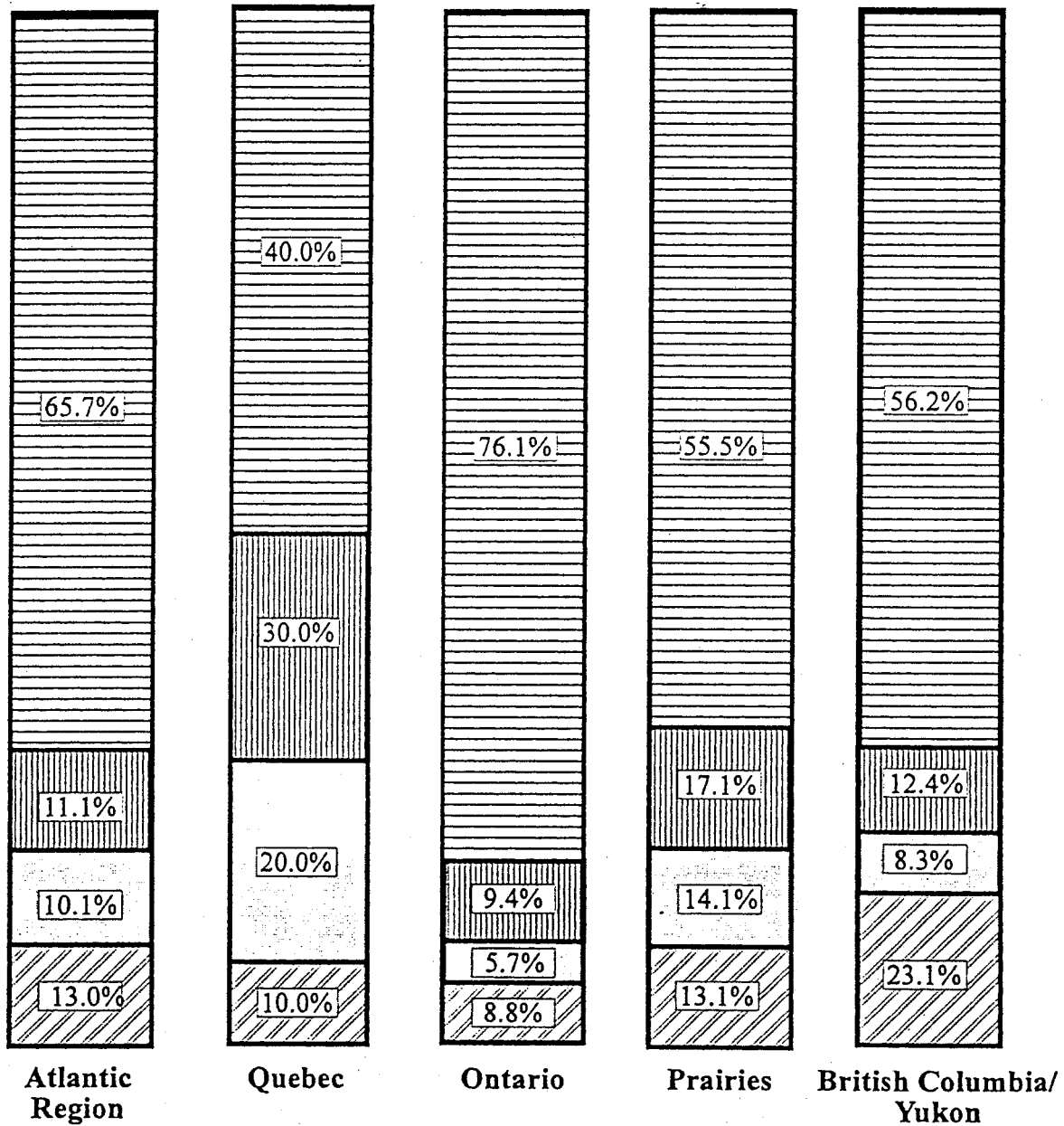


Exhibit 3.3b

Regional Distribution of Financial Assistance Received By HASI Program Clients



< \$1,000



\$1,000 - \$1,499



\$1,500 - \$1,999



\$2,000 - \$2,500



Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

province of Quebec and the Atlantic Region are more likely than clients living in other Regions to report having received the maximum amount of \$10,000. And proportionately more RRAP-D clients from the Prairies and British Columbia/Yukon received less than \$3,000 from the Program.

HASI Program clients living in Ontario and the Atlantic Provinces are the most likely to report receiving at least \$2,000. Just as was the case for RRAP-D clients, proportionately more HASI Program clients residing in British Columbia/Yukon reported receiving the smallest amount (of less than \$1,000).

Differences in the Amount of Financial Assistance Received From the RRAP-D and HASI Program by General Type of Home Adaptation

The reported average amounts of financial assistance received by RRAP-D and HASI Program clients differed somewhat by the general type of home adaptation carried out. For instance, although the average overall amount of financial assistance received by RRAP-D clients was just under \$6,000, clients who made changes to their kitchen, the security and safety features of their home, the laundry room, and/or rooms other than the bathroom reported receiving the most funding (on average from \$7200 to \$7500) when compared with clients who did not make these types of changes.

Similarly, HASI Program clients who made changes to their kitchen, received on average the most amount of money (\$2,388 compared to \$2,093 for all HASI Program clients). Above average funding was also received by HASI Program clients who

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

made to changes: to control light and ventilation (\$2297); to the laundry (\$2,250); and to the closet and storage areas in their home (\$2,225).

Cost Coverage of the RRAP-D and HASI Program

Respondents to the survey of RRAP-D and HASI Program clients were asked to indicate approximately what percentage of the cost of the home adaptations they made was covered by the Program. About half of the RRAP-D clients and almost two thirds of the HASI Program clients reported that the amount received from the Program covered the entire cost of the work completed. The average percentage of cost coverage was 86% for RRAP-D clients and 92% for HASI Program clients.

The average percentage of costs covered varied somewhat by Region and the general type of changes made. For RRAP-D clients, the highest average percentage of costs was covered in British Columbia/Yukon (87%) and the lowest in Ontario (83%). HASI Program clients living in Ontario also reported the lowest average percentage of coverage (89%), while clients from Quebec had the highest average percentage of costs covered (97%).

