TASK FORCE ON LOW INCOME HOUSING.

WORKING PAPER Nº 8

housing the elderly.

central mortgage and housing corporation

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1. INTRODUCTION

Old people in our society in the 1970's have a very real and increasingly desperate need for adequate housing. This need is essentially defined by three factors: the increase in the population of the elderly and hence the need for more housing units, the high proportion of those over 65 who have incomes below the poverty line[1] and therefore require housing subsidies, and a growing awareness of both the range of needs within this older group and the importance of developing a total environment to meet these needs if the elderly are to maintain an independent life.

Our fundamental commitment to the Protestant Ethic and the concomitant processes of industrialization and urbanization have emphatically relegated those past their peak productive years to the "waste heap". Retirement is an economic necessity and, in spite of advances in medical technology resulting in better general health and an increase in life expectancy, the retirement age continues to lower even though the economic definition becomes less justifiable in human terms.

Society has not totally ignored the implications of its instrumental use of human beings however. There has been an attempt through the Old Age Pension and Guaranteed Income to provide some security for the large proportion of the elderly who cannot afford retirement or leisure time activities, as well as considerable emphasis on the importance of leisure time activities to replace work. Within the constraints of budget priorities, there has been an attempt to compensate the elderly for their position of economic and social inequality, to make their exclusion more tolerable, but compensation cannot change this basic inequality.

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[1] In their brief to the Senate Committee on Poverty, N.H. & W. identified 45% of those over 65 in 1968 as having incomes below the poverty line.

Although our housing policy for the elderly is only one of the elements in a larger system that is oppressive to the elderly, housing is a basic right with a visibility increasingly difficult to ignore as the numbers of those needing subsidized housing rise. The legitimacy of the demand is unquestionable and unquestioned. However, any analysis of the problem must soon move beyond such aspects as required number of units and their design and location to the more complex realization that both from an economic and social standpoint the present system is incapable of meeting the housing needs of the elderly. The consistency between the dominant value structure and current policies and programs has made it impossible to recognize and accept the rights of this group, let alone design programs to allow them to exercise these rights.

The values which shape our culture are the same ones which have resulted in the a priori dismissal of the elderly; and the policies and programs which we have designed to compensate this group inevitably reflect our rejection of them as worthwhile, responsible and self-reliant members of our society. The fact that they are regarded as "the deserving poor" usually means that discrimination against them is much more subtle than that practised against the low income groups under 65. Nevertheless it exists, and it effectively segregates the elderly from the rest of society just as thoroughly as the chain fences of the public housing projects segregate low income families from their surrounding neighbourhood.

Solving the housing problem of the elderly demands first and foremost an analysis of the effect which values and attitudes about this group have on the development of policy. It is then possible to move to an explicit statement of objectives such as that found in the presentation by National Health and Welfare to the Senate Committee on Poverty.

> "Just as adequate income maintenance through transfer payments is essential for old people, so also are the services that enable them to live comfortably, creatively and independently for as long as possible, and with appropriate social and recreational outlets." [2]

Housing is obviously one of the more basic services which are prerequisites for an independent life. Because it is a more definable problem and can be solved with a tangible commodity, it is also one of the best points of intervention into the complex environmental system, which in addition to housing must includes income subsidies and a network of services. In this regard, housing programs must move away from an emphasis on housing starts and the numbers games to a more thorough analysis of the social dimensions including the importance of independence, self-reliance and the feeling of self-worth. The development of policies for housing the elderly consistent with these broader objectives should provide an important initiative for a more comprehensive redistribution of resources and power of the total system.

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2 Ibid., p. 84.

2. DIMENSIONS OF THE PROBLEM

The Department of National Health and Welfare estimated that 45% of all those over 65 in 1968 had incomes below the poverty line. This group represents 7.7% of the total population, but 16% of all the poor.[1] In the Metro area, they represent 40% of the poor.[2] In absolute numbers, approximately 1,000,000 elderly in 1971 have incomes low enough to qualify for the Guaranteed Income Supplements. This means that these 1,000,000 will have total incomes of $135 to $190 a month[3], and need shelter costing in the range of $33.75 and $47.50 a month (if the guideline of 25% of income to shelter is used).

The needs of the elderly are obviously as great as those of other low income groups; but, although there have been studies undertaken throughout Canada in relation to the Special Committee of the Senate on Aging (1966) and ongoing activities growing out of the 1968 Canadian Conference on Aging sponsored by the Canadian Welfare Council, the problems of the elderly still have a low priority. Programs developed in response to our growing consciousness of poverty in Canada in the 1960's focused on the most conspicuous groups - the multi-problem families, underprivileged children, farmers in designated rural areas.

It would seem that actual dimensions in terms of population figures and income levels are sufficiently clear to provide the justification for a massive input to alleviate the poverty of the elderly. What is also clear, however, is that the present system of providing subsidized shelter is unable to deliver the quantity of housing required, and the frantic fixation on housing starts subsequently limits the development of the quality of housing - in terms of location, form, management and services. Even if simple population growth alone is

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1 Ibid., p. 84

2 Lithwick, N.H., Draft Chapter on Urban Poverty, p. 32

3. This analysis will be expanded in the section on Incomes and Aging

taken into account it is unlikely that the situation can be ameliorated substantially without some major reorientation of policy and programs.

However, "major reorientations" quickly meet with a certain lack of response or specific resistances which are not justifiable simply on a rational analysis of supply and demand. Rather they reflect a commitment to a complex system of values which are enmeshed in the functioning of our economic system and the development of complementary public policies. The tendency, whether in policy development or bureaucratic behaviour, is to seek a solution which is consistent with these values. To broaden the alternatives or to make a major shift in policy, it is important to examine all the facts, including the commitment to these value structures and the implications of this commitment.

The housing problem for the elderly is actually defined more by the commitment to the value structure underlying our economic policies than by the more obvious questions of the increase in numbers and their relatively low income. The analysis must begin with this understanding, a process which should identify some of the factors contributing to the inadequacy of present programs - from a quantitative and qualitative perspective, as well as the inevitable limitations on the development of alternatives.

A. Social Values and Economic Policies

The fundamental problem hinges on our widely accepted value of independence and individualism. Without undergoing an historical analysis of its growth in the western world, it would seem safe to accept the pervasive importance of its effect in shaping our highly industrialized and urbanized society. Our commitment to these values has been essential for these developments and our super structure has ensured our continued commitment.

However, a highly industrialized society also depends on peak productive capacity and increasingly more skilled labour and must be quite ruthless in maintaining its standards. Those who cannot meet these standards must be discarded, rejected. The elderly of the 1960's and 1970's are particularly vulnerable to this rejection. Many of them have a very low level of education (schooling was not an essential value in the early 1900's), many of them are immigrants who are even more disadvantaged. They are vulnerable also in the sense that their own understanding of individualism and independence leads them to value self-reliance which is felt to be incompatible with social assistance or collective efforts to provide support. This characteristic of the elderly may change as their experience with social agencies increases and assistance becomes more universal; however at the moment there appears to be a deep distrust and fear of accepting help.

Thus, the economic system is forcing earlier retirements and discouraging part-time work of the unskilled variety. Society feels some responsibility, however, and argues that the elderly are fortunate to be retired, that they have earned their right to more leisure time. Of course, the very low incomes do restrict their choice of activities, but income supplements could solve that issue.

But the elderly are still the same people who were so thoroughly socialized to be independent, industrious and to reject "handouts". After 50+ hard years of labour, it is unlikely that their values can completely reverse, so that they can perceive themselves as deserving and fortunate. They continue to apply the societal guidelines and perceive themselves as worthless, lazy, irresponsible and <u>dependent</u>. It is further suggested this self-perception is mirrored by the larger society, which reinforces their image of themselves as dependent and irresponsible. Thus there is a mystique created and perpetuated about the elderly which is consistent with the fact that they must be rejected from the economic

system. Attempts to compensate this group by providing special housing, free bus trips and premium-less medicare, etc. must inevitably fail to restore what is most important to them, their sense of independence. Income subsidies could provide access to more of the rewards of society, but the assumed nexus between work and meaningful activity may be the critical factor. Clearly, the implications of our economic system for the elderly need to be re-examined with the objective of re-integrating them into a society which measures self-worth with something more substantial than a pay check.

Both the concern for independence and distrust of assistance on the part of the elderly and the role that the "elderly mystique" plays in rationalizing our economic policies can explain the lack of response to the housing needs of the elderly. They tend to make few requests for help. A study of the elderly in Saskatoon concluded that:

> "The aging are an accepting group of people, by and large taking each day as it comes ..... we feel very strongly that their acceptance should not be a signal for society to forget them." [4]

However, this seeming "acceptance" is most often based on a powerful unspoken desire to be or seem to be self-reliant and a commitment to independence. The rather unfortunate consequence is an inability to forcefully present their needs. The problems of the elderly have a much <u>lower visibility</u> than those of other low income groups, making it easy for society to displace them. There is common agreement among those working with the elderly that it is almost impossible to obtain critical comments from the elderly themselves in relation to housing, services or other issues.