With respect to the general types of changes made, RRAP-D clients who modified their kitchen, dining room or bedrooms reported the lowest average percentage of cost coverage (between 72% and 78%). The differences in cost coverage by type of change made were not as great for HASI Program clients. Only those clients who made changes to closet and storage areas reported a lower average percentage of costs

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

covered (88% compared with 92% for HASI Program clients who did not make these types of changes).

Sources of Financing for Costs not Covered

The most frequently mentioned source of financing for costs not covered by the RRAP-D or HASI Program was the client's own savings. Just over seventy per cent (71.4%) of the RRAP-D clients who reported that the Program did not cover the entire costs (41.3%) used their own money to fund the work not covered. The corresponding per cent for HASI Program clients was higher. Of the 183 clients (29.9%) who reported that the money received from the HASI Program did not cover the full cost of the work, 85.8% contributed their own savings.

When asked how difficult it was to obtain the money for the remainder of the work, about two thirds of RRAP-D clients (62.6%) and over half (57.9%) of the HASI Program clients reported having some difficulty. Almost twenty per cent (19.1%) of RRAP-D clients and 12.5% of HASI Program clients indicated that they found it very difficult to obtain the needed funds.

Exhibit 4.0

Personal Impacts of the RRAP-D and HASI Program Expressed By Clients

RRAP-D Client (Ontario)

"To find myself suddenly unable to earn a living, and with progressive health degeneration, and to know your home required extensive structural repair if you wished to own your own home for the first time in your life was daunting! The assistance we received literally gave us hope - a place we can call our home and we are deeply grateful..."

Thank you for giving us independence and a roof of our own. We would be sitting in a poor tenement otherwise. Great Work!"

RRAP-D Client (British Columbia)

"I am now able to stay on the ground level of my home, go inside or outside independently. My wife and I can now manage our daily activities without outside help..."

My condition seems so much less disabling now that I don't have the stairs to worry about. Thank you!

HASI Program Client (Manitoba)

"Getting into and out of my home was becoming increasingly more difficult. The new steps make all the difference. The railing also is most helpful..."

Living in this rented house is important to me. I prefer this to an apartment. For some time I had taken my laundry in a little wagon several blocks to the laundromat. I could not do this much longer. Now with laundry facilities in my home and on the main floor, I may be able to remain here indefinitely. Thank you for your help."

HASI Program Client (Ontario)

"I feel a lot safer with the new doors and locks because I had a break-in - and also the outside lights. The railings inside and out help me to get up and down the stairs..."

"I can now open my kitchen window over my sink - which I could never open. I can also get in and out of my tub for a bath with the help of the bars. I would also like to say thank you for all the assistance - otherwise I could never have had them."

4 EFFECTIVENESS OF HOME ADAPTATIONS

There were a number of general as well as very specific questions incorporated into the survey instruments to measure the effectiveness of the home adaptations made by RRAP-D and HASI Program clients. These included indicators of:

- clients' perception of the improvement in the quality of life as a result of the home adaptations;
- success of specific home adaptations in helping clients carry out their daily activities more independently; and
- clients' perception of cost effectiveness of home adaptations.

The personal impacts felt by the clients of both Programs was demonstrated through the open-ended comments written on the questionnaires and expressed over the telephone as well as through the accompanying letters that some respondents sent. Examples of these verbatims are given in Exhibit 4.0.

Effectiveness of Home Adaptations in Improving the Quality of Life

Respondents to the survey of RRAP-D and HASI Program clients were asked to "strongly agree, moderately agree, moderately disagree or strongly disagree" with a number of statements intended to measure improvements to their quality of life as a result of the Program. The results are displayed in Exhibit 4.1. The Exhibit shows

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

that the majority of RRAP-D and HASI Program clients (about 60%–72%) strongly agreed that the changes made their lives more comfortable; made their lives safer; and allowed them to carry out their daily activities more independently.

There was strong indication that the home adaptations made under the RRAP-D and HASI Program contributed to the tenure stability of clients. Over half of the RRAP-D clients either strongly agreed (29.2%) or moderately agreed (25.2%) that "without the changes they would have had to move". A smaller but significant percentage of HASI Program clients also felt this way (30.3%).

The responses shown in Exhibit 4.1 also reveal that without assistance from the two Programs, most clients would not have been able to make their chosen home adaptations. Only about twelve per cent of RRAP-D clients and under fifteen per cent of HASI Program clients strongly agreed that they would have eventually made the changes anyway regardless of the Program.

"Lack of money" was the main reason given by about half (49.2%) of RRAP-D clients and just over half (56%) of HASI Program as to why additional changes have not been made. The second most frequently reported reason by both client groups was that further changes were not needed yet.

Another measure of the extent of improvement in the quality of life was in the form of a summary question that asked the clients of each Program:

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

"Taking all things into account, to what extent has the Program and the changes it allowed you to make to your home, improved your quality of life? Would you say... a great deal, somewhat, or not at all."

About three quarters of the RRAP-D clients and HASI Program clients indicated that the Program improved the quality of their lives a great deal. There was some variation in this response by Region. Although not significant, RRAP-D clients living on the Prairies were the most likely to respond positively (81.1%), followed by those residing in Ontario (78.0%), the Atlantic Region (72.2%), British Columbia/Yukon (70.8%), and Quebec (69.6%).

For HASI Program clients, the range in responses to the summary question by Region was somewhat wider. Almost all of the respondents living in Quebec (95.2%) indicated that changes made as a result of the Program improved the quality of their lives a great deal. This is compared to a lesser majority of HASI Program clients from the Atlantic provinces (70.4%), British Columbia/Yukon (73.1%), the Prairies (77.4%) and Ontario (81.7%).