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4 Orris, Milton S., <u>Factors Which Contribute to the Social and Economic Independence of People Over 60</u>, sponsored by the Social Planning Council, Saskatoon and the Saskatoon Senior Citizen Association, 1970.

Some of those responsible for programs, sometimes conveniently interpret this lack of criticism as positive feedback.

Thus, without any opposition from the elderly themselves, policy-makers continue to ignore the strengths and weaknesses concomitant to the aging process by accepting a set of assumptions which presumably represents an "elderly person". This set of assumptions has in essence justified the orientation, such as it is, for present housing policies and programs for the elderly and is progressively undermining what is left of their individualism and feelings of self-reliance and independence.

B. The Aging Process: Myths and Realities

The "elderly mystique" [5] projects the image of the elderly as inept, incapable of learning new things, unable to make responsible decisions, of being "behind the times", not "with it", of being less than useless because they are no longer meaningfully connected with the real world (i.e. not working), of essentially having little to contribute.

With variations and occasional sensitivity, this image is generally accepted. Those who are over the magical line but do not fit this image will express their fear of aging by talking about a loss of control of themselves, of becoming senile or just foolish. These expectations are usually expressed in such terms as "when I get like that, just take me out and shoot me". The alert, useful, concerned elderly person is still considered to be an anomaly to-day. He or she may continue to be so if we do not consider more seriously the impact of our present attitudes and policies on their capabilities and activities.

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5 Rosenfelt, Rosalie, H., "The Elderly Mystique", Journal of Social Issues, October 1965, XXI, no. 4.

Although the pervasiveness of this mystique leads to the development of "custodial-type" programs, it is interesting to note some blatant inconsistencies that are justified in economic terms. For a group that has been identified as significantly unadaptable and insecure, they are persistently uprooted - from their neighbourhoods, because of insufficient income to maintain their own home; from one type of project to another, depending on the level of care required. They are forced to give up most of that which is familiar and comforting - friendships, homes, furniture, etc. Even the mystique is sacrificed when the demands on the economic system are too burdensome.

The major consequence of the mystique however is that it "fails to do justice to the variety and complexity of life in the later years, which may have as many gradations and variations as life in any other period." [6] It legitimizes institutionalization in nursing homes or Homes for the Aged as a natural part of the aging process, even though what this often represents is "storage until death". Old age becomes an inevitable misfortune that cannot be challenged or ameliorated, only <u>managed</u> in the most economical and unobtrusive way.

This analysis does not deny that some older persons do in fact need full care in institutions. The mystique is not entirely without foundation. Its pervasiveness has been limiting, however, particularly because it seems to have been absorbed unconsciously. In policy terms, it has restricted the development of alternative forms of housing and justified the exclusion of the elderly from participation in planning or management. However, the implications of this mystique are not substantiated either by theories on the <u>physiological</u> consequences of the aging process or studies of the physical capabilities of the elderly.

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6 Ibid., Rosenfelt.

There is no doubt that aging has physiological consequences. The effects are invariably seen in increasing slowness and a less efficient memory and a general deterioration of sensation, perception, response and locomotion. Mobility decreases, and as a result there are difficulties in adapting to new surroundings, in walking, climbing stairs, etc. A diminution of physical strength may necessitate the provision of personal or household care. Although the elderly are not generally less healthy than younger citizens (some who retire report better health), their illnesses tend to last longer and require special care. [7] There is still some lack of agreement as to the exact nature of the aging process - whether it is related to the breakdown of cellular activity or the central nervous system; but the important issue is the increasing interest in the effect of environment on this process. "... evidence seems to suggest that challenge is desirable for cells in order to maintain their function - and that lack of stimulation is detrimental." [8]

The physiological consequences of the aging process do affect the pattern and scope of the activities of the elderly, but there is no data to suggest that increasing inactivity is inevitable if there is a recognition of some special needs. If inactivity in fact does increase the rate of cellular breakdown, the development of facilities and services necessary to maintain the involvement of the elderly acquires a double significance. It is not only a matter of the right to independence and control over one's life, but a question of life itself.

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7 Priest, Gordon, An Investigation of the Elderly in the Urban Environment with Special Reference to their Housing, unpublished M.A. Thesis, Simon Fraser University, 1970.

8 Kasterbaum, Roberts, "Theories of Human Aging: The Search for a Conceptual Framework", Journal of Social Issues, October 1965, XXI, no. 4.

The psychological effects of aging can be explained in similar terms - that is, there are changes in the pattern of interaction with those around them. Of the various theories developed to explain the affect of the aging process on behaviour and attitudes, the theory of disengagement has probably had the most impact on the field of gerontology. In essence, the theory suggests that during the process of aging there is a mutual withdrawal initiated by the individual but reinforced by those around him. The consequences are seen in a greater separation or gap between the aging individual and the rest of society, creating a greater need for support to maintain their activity. Expectations of involvement or response to programs cannot be based on the same assumptions that are applicable to younger people. Cumming, who elaborated this theory, was careful to insist that "disengagement" does not mean "inactivity"; however, the very word may have led to a misinterpretation of the theory by those who are already unconsciously influenced by the "elderly mystique". Thus, assumptions about inevitable "inactivity" may have further legitimated the lack of development of facilities and programs in our housing projects required to encourage the involvement of the elderly.

What seems to have happened to date is that the elderly's desire for independence, the misinterpretation of the psychologists' emphasis on the theory of disengagement and our commitment to the "elderly mystique" have converged to isolate the elderly. This situation is not without implications for housing. Some of the more critical examinations of the psychological problems of the elderly identify loneliness as one of the significant factors influencing the decision to enter a special care home. Loneliness in an unavoidable consequence of aging: it occures with the break-up of the family or the death of a marriage partner; but regardless of the cause of it and other fears and frustrations related to aging, the situation is reinforced

by our present housing programs which segregate the elderly from the community and deny the support required to develop a sense of community within the project. The conclusion is that support services such as Day Centres, home visitors, community workers, must be developed to maintain the involvement necessary to avoid isolation. Such involvement is a necessary beginning to a greater range of participation for the elderly in their housing and the larger community.

Finally, it must be understood that although there is a tendency to focus on their common problems, the elderly do not represent a monolithic group - there are tremendous differences among them. The age range itself contributes to a variety of life styles and needs, but there are also differences in preferences for housing types and services relating to differences in backgrounds. There is also a full range of capabilities for managing their own lives. Thus, the realities would suggest that a range of alternatives and the opportunity to choose freely among these are as important to have in the development of an effective housing program for the elderly as the provision of services necessary to compensate for the common problems shared in the aging process.

The importance of environment for aging is summarized in the following:

> It may be re-emphasized that aging is not a disease, but a process - a process that has certain ramifications upon the physical and mental abilities of the individual. How this individual adapts to his new and changing age-wrought conditions depends, in good measure, not only upon the culture in which he lives, but also upon the environment which that culture helps to create." [9]

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9 Op. Cit., Gordon Priest, p. 24

C. Income and Aging

Although it has been argued that the elderly actually require less income because their basic necessities are less than those of a family with children, most studies indicate that the elderly actually spend more on food, medical costs and household operations. They may spend less on clothing, but there is a definite need for more services. Thus, low-incomes are as significant for the elderly as they are for all groups of Canadians to the extent that they limit access to housing, facilities and services. In fact, given the additional restraints presented by the aging process itself, there is some validity to the idea that the elderly require relatively more income support than the other low income groups to purchase the services so necessary to develop and maintain their life style.

The effect of the loss of a regular income upon retirement is very much related to their pre-retirement or working status. That is, if their income has been sufficiently high enough to acquire assets -- investments, a house, a private pension plan, then these assets plus the Old Age Security Pension (and the Guaranteed Annual Supplement if the total income will allow it) could provide an adequate standard of living.

However, for this generation of the elderly who are retiring in the 1970's, several factors have mitigated against the development of assets. The first of these may be the simple fact that

> "the growth in real income in Canada has been concentrated in the period since 1951, too late to have benefited most of the population who were 65 and over in 1961. The ability of these

> people to save for retirement during their best working years was obviously circumscribed by the income levels of the period". [1]

The second and somewhat similar explanation would be their experience of the Depression and the effect of the high incidence of unemployment on their potential assets. The third and possibly most critical factor is that in relation to the qualifications demanded by the labour market, the older population of the 1960's could be characterized as a "disadvantaged group" [2] in that they lack the educational background and skill levels to meet the demands of the labour market with any great success. Moving from the fact of their basic unsuitability for the labour force, Ostry endorses the ideas of two American experts who suggest that "gerontologists would be well advised to direct their attention away from providing more employment (for persons 65 years of age and older) to the problem of the worker of pensionable age who continues to work not because he prefers to do so but because of financial necessity". [3] She acknowledges the question of whether the older male population would prefer to work if given the assurance of an adequate retirement would be arrested or reversed by the return of full employment and the availability of more jobs. [4]

Table 1 illustrates that the average income of the elderly is lower than that of the average population both for individuals and families.