Success of Specific Home Adaptations in Assisting Clients to Carry out Daily Activities More Independently

There were two forms of analyses used to identify the types of home adaptations that were deemed the most helpful by RRAP-D and HASI Clients. The first was to examine each of the specific home adaptations made by clients with respect to the percentage that were rated as very helpful. The second involved a comparison of the

Exhibit 4.1

Effects of Home Adaptations on the Quality of Life of RRAP-D and HASI Program Clients

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	TOTAL
<i>Per Cent of RRAP-D Clients Who Strongly Agreed that:</i>	%	%	%	%	%	%
The changes made their life more comfortable	72.2	73.2	69.5	77.0	66.7	71.6
The changes made their life safer	54.2	67.9	64.6	60.8	63.9	62.1
Without the changes they would have had to move	23.6	23.2	30.5	39.2	27.8	29.2
They would have eventually made the changes any way without RRAP-D	18.1	12.5	14.6	12.2	12.5	14.0
As a result of changes they can carry out activities more independently	58.3	66.1	52.4	63.5	59.7	59.6
TOTAL NUMBER	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Who Strongly Agreed that:</i>	%	%	%	%	%	%
The changes made their life more comfortable	67.8	95.2	73.1	74.7	68.3	72.1
The changes made their life safer	65.2	90.5	71.5	71.2	74.0	71.5
Without the changes they would have had to move	18.3	9.5	15.1	21.2	11.0	16.0
They would have eventually made the changes any way without HASI	12.2	9.5	15.1	8.9	9.7	11.6
As a result of changes they can carry out activities more independently	61.7	90.5	62.9	67.8	56.6	63.3
TOTAL NUMBER	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

percentage of changes rated as very helpful (of all changes made) within each of the different areas of the home (general type of home adaptation).

Overall, clients of both Programs were happy with the individual changes they made. In fact, about 60% of both client groups rated all of the specific changes they made with assistance from the Program as very helpful. And under ten per cent (7.5% of the RRAP-D clients and 5% of the HASI Program clients) indicated that none of the changes helped them carry out their daily activities more independently. On average, RRAP-D clients rated 81% of the changes they made as very helpful; for HASI Program clients the average was 85%.

The specific home adaptations that were rated as very helpful by at least 90% of the RRAP-D and HASI Program clients are listed in Exhibit 4.2a and 4.2b. The specific home adaptations that more than 10% of the RRAP-D and HASI Program clients rated as only somewhat helpful, not too helpful or not at all helpful are given in Exhibits 4.3a and 4.3b.

Most Helpful Changes

Exhibits 4.2a and 4.2b demonstrate that there are many individual home adaptations rated highly by both RRAP-D and HASI Program clients. Looking back at Exhibits 3.2a and 3.2b which lists the most common home adaptations made by RRAP-D and HASI Program clients allows the extraction of both common and most helpful changes. The most helpful (rated as very helpful by over 90% of clients) and commonly made (by at least 10% of the clients) specific changes are:

Exhibit 4.2a

Most Helpful Changes Made By RRAP-D Clients

Specific changes that at least 90% of the clients rated as very helpful:

(Per Cent who rated change as very helpful given in brackets)

The bathroom

Thermostatically controlled faucets (100%); bath lift (100%); lever faucets (96.4%); install hand held showers (94.7%); lower medicine cabinet (94.7%); insulate wash basin pipes (94.4%); install wheel in shower (94.4%); enlarge bathroom (92.9%); raise toilet (92.5%); modify door for wheelchair (91.4%); install bathtub grab bar (91.2%)

Approaching and entering the home

Widen or pave pathway (100%); install a chair lift (100%); install a remote control garage opener (100%); install a ramp (92.9%); relocate the main entrance (92.3%)

The doors and windows

Install mail basket for letter slot (100%); install lighted call doorbell (100%); install security lock, chain door, peephole (92.3%); change type of door (92.0%); relocate/modify door openings (90.3%)

The plumbing and electrical systems

Install pressurized, piped water supply and sewage disposal systems (100%); lower electrical panel (100%); install magnifying strips to thermostats (100%); modify plumbing system (97.3%); replace light fixtures (94.3%); replace solid fuel system (91.7 %); add wiring/electrical outlets (91.2%)

The entrances/closets/hallways/floors and stairs

Install wheel chair lift/stair glides (100%); widen hallways (100%); install sound absorbing material (100%); install handrails in corridors (100%); replace existing floors (97.8%); modify closets (93.3%); slip resistant floors (92.9%); install handrails on stairs (90.0%)

The kitchen

Lower counters/cupboards (100%); create knee space under sink (100%); install counter top stove (100%); install single lever faucets with thermostatic controls (95.0%); install accessible switches (92.9%); modify/enlarge kitchen (92.3%)

Other rooms/changes

Redesign/modify dining room for wheelchair (100%); redesign/modify bedroom for wheelchair (95.5%)

The security and safety features

Install fixed alarm for fall (100%); install bedroom buzzer (100%); install bathroom buzzer (100%)

The laundry area

Insulate sink water pipes (100%); install lever faucets (100%); install thermostatically controlled faucets (100%); relocate laundry room (93.8%)

Exhibit 4.2b

Most Helpful Changes Made By Clients of HASI Program

Specific changes that at least 90% of the clients rated as very helpful:

(Per Cent who rated change as very helpful given in brackets)

Using the bathroom

Install lever faucets on tub/shower (100%); install hot water control (100%); relocate wash basins/faucets (100%); create knee-space under wash basin (100%); install non-slip floor (97.5%); install hand-held shower (97.3%); install grab bar by tub (97.1%); install grab bar by wash basin (96.8%); add mirror light fixtures (96.4%); install single lever wash basin faucets (96.3%); adjust wash basin height (96.2%); replace tub/add shower (95.9%); install higher toilet seat (95.9%); install grab-bar by toilet (95.7%); install/adjust mirror (95.5%); install shelves by tub/shower (94.7%); install convenient drain plug (93.8%); install seat in shower (92.0%); install non-slip floor (91.8%); strengthen wash basin supports (91.7%); install transfer bench-tub (91.7%); install shelves by wash basin (90.9%);

Add grab bar near door (98.0%); replace locks (96.8%); add ramp (96.6%); install lever door handles (96.0%); install outside lights (95.3%); install/fix handrails (95.0%); install door closer (93.7%); modify/replace door (93.3%); add steps (93.2%); repair walkway (92.0%); install easy light switches (91.7%);

Relocate toilet/add toilet to main level/bedroom (100%); relocate laundry to main level (100%);

relocate bedroom to main level (100%); provide colour/texture on stairs (100%); install/repair/extend handrail (98.2%); improve stair lighting (95.7%); install two-way light switch (95.2%); cover stairs with non-slip surface (94.7%);

Using the kitchen

Relocate faucets (100%); remove cupboards (100%); create knee space under sink (100%); install heat-proof surface (100%); add heat-proof pull right shelf near oven (100%); add cupboards or shelves (97.7%); add/relocate electric outlets (96.4%); add pull-out storage units (96.0%); adjust sink height (95.7%); install single lever faucets (95.6%); adjust counter height (95.2%); insulate water pipes (92.9%); install pull-out shelf (92.5%); install fire extinguisher (92.3%); install revolving shelves (91.7%); add D-type handles (91.7%); install smoke/heat detectors (91.4%); lower cupboard shelves (90.0%);

Moving around the home

Replace closet/pantry doors and handles (100%); add colour/texture contrast on floors (100%); install swing clear hinges (100%); install handrails/grab bars (98.4%); replace door knobs (95.7%);

Controlling light and ventilation

Install/update light switches (100%); add locking window-door bars (100%); install window/sliding door handles (100%); install/update light fixtures (98.5%); add security window grills (95.0%); repair window/sliding door (92.5%);

Specific changes that at least 90% of the clients rated as very helpful:

(Per Cent who rated change as very helpful given in brackets)

Using the telephone or answering door

Install shelf near mailbox (100%); put indoor bell light (100%); install phone jacks (96.1%); install intercom (92.3%)

Using the laundry

Install outlets and vent (100%); relocate appliances (96.8%); add shelves/storage (96.7%); install/adjust clothesline (93.8%)

Using closets and storage areas

Add storage closet (100%); add lower rods (100%); install lights in closets (100%); install bi-folding doors (97.1%); add off-floor shelves in closets (93.8%); add lower shelves (92.9%)

Getting out of bed/chairs

Install a trapeze (100%); install grab bars/vertical poles (95.0%)

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

For RRAP-D Clients

*In the bathroom.....*installing grab bars by the bathtub; redesigning or enlarging the bathroom; installing a hand held shower; modifying the door for a wheel chair; installing lever faucets; and raising the toilet.

*Approach and entrance.....*installing a ramp; and installing a chair lift.

*Doors and windows.....*change type of door; and relocate/modify door openings.

*Plumbing and/or electrical systems.....*modify plumbing system; replace light fixtures; and add wiring/electrical outlets.

*Entrance/closets/hallways/floors/stairs.....*replace existing floors; and install handrails on stairs.

For HASI Program Clients

*In the bathroom.....*installing grab bars by the bathtub; installing grab bars by the toilet; installing a hand held shower; replacing tub or adding shower; installing single lever wash basin faucets; installing single lever faucets on tub or shower; installing seat in shower; installing higher toilet seat; installing non slip floors; and installing grab bars by wash basin.

*Approach and entrance.....*installing or repairing handrails; installing outside lights; replacing locks; installing door closer; repairing walkway; adding steps; adding a ramp; and adding a grab bar near the door.

*Stairs.....*install/repair/extend handrail; and cover stairs with non-slip surface.

*Kitchen.....*install single lever faucets; install fire extinguisher; and install smoke/heat detector.

*Moving from room to room.....*install handrails/grab bars.

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Controlling light and ventilation....install/update light fixtures and outlets.

Answering telephone and front door....install phone jacks.

The percentage of RRAP-D and HASI Program clients who rated all of the changes made as very helpful (were completely satisfied) varies somewhat by the general type of home adaptation area. For instance, at the high end, 82% of RRAP-D clients who made changes in the entrance closets/hallways/floors/stairs rated all of these changes as very helpful compared to only 71% of RRAP-D clients who made modifications to the doors and windows.

The disparity was greater for HASI Program clients. Almost ninety per cent of HASI Program clients who made changes to interior stairs (87.7%) and/or closets and storage areas (87.2%) and over ninety per cent (92.7%) of those who made changes to help them get in and out bed rated all of these changes as very helpful. This is compared to 74.3% of HASI Program clients who made changes to help them get in and out of their home, and 75.5% of those who made changes to the kitchen.

Least Helpful Changes

Exhibits 4.3a and 4.3b lists those home adaptations that were rated as only somewhat helpful, not too helpful or not at all helpful by more than 10% of the RRAP-D and HASI Program clients who made these changes to their home to assist them with daily activities. Comparing Exhibits 3.2a and 3.2b with Exhibits 4.3a and 4.3b shows that many of the home adaptations found to be least helpful were not among the more common changes described in Section 3.0.

Exhibit 4.3a

Least Helpful Changes Made By RRAP-D Clients

Specific changes that more than 10% of the clients rated as somewhat helpful, not too helpful, or not at all helpful.

(Per cent who rated the change as somewhat helpful, not too helpful, or not at all helpful given in brackets)

The bathroom	Install a bathtub chair (14.3%); install toilet grab bars (10.3%)
Approaching and entering the home	Install vehicle transfer aid (33.3%); install garage lighting (33.3%); build/modify garage (18.2%); widen/install walkway (12.2%); add a canopy or shelter (11.1%)
The doors and windows	Install automatic door closer (25.0%); remove storm doors (23.5%); modify windows for viewing (17.2%); replace door hardware (17.0%); change swing of doors (15.8%); modify door thresholds (11.1%)
The plumbing and electrical systems	Insulate radiator heating pipes (25%); lower/relocate light switches (19.2%); install/adjust heating/cooling or ventilation system (12.3%); upgrade existing electrical panels (11.5%)
The entrances/closets/hallways/floors and stairs	Install front door shelves (25.0%); install interior ramp (18.2%); modify entrance for turning space (11.1%);
The kitchen	Install wall oven (33.3%); install recessed toe space at bottom of cupboards (20%)
Other rooms/changes	Modify closets (25.0%); add closet or storage space (12.5%)
The security and safety features	Install intercom system (50.0%); install sound/sight fire alarm (11.3%)
The laundry area	None