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1. J.R. Podoluk, "Incomes of the Older Population", Part II of The Economic Status of the Aging, Ostry and Podoluk, 1966 DBS p. 68.

2. Ibid., S. Ostry, "Labour Force and Employment Patterns" p. 62.

3. Wolfbein and Burgess, "Employment and Retirement" in Aging in Western Societies, ed. Ernest W. Burgess. Chicago, 1961 p. 73.

4. Ostry, Ibid., p. 24.

Table 1: Average Incomes of Elderly Compared with Total Population, 1967.

		Average Persons over 65	Average Population
Families	Male Head	$5,048	$7,787
	Female Head	6,021	5,331
	Average	5,211	7,602
Individuals	Male	2,216	3,881
	Female	1,960	2,665
	Average	2,059	3,257

Source: D.B.S. Income Distribution by Size in Canada, 1967.

Data on sources of income confirm that a relatively small proportion of both the males' and females' income come from assets. For females, a more sizable proportion comes from government transfers; for males, from employment.

Table 2: Source of Income for Elderly, Canada, 1967.

Major Source of Income For Individuals	65-69		70	
	Male	Female	Male	Female
Employment	45.7	13.2	29.2	5.9
Government transfer payments	32.8	69.5	32.1	73.4
Investment, Pensions,etc.	21.5	17.3	38.7	20.7

Major Source of Income for Families	65-69	70
Employment	46.2	16.0
Government transfer payments	22.7	61.6
Investment, Pensions,etc.	31.0	22.5

Source: D.B.S. Incomes: Distribution by Size in Canada, 1967.

Although 77.7% of the elderly families and 60% of the individuals own their own homes and 90% of these were free of mortgages in 1964, these homes are estimated to be worth 15 to 25% lower than the national average at an average of $7,500. In their publication Income Security for Canadians, NHW state that about 2/3 of those over 65 fall below the income levels of $1,740 for an individual and $2,900 for a couple. "Thus despite the fact that many of the elderly own large houses which tax their physical and financial resources, it is not advantageous for them to liquidate this asset." [5] It is also noted that even where assets do exist, that the elderly regard them as security and are extremely reluctant to convert them to use as income.

Thus without the regular income supplied by employment and without any substantial assets, it is not surprising that there is between 45%[6] and 52.7%[7] of the all elderly households who are below an acceptable level of income. They are definitely over-represented among the poor: representing 16% of the total poor and only 7.7% of the total population.

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5. Streich, P. Housing the Elderly, 1970, p. 11

6. As quoted in NHW brief to the Senate Committee on Poverty.

7. See Table 3, page 17, from Fiorito and Garnett, "The Housing Status of the Elderly" p. 1.

Table 3: Composition of Households with Head 65-

	All Households No. (in '000)	%	Low Income Households No. (in '000)	%
Male Head				
individual	104.5	11	82.0	18
2 family	465.2	51	192.7	41
multi unit	32.7	4	5.2	1
Female Head				
individual	197.3	21	161.8	34
2 family	93.1	10	25.6	5
multi unit	30.3	3	7.3	1
All	923.1	100	474.5	100

Source: unpub. DBS Household Facilities Survey, 1967, Series A, B and C.

Using $3,000 as the poverty line, Table 4 (see page 18) relates income level to household type among the low income elderly. This table clearly shows the high proportion of single females represented in the lowest income level of under $1,000. Data on the distribution of income is unfortunately out-dated by the implementation of the Guaranteed Income Supplement and changes in the Old Age Security Pension ($135 to $190 for an individual; $255 for a couple), however, the pattern of income distribution among household types within the low income group should remain the same in spite of these changes.

Table 4: Income Distribution of Low Income Elderly

Group	$1,000	%	$2,000	%	$3,000	%
Male - 65+						
Individual	9.1	16	57.4	24	15.5	9
Family	12.5	22	57.7	24	122.5	67
Multi-Unit	ø	ø	.3	.1	4.9	3
Female - 65+						
Individual	33.6	60	109.7	46	18.5	10
Family	1.2	2	10.6	5	13.8	8
Multi-Unit	ø	ø	.7	.3	6.6	4
Total	56.4	100	236.4	100	181.8	100

Source: unpub. DBS Household Facilities Survey, 1967, Series A, B and C.