Exhibit 4.3b

Least Helpful Changes Made By Clients of HASI Program

Specific changes that more than 10% of the clients rated as somewhat helpful, not too helpful, or not at all helpful:

(Per cent who rated the change as somewhat helpful, not too helpful, or not at all helpful given in brackets)

Using the bathroom	Insulate water pipes (15.4%)
Getting in and out of their home	None
Using the stairs	None
Using the kitchen	Add counter/storage space (10.3%);
Moving around the home	Reduce height/eliminate thresholds (13.3%)
Controlling light and ventilation	None
Using the telephone or answering door	Install/adjust peephole/viewfind (16.7%); install adjust mail slot/box (11.2%)
Using the laundry	Add counter for sorting (11.8%)
Using closets and storage areas	Install closet hooks/drawers (14.3%)
Getting out of bed/chairs	None

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Although the home adaptations listed in Exhibits 4.3a and 4.3b are the least helpful according to the clients' own ratings, the majority of clients – particularly HASI Program clients – still found them to be very helpful. There are, however, some home adaptations made by a few RRAP-D clients (between 2 and 8 respondents to the survey) where a substantial percentage of these clients (25% or more) indicated dissatisfaction. These are (number of clients who made the change and percentage indicated dissatisfaction are given in brackets):

- installation of intercom system (2; 50%);
- installation of a vehicle transfer aid (3; 33.3%);
- installation of garage lighting (6; 33.3%);
- installation of a wall oven (3; 33.3%);
- installation of an automatic door closer (8; 25%);
- insulation of radiator heating pipes (4; 25%);
- installation of front door shelves (4; 25%); and
- modification of closets (8, 25%).

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Perceived Cost Effectiveness

To provide some measure of cost effectiveness, clients were asked if they felt they got "value for money" with the changes they made. In arriving at their answer, they were instructed to consider the total costs of the work, their experience with the contractor and the effectiveness of the changes. Over eighty per cent of RRAP-D clients and over ninety per cent of HASI Program clients indicated that they did feel they got value for the money.

There was some variation in perceived cost effectiveness by the general type of home adaptation made. For instance while 86% of RRAP-D clients who made changes to their laundry area felt they received value for their money, only 77% of those who made changes to their kitchen felt this way. Similarly, about 88% of HASI Program clients reported that they got value for their money for the changes they made to help them control light and ventilation compared to 95% of HASI Program clients who made changes to help them get in and out of bed.

5 OTHER FACTORS AFFECTING CLIENTS' SATISFACTION WITH HOME ADAPTATIONS AND QUALITY OF LIFE

This section describes other factors that can affect how satisfied clients are with the home adaptations carried out under the RRAP-D and HASI Program. These factors are related to the overall process and include:

- how long ago home adaptations were carried out;
- how clients were made aware of the Program;
- the application process;
- sources of advice regarding the types of changes needed; and
- experiences with the builder/contractor/renovator.

Length of Time Since Home Adaptations Were Carried Out

About 13% of RRAP-D clients and HASI Program clients did not provide (or did not know) the date when the home adaptations carried out under each Program were completed. For RRAP-D clients, 16.6% had the work completed in 1990; 21.1% completed the work in 1991; 32.6% in 1992, and 17.2% in 1993 or later.

Most of the HASI Program clients reported that the home adaptations were carried out in 1992 (55.3%). About one third (31.8%) of the HASI Program clients completed the work in 1993.

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Sources of Information About the Program

Exhibit 5.1 lists the various ways that clients were made aware of the RRAP-D or HASI Program. What the Exhibit shows is that there are differences by Program and by Region in terms of how potential clients found out about the Programs. Overall, the most frequently mentioned source for RRAP-D clients was a health or social services professional (38.5%), followed by a relative or a friend (30.1%). Relatives or friends also were important sources for HASI Program clients (31.3%), however, the most frequently reported source was a newspaper or flyer (36.5%).

Informal sources such as friends or relatives were particularly important for RRAP-D clients living in the Atlantic provinces (48.6%) and least frequently mentioned by clients in Quebec (10.7%). These clients were the most likely to have heard about the RRAP-D from a health or social service professional (67.9%).

For HASI Program clients, those living in Ontario as well as in the Atlantic Region were most likely to have heard about the Program from a friend or relative (42.5%; 37.4% respectively). As was the case for RRAP-D clients, most HASI Program clients living in Quebec were made aware of the Program by a health or social service professional (71.4%). In contrast, only 9% of HASI Program clients living in British Columbia/Yukon found out about the Program from a health or social service professional. These clients were more likely to have read about the HASI Program in a newspaper or flyer (53.8%).

Exhibit 5.1

Source of Information About the RRAP-D and HASI Programs

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Heard About the Program from:</i>	%	%	%	%	%	%
A health or social services professional	36.1	67.9	32.9	37.8	25.0	38.5
A relative or friend	48.6	10.7	25.6	25.7	36.1	30.1
A newspaper or flyer	13.9	1.8	15.9	13.5	8.3	11.2
A community information service	5.6	14.3	13.4	12.2	9.7	11.0
Other (property management company, retail outlet, gov't. publication, etc.)	5.6	5.4	13.4	4.1	15.3	9.0
A local contractor/renovator	5.6	0.0	6.1	14.9	5.6	6.7
Television or radio	1.4	3.6	0.0	4.1	4.2	2.5
A conference or workshop	0.0	0.0	1.2	2.7	4.2	1.7
<i>TOTAL NUMBER</i>	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Who Heard About the Program from:</i>	%	%	%	%	%	%
A newspaper or flyer	34.8	4.8	25.8	39.0	53.8	36.5
A relative or friend	37.4	14.3	42.5	26.7	19.3	31.3
A health or social services professional	19.1	71.4	19.4	16.4	9.0	17.9
A community information service	6.1	4.8	9.7	14.4	10.3	10.1
Other (gov't. publication, retail outlet, gov't. representative, etc.)	1.7	4.8	6.5	6.2	6.9	5.5
A local contractor/renovator	3.5	0.0	2.7	2.1	5.5	3.3
Television or radio	5.2	0.0	2.7	4.1	0.7	2.9
A conference or workshop	0.9	0.0	1.1	0.7	0.0	0.7
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Satisfaction With the Application Process

The extent to which RRAP-D and HASI Program clients were satisfied with various aspects of the application process is displayed in Exhibit 5.2. The Exhibit reveals two general trends. One is that most clients were very satisfied with almost all aspects of the process including: the clarity of the guide and the application forms; and the helpfulness of the staff. Second, HASI Program clients as a whole expressed a greater level of satisfaction with all aspects of the process than RRAP-D clients.

The only aspect of the application process that appears to be a source of some dissatisfaction particularly for RRAP-D clients living in Quebec is the length of time it takes for the application to be approved and the money to be received. Only forty per cent of RRAP-D clients from Quebec reported that they were very satisfied with this aspect of the application process compared to 66.2% of all clients. Similarly, RRAP-D clients from Quebec were less likely than those living elsewhere to report being very satisfied with the length of time it took to get the money (53.5% compared to 74.8% for all RRAP-D clients).

Exhibit 5.2

Satisfaction With Application Process For RRAP-D and HASI Program Clients By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Were Very Satisfied With:</i>	%	%	%	%	%	%
The clarity of the Program Guide on the application process, the terms and conditions of the program etc.	71.4	70.0	79.1	82.6	78.9	77.2
The clarity of the application forms	76.9	73.7	83.3	80.3	73.7	78.2
The helpfulness of staff in answering questions and assisting with form completion	82.0	83.3	90.3	85.5	86.4	85.7
The length of time it took to get the application approved	66.1	40.5	71.0	69.4	75.4	66.2
The length of time it took to get the money	75.4	53.5	77.9	79.2	81.0	74.8
<i>TOTAL NUMBER</i>	72	56	82	74	72	356
<i>Per Cent of HASI Program Clients Who Were Very Satisfied With:</i>	%	%	%	%	%	%
The clarity of the Program Guide on the application process, the terms and conditions of the program etc.	81.3	84.2	89.4	85.6	87.7	86.5
The clarity of the application forms	83.5	89.5	86.4	84.2	88.5	86.0
The helpfulness of staff in answering questions and assisting with form completion	88.9	89.5	91.7	89.5	89.3	90.0
The length of time it took to get the application approved	73.9	100.0	92.3	85.9	92.0	87.6
The length of time it took to get the money	75.5	100.0	92.9	87.2	89.0	87.6
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Most Useful Sources of Advice

Respondents to the survey were asked which individuals or organizations, if any, provided useful advice during the planning stages. The advice could be of a technical or financial nature, particularly in the case of RRAP-D clients who were making more extensive changes, or advice about which type of home adaptation may be most helpful given the nature of the clients' disability. The responses to this question are given in Exhibits 5.3a and 5.3b.

Generally, the Exhibits show that a greater proportion of RRAP-D clients than HASI Program clients seek outside advice. The most frequently reported source of advice for both client groups was the CMHC office (RRAP-D clients – 29.2%; HASI Program clients – 18.3%). About one quarter of RRAP-D clients received useful advice from a physical or occupational therapist (particularly those clients residing in Quebec), and/or a builder or contractor. A public health nurse and/or publications provided useful advice for about 20% of RRAP-D clients.

Sources of useful advice reported by more than ten per cent of HASI Program clients were: publications (18.1%); contractors/renovators (15.7%); health or social service agencies for seniors (13.2%); and a public health nurse or doctor (13.2%). Most of the HASI Program clients from Quebec (61.9%) indicated that they received useful advice from a health or social service agency serving seniors in their province. Also, HASI Program clients from Quebec (38.1%) as well as the Atlantic provinces (29.6%) were more likely than clients as a whole to report receiving useful advice from the CMHC office.

Exhibit 5.3a

Sources Of Advice For RRAP-D Clients By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Received Advice From:</i>	%	%	%	%	%	%
CMHC office	33.3	7.1	29.3	37.8	33.3	29.2
Physical or occupational therapist	16.7	78.6	17.1	12.2	11.1	24.4
Builder or contractor	18.1	21.4	22.0	31.1	22.2	23.0
Public health nurse or doctor	18.1	28.6	19.5	18.9	22.2	21.1
Publications	13.9	7.1	14.6	37.8	25.0	20.2
Government service agency	8.3	12.5	11.0	9.5	5.6	9.3
Rehabilitation centre	9.7	16.1	3.7	6.8	0.0	6.7
Municipal housing office	5.6	3.6	8.5	9.5	2.8	6.2
Local building authorities	4.2	0.0	4.9	4.1	11.1	5.1
Associations for disabled persons	4.2	0.0	4.9	6.8	4.2	4.2
Provincial housing office	8.3	0.0	1.2	8.1	0.0	3.7
Designer or architect	1.4	1.8	4.9	2.7	0.0	2.2
<i>TOTAL NUMBER</i>	72	56	82	74	72	356

Exhibit 5.3b

Sources Of Advice For HASI Program Clients By Region

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of HASI Program Clients Who Received Advice From:</i>	%	%	%	%	%	%
CMHC office	29.6	38.1	19.9	15.1	7.6	18.3
Publications	6.1	4.8	20.4	20.5	24.1	18.1
Contractor/renovator	13.9	14.3	17.7	15.1	15.2	15.7
Health or social service agency for seniors	12.2	61.9	8.1	14.4	12.4	13.2
Public health nurse or doctor	13.0	0.0	16.7	17.1	6.9	13.2
Physical or occupational therapist	8.7	14.3	10.2	11.6	6.9	9.6
Other seniors in neighbourhood	11.3	9.5	8.6	6.8	4.8	7.8
Seniors centre	0.9	14.3	3.8	8.9	4.8	5.1
Provincial housing office	12.2	0.0	0.0	2.1	1.4	3.1
Municipal housing office	7.0	9.5	4.3	0.0	0.0	2.9
Rehabilitation centre	0.9	0.0	0.5	0.7	0.7	0.7
<i>TOTAL NUMBER</i>	115	21	186	146	145	613

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Clients' Experiences with Builders/Contractors

Almost 90% of RRAP-D clients and HASI Program clients hired a builder or contractor (including renovators) to carry out the work associated with the home adaptations. Fifteen per cent of RRAP-D clients and 12.4% of HASI Program clients indicated that they themselves or another family member with "handyman" skills carried out at least some of the work.