Figures available from NH&W publications for the Senate Committee on Poverty and Income Security for Canadians both indicate a continued increase in government pensions and supplements. Out of a total of 1,694,200 pensioners in June 1970, 818,377 or 48.3% received full or partial G.I.S. Assuming that receipt of the G.I.S. signifies an approximation to the poverty line, then this figure of slightly under 50% supports the earlier figures from DBS concerning income distribution. NH&W estimated that 1 million Canadians would be eligible for the G.I.S. in 1971 - a jump of 215,000 from 1969 compared to an estimated total increase in those receiving the Old Age Pension of 280,000.

It seems obvious that the level of income of the elderly remains a serious problem for the government as well as a growing financial and political consideration. Old Age Security Pensions are costing the Canadian people $1,700,000 in 1971.

Having defined the low income elderly as representing 52% of all elderly having an income of $3,000 or less and receiving a sizable portion of this income from the federal government in the form of transfer payments and supplements, it is important to identify the extent to which housing is a critical variable in the expenditure of their income.

In her study "Housing the Elderly", Streich concludes that the low income elderly do spend a higher proportion of their income on shelter than either all elderly or other low income households in the private market.

Table 5 indicates in fact that those elderly with incomes under $3,000 spend 37% of their income on shelter.

Table 5: Shelter Expenditures

Group	Average Income	Shelter Av. Expenditure	% on Shelter
Low Income Eldery	$1,904	$ 712	37%
All Elderly	$4,830	$ 959	20%
All Low Income	$3,724	$ 892	24%

Source: Unpublished DBS Consumer Expenditure Survey, 1967 Tables 90, 91, 92. Also, DBS Cat. 62-530, Urban Family Expenditure, 1967, Table 2, p. 32.

Focussing more specifically on the relationship between income level and expenditure on shelter in Table 6 the unequal position of those elderly with low income compared to other income groups is further emphasized.

Table 6: Per Cent Expenditure on Shelter, All Families & Individuals, Canada, 1967.

Income Group	Per Cent Expenditure on Shelter by age of head or Individual for non-family persons.			
	60-64	65-69	70-74	75+
$ 2500	31.8	33.4	32.8	34.1
2500-2999	23.9	23.2	22.0	28.1
3000-3400	19.8	27.8	27.5	28.8
3500-3999	30.3	23.8	40.3	34.6
4000-4499	15.8	18.7	22.7	29.7
4500-4999	27.9	28.5	24.6	20.1
5000-5499	22.5	25.4	25.1	23.3
5500-5999	21.2	19.2	9.6	-
6000-6499	16.0	13.5	17.6	12.5
6500-6999	17.9	26.4	-	-
7000-7999	14.9	16.3	22.5	16.5
8000-9999	15.6	10.7	17.5	-
10,000+	12.1	12.7	9.7	10.2
Average	16.3	18.9	18.9	24.6

Source: Special Tabulation, 1967 Urban Family Expenditure Survey, D.B.S.

As mentioned previously in this section, this discrepancy cannot be legitimized by suggesting that the elderly spend less on non-housing expenditures.[8]

8 See Streich, pp. 16-23 for a review of DBS Family Expenditure Survey 1967 and family budgeting studies in 4 Canadian cities.

Comparative data on non-housing expenditures, although they obviously reflect the realities of the market place rather than an ideal expenditure pattern given adequate alternatives, do serve as a guide to understanding the present needs and restraints experienced by the low income elderly. As Streich concludes, there is no reason to assume that the low income elderly can afford to spend approximately 1/3 of their income on shelter.

The elderly have few alternatives to paying such a high proportion of their income for rent. The private market offers the average roomer rents of $59 a month and statistics to January 1971 indicate a total of 17,720 units available under the rent-to-income scale.

Given the fact that the average expenditure for shelter by the low income elderly amounts to approximately 1/3 of their income, and accepting the conclusion that this expenditure plus their expenditures on non-housing necessities severly limits their freedom to choose among alternatives and their access to some of the services that are essential to maintain an independent life style, it becomes our responsibility to determine the ways in which we can reduce the expenditure on housing.

To date, CMHC has concentrated on providing funds for subsidized housing projects for the approximately 35% [9] of the low income elderly who do not own their own home. Housing units built under Section 35A and D are available at rents determined by the rent-to-income scale applicable

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9 This is a rough estimate based on statistics for all elderly. The percentage of renters among the low income elderly may be somewhat higher. Source: Unpublished DBS Household Facilities Survey, 1967.

to all tenants in public housing. Under the new guidelines of April 1971, rents for these units can be as low as $32 a month calculated on a minimum income of $192 for a family receiving welfare. It has been argued that the scale should be revised to acknowledge the lower maximum income of those elderly individuals dependent on a combined OAS and GIS of $135. Statistics to January 1971 indicate that a total of 17,720 units are available across Canada under Section 35.[10] Returning to our figures on the low income elderly which indicate that approximately one million fall under the poverty line these 17,720 units could provide shelter for only a small percentage of those who require subsidy in the rental market.

Under Section 16 of the NHA CMHC also provides subsidies in the form of preferred interest rates to entrepreneurs and non-profit groups with the stipulation that the units will be available to low income people at a fixed rent below the market price. The original maximum income level has been removed since Section 16 was revised. For units built by the entrepreneur, the rents vary with the size of the project and cost of location and in some cases are only slightly below the market level. CMHC officials suggest that use of this Section by entrepreneurs is minimal at the present. Rents for units in projects built by non-profit groups will also vary for the above reasons, but are reduced in part by capital donated by the group and by capital grants from the provinces for projects that include hostel bed or some form of nursing care.[11] For these units to be accessible to those elderly with the lowest incomes at the recommended rate of 25% of their income, the rents would have to be within the range of $33.75 to $47.50 for individuals and $63.75 to $87.50 for

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10 See Appendix E, NHA Housing for the Elderly, March 1971

11 See "Provincial Aid for Senior Citizens Projects Financed under section 16", Appendix D.

couples. Although it is not as difficult for couples with their combined subsidies to find rents within the above range, it would be almost impossible for the individuals who make up approximately 52% of the low income elderly. [12]

"Housing the Low Income Elderly", [13] concludes that even with the implementation of the Canada Pension Plan, that rents for elderly individuals must be no more than $50 if the ceiling on pensionable earnings remains at $5,500 as in 1972. If the ceiling is raised as proposed in Income Security for Canadians to $7,800 in 1975, then the rents could increase to $60.50.

Thus, one might assume that further housing subsidies in some form are an absolute priority for those individuals dependent on the maximum government income in 1970, amounting to 425,556 elderly individuals (52% of 818,377). [14]

To move further into both defining and costing the housing subsidy programs for the low income elderly would require a breakdown of the group into homeowners and renters. Unfortunately, there does not appear to be any data on the percentage of low income elderly over 65 who are homeowners or renters. One might infer from available information [15] that since 60% of all aged individuals were homeowners at least 40% must be renters which would suggest that approximately

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12 Income Security for Canadians states that with existing income subsidy programs, poverty has been reduced so that only 53% of individuals and 31% of couples (p. 66).

13 Goldblatt, Sylvia, "Housing the Low Income Elderly", A & P Division, CMHC, March 1971. Appendix C.

14 Calculated from the 1970 Monthly Report on OAS Pensioners by GIS status.

15 See Streich, p. 4.

170,000 elderly in 1970 required rentals of between $33.75 and $47.50.[16] Few if any Section 16 projects can provide accommodation at this price, thus these elderly individuals are left with the 17,720 units available on the basis of rent geared to income.[17] It is impossible to know either how many of these 17,720 units in fact went to couples with a combined income or how many of the elderly individuals were forced to live in a subsidized nursing home or home for the aged because of the lack of income; but there can be no doubt that the elderly have a serious housing problem because of the fundamental inadequacy of both the maximum income allowance through the OAS and GIS and the quantity of subsidized rental housing available. This basic inadequency combined with their feelings of dependency and isolation cannot help but affect their capacity to function as active members of their community.

For those elderly who live in their own home (approximately 60%) inadequate income has different implications. Although there appears to be some agreement that the elderly actually prefer to remain in the familiar surroundings of the family home and that the majority of these are quite capable of doing so with a minimum amount of support,[18] the economic realities of their ownership in fact give them little real choice. Streich notes that "the value of the homes owned by the elderly is 15-25% lower than the national average. Thus, despite the fact that many of the elderly own large houses

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16 This would be a conservative estimate since ownership decreases with income level, thus low income individuals are less likely to be homeowners than all low income individuals.

17 Urban Family Expenditure, DBS 1967 indicates the average expenditure by a roomer is $710 or $59 per month. Too high for this group of individuals. Table 16.

18 Zay, Nicholas, Entry of Aged People into Communal Housing, University of Montreal.

which tax their physical and financial resources, it is not advantageous for them to liquidate this asset." [19] The comparison between the high rents for apartments and rooms and the relative security of a house free of mortgages destroys any real alternative to home ownership for this group regardless of high taxes or maintenance costs or the more substantial need for rehabilitation.