Length of Time to Complete the Work

In terms of the length of time it took to get the work completed, there were some Program differences particularly at either extreme (work completed within one week and work that took up to one year or longer to finish). A greater percentage of HASI Program clients than RRAP-D clients reported that the work was completed within one week (35.2% versus 19.7%). And a greater percentage of RRAP-D clients than HASI Program clients claimed the work took between one month and one year to complete (17.4% versus 9.2%) or longer than one year to finish (11.6% versus 2.2%).

Almost the same percentage of RRAP-D clients (37.4) and HASI Program clients (38.2%) indicated that it took from one to four weeks to complete the work. About 15% of the clients of each Program were not able to estimate the length of time it took to complete the work and/or did not respond to the question.

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Level of Satisfaction With the Builder/Contractor

Respondents to the survey were asked how satisfied they were with a number of aspects of the building/contracting process. There were more items included in the RRAP-D questionnaire than the HASI questionnaire since the extent of the possible modifications was greater. Exhibits 5.4a and 5.4b displays the results.

A large majority of RRAP-D clients (80%) and HASI Program clients (90%) indicated that they were treated fairly by the builder/contractor. However, as Exhibit 5.4a shows, depending on the particular aspect of the process, as many as one third or more of the RRAP-D clients had some dissatisfaction with their builder/contractor.

There were some regional variations with respect to the level of satisfaction with different aspects of the building/contracting process by RRAP-D clients. For many aspects of the process, RRAP-D clients living in Quebec were the most satisfied, particularly when it came to the choice of available builders/contractors, getting in contact with a builder/contractor, the number of estimates they were able to get, and the negotiations/contracting process.

Exhibit 5.4b reveals that HASI Program clients generally had a higher satisfaction level with their builder/contractor than RRAP-D clients. Depending on the particular aspect of the process, between 79.2% and 87.1% of the HASI Program clients indicated that they were very satisfied. Once again, those clients living in Quebec tended to be somewhat more satisfied with most aspects than clients living in other parts of Canada.

Exhibit 5.4a

RRAP-D Clients' Experiences With Builders/Contractors

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of RRAP-D Clients Who Were Very Satisfied with:</i>	%	%	%	%	%	%
The choice of available/reputable builders/contractors	65.0	77.8	65.3	61.8	62.1	65.7
Getting in contact with the builder/contractor	64.3	75.7	69.1	71.0	62.7	68.2
The number of estimates they were able to get	63.6	70.3	62.0	61.9	58.0	62.7
The negotiations/contracting process with the builder/contractor	63.5	75.0	58.7	63.3	61.4	63.5
The price quote for the job versus the final cost	69.6	67.6	58.6	75.8	67.3	67.6
The quality of the workmanship of the building/contractor that was used	70.7	71.4	65.3	60.6	58.2	64.9
The quality of the materials used	81.5	78.0	78.4	75.8	78.2	78.3
The apparent knowledge/needs of people with disabilities that the builder/contractor demonstrated	70.4	61.0	59.4	65.6	55.6	62.4
The length of time it took to complete the work versus the estimated length of time	66.1	71.8	66.7	64.2	52.6	63.9
The willingness of the builder/contractor to consider or make changes during the construction phase when you requested them	71.4	76.3	63.5	73.8	64.2	69.5
The willingness of the builder/contractor to return and make necessary changes/adjustments	67.9	67.7	61.8	68.3	63.5	65.7
<i>TOTAL NUMBER OF CLIENTS WHO RESPONDED TO EACH ITEM</i>	<i>52-60</i>	<i>31-45</i>	<i>55-75</i>	<i>60-68</i>	<i>44-58</i>	<i>242-306</i>

Exhibit 5.4b

HASI Program Clients' Experiences With Builders/Contractors

	Atlantic Region	Quebec	Ontario	Prairie Region	British Columbia/ Yukon	<i>TOTAL</i>
<i>Per Cent of HASI Program Clients Who Were Very Satisfied with:</i>	%	%	%	%	%	%
The choice of available/reputable builders/contractors	73.0	94.4	80.9	76.0	75.4	79.7
The quality of the workmanship of the building/contractor that was used	76.2	90.0	87.0	93.7	79.2	84.9
The quality of the materials used	80.8	90.5	86.2	92.7	85.5	87.1
The price quote for the job versus the final cost	73.6	84.2	82.0	83.6	73.5	79.2
 <i>TOTAL NUMBER OF CLIENTS WHO RESPONDED TO EACH ITEM</i>	 87-101	 18-20	 129-162	 110-130	 98-120	 452-533

Study of Home Adaptations Carried Out Under the RRAP-D and HASI Program

Factors that Maximize the Effect of the Home Adaptations on Clients' Quality of Life

There were some factors that maximized the perceived level of effectiveness of the home adaptations made by RRAP-D and HASI Program clients in enhancing their overall quality of life. Level of effectiveness was measured using a Quality of Life (QOL) index created by summing the number of times clients "strongly agree" with four items included in the questionnaire to measure improvement in the quality of life. The items (individual results described on pages 29–30) were:

The changes made to my home made my life more comfortable;

The changes made to my home made my life safer;

If it were not for the changes made to my home I would have probably had to move; and

As a result of the changes made to my home, I am able to carry out my daily activities more independently than before the changes were made.

The score on the "QOL" index can range from 0 (clients who did not strongly agree with any of the statements) to 4 (clients who strongly agreed with all of the statements).

The average scores achieved on the QOL index was almost identical for RRAP-D and HASI Program clients. For RRAP-D clients, the average score for the QOL index was 2.22. For HASI Program clients, the average QOL index score was 2.23.

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Factors that were associated² with a higher score on the QOL index for RRAP-D clients were:

- Type of home adaptation – those who made changes to dining room and/or bedroom; kitchen and/or the laundry area scored higher than those who did not;
- Number of difficulties with activities of daily living – the greater the number of difficulties with activities of daily living, the higher the score;
- Type of disability – those with mobility related disabilities and a combination of different types of disabilities scored higher than others;
- Experience with the contractor – those with positive experiences with the contracting process scored higher
- Number of sources of advice – the greater the number of sources of useful technical and financial advice, the higher the score (associations for disabled persons, rehabilitation centres, provincial and municipal housing offices, CMHC publications rated most useful)
- Number and type of community support services used – the greater the number of community support services used, the higher the score; those who used a meal service scored higher;
- Type of assistive aid(s) used – those using a walking aid scored higher;
- Experience with the application process – the more positive the experience with the application process, the higher the score;

²Association was measured by computing a pearson correlation coefficient between pairs of ordinal or interval variables; and using difference of means testing for variables that were nominal; for the sample data, coefficients or differences were considered significant at the .05 level.

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- Amount of money received – the greater the reported amount of money (loan and grant) received from RRAP-D, the higher the score; and
- Length of time since changes were made – the more recently the changes were completed, the higher the score on the OOL index.

For HASI Program clients, the factors associated with a higher score on the QOL index are:

- Region – clients in Quebec scored highest; clients in the Atlantic and B.C. Regions scored lowest;
- Type of home adaptation – those who made changes to help them get in and out of bed, do the laundry, and/or use the stairs scored higher than those who did not make these changes;
- Income – the higher the income group of the client, the higher the score;
- Number of difficulties with activities of daily living – the greater the number of difficulties with activities of daily living, the higher the score;
- Type of disability – those with mobility related disabilities, cognitive impairment and/or a combination of different types of disabilities scored highest;
- Experience with the contractor – those with positive experiences with the contracting process scored higher;
- Number of sources of advice – the greater the number of sources of useful advice, the higher the score (CMHC office, publications, contractor/renovator, health or social services, public health nurse or doctor rated most useful);

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- Number and type of community support services used – the greater the number of community support services used, the higher the score; those who used a homemaker service, an attendant or personal care service and/or home and yard maintenance service scored higher than those who did not;
- Type of assistive aid(s) used – those using a wheel chair or a walking aid scored higher; and
- Experience with the application process – the more positive the experience with the application process, the higher the score.

Most Critical Factors

In order to assess the relative importance of the individual factors (described above) associated with the clients' score on the QOL index, a regression model³ was constructed. The dependent variable to be explained is the QOL index. The independent variables entered into the regression model were: The type of disability that clients reported; the general types of home adaptations that were made; the number of difficulties with activities of daily living that clients reported; whether or not clients reported the use of an assistive aid; whether or not clients reported the use of community support services; the amount of money clients received from the Program; the year changes were made; clients' total household income; clients' age;

³Regression is a statistical technique that, when simply stated, allows a researcher to test the relative effects of a series of independent variables upon a dependent variable (in this case the QOL index score).

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clients' satisfaction with the application process; clients' number of source of useful information; and clients' satisfaction with their contractor/builder.

Those factors deemed most critical (based on significant standardized Beta scores) for explaining the variance on clients' QOL index score for RRAP-D clients are: the number of difficulties with the activities of daily living; the number of sources of useful advice; the more positive the contracting experience; and the higher the amount of financial assistance received from the Program.

For HASI Program clients, the most critical factors are: the number of difficulties with the activities of daily living; the number of sources of useful advice; the more positive the contracting experience; the higher the amount of financial assistance received from the Program; and the higher the satisfaction level with the application process.

6 KEY FINDINGS

The key findings of the survey of RRAP-D and HASI Program clients are:

Profile of Clients

- There are regional and/or Program differences with respect to client characteristics such as sex, age, income, living arrangements, type of dwelling and type of neighbourhood (urban/rural);
- Most HASI Program clients live alone; most RRAP-D clients live with a spouse and/or someone else; a small percentage of both client groups live with someone with disabilities;
- Clients of both Programs report difficulties with multiple activities of daily living; mobility, agility and endurance related difficulties are reported most frequently;
- There are Program and regional differences with respect to the use of assistive aids by clients; most RRAP-D clients use at least one aid; other factors related to the use of assistive aids include clients' living arrangements, location of dwelling place and income;
- There are regional and Program differences with respect to the utilization of community support services by clients; other factors related to the utilization of community support services include living arrangements and type of neighbourhood (urban/rural);

Types and Range of Home Adaptations Made by Clients

- There is a wide range in the types of general and specific home adaptations made by clients of both Programs;
- Most common general types of home adaptations made by clients of both Programs are those that assist them to approach and enter their home and use their bathroom;

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- Most common specific changes made by both client groups are the installation of grab bars by the bathtub, the installation of toilet grab bars, the installation of handrails along stairs, and the installation of a hand held shower;

Extent of Financial Assistance

- Most clients of both Programs do not receive the maximum amount of financial assistance available; there are regional differences in the amount of financial assistance received by clients of each Program;
- Most costs are covered by financial assistance received by clients of both Programs; remaining costs generally covered by clients' own savings;

Effectiveness of Home Adaptations

- Most clients of both Programs rate the changes they made as very helpful; most clients also agree that the changes have improved the quality of their lives; there are some regional differences in this perception by clients;
- Most RRAP-D and HASI Program clients feel they got "value for money"; there are some differences in this perception by the general type of home adaptation made;
- As many one third RRAP-D clients reported some difficulties with the contracting process;
- Having access to assistive aids, community support services, useful technical and financial advice, a positive application process and a positive contracting experience maximizes the clients' perception of improvements in their quality of life as a result of the changes; and
- There is strong evidence that the home adaptations made under the RRAP-D and HASI Program increases the stability of tenure for some clients.