There seems to be no available statistical data which separates the conditions of housing for low income elderly renters from that of home-owners. [20]

However the relative position of renters and home-owners among the low income elderly can distract from the fundamental problem which is that those elderly having an income of under $3,000 spend 37% of that income on shelter. The percentage of low income elderly who own homes built before 1940 compared to the percentage of all low income groups or all the elderly is of little significance by itself. What is significant is the fact that repairs to or rehabilitation of 30/year old homes whose value is 15-25% lower than the national average [21] represents both an impossible cost to those with incomes of less than $3,000 (or those receiving the basic OAS plus GIS) and an improbable investment by those who handle loans and mortgages. It is unlikely that the elderly would want to mortgage their homes again in order to make improvements to them - even if their income could cover the monthly payments. The failure of most rehabilitation programs can be explained to a large extent simply by an analysis of the economic implications for the homeowners. If rehabilitation is to be a successful part of the housing program, it will

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19 Ibid., Streich, p. 11

20 Ibid, Fiorito and Garnett, p. 12

21 Ibid, Streich, p. 11 See also Podoluk, p. 111 where she notes that 50-60% of the homes of those with incomes below $2,000 are worth less than $7,500

be important to anticipate the real limitations imposed by the very low incomes of the elderly. They, more than any other group, will require financial assistance in the form of no-interest loans or grants. Support in the form of technical assistances to identify problems and meet required standards should also be made available.

While a rehabilitation scheme would undoubtedly increase the quality of their housing for the elderly (and those who acquire it next!) it would in itself have a limited impact on the percentage of income spent on shelter, particularly if year-to-year maintenance costs such as those for painting, papering and plastering were not covered. To reduce the shelter expenditure, for the low income elderly homeowner will require a reduction in the major expenditure, property taxes. Suggestions of tax rebates for elderly homeowners are frequently heard, but given the already inadequate tax base of the municipalities in relation to the required expenditures it is likely that a federally subsidized program of shelter allowances would be more realistic.

Thus the low incomes of the elderly effectively prevent them from shaping their lives according to preferences or needs. They have virtually no choice of what type of housing they live in - income level dictates the alternatives and they are very few. Essentially, their choices are:

1) A very inadequate, cramped and isolated existence in the rooming houses that are found in the rundown areas of cities. The average rent is $59 [22] which is roughly 43% of the minimum government pension, leaving

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22 Urban Family Expenditure, DBS, 1967 Catalogue No. 62-530 Table 16.

little for other basic necessities like food! Most of the elderly who rent must accept this option, as the availability of the others is limited.

2) The possibility of living with their children or other relatives. Studies indicate that this may be a more acceptable alternative for a woman alone, but it is generally felt that the restraints placed on everyone in the household have unhealthy consequences. The 1961 Census found that approximately 20% of females and 14% of males over 65 lived with relatives. The majority lived with their children, but the women were much more likely to be living with a sister or brother than the men.[23]

3) Perhaps independence is least possible for those who are forced to seek institutional care - a Home for the Aged or other special care home.

4) For a very small proportion of the population there are the 17,720 units available on a rent-to-income basis under CMHC's Public Housing program. Approximately 40,000 other units and beds are available at below market rents. However, for this privelege, they must accept the stigma of Public Housing and the custodial attitudes of management, both of which reinforce their sense of dependency.

5) Finally, there are those who own their own homes but cannot afford the taxes and maintenance expenditures. The physical work inside and

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23 DBS, Selected Statistics on the Older Population of Canada, Feb. 1964, Catalogue No. 91-507. Table 22. Persons in households, 45 years and over, classified by relationship to head of household, 1961.

> outside the home is frequently burdensome. However the low market value of most of these homes do not provide the option of selling and finding other alternatives regardless of their need for a more supportive environment.

Additional income subsidies are essential for all low income elderly if they are to have adequate housing in terms of the variety of life styles, the quality of the housing, and the proportion of income spent on it. Housing cannot continue to absorb more than 1/3 of their income without severe consequences for their total existence, including their health, psychological well-being and continued participation in society.

3. IMPLICATIONS OF PUBLIC HOUSING FOR THE ELDERLY [1]

The government's understanding of the housing needs of the elderly and its response are epitomized in the Public Housing program. It is minimal in quantity and quality and custodial in nature. For a fraction of the population, the program offers rents which will take only 23.7% of their monthly income; but a sacrifice is demanded: their independence. Although the program is obviously intended to "assist" those elderly with low incomes, the welfare orientation of the total system and the failure to recognize the critical importance of facilities and services further reduces the capabilities of the elderly to lead an independent life. The following represents a summary of observations and impressions of the program in 1971.

A. Physical Aspects

Design [2]

There is little evidence in the projects observed that even the more obvious needs of the elderly are being met. Some of the units include such things as handrails in the bathroom and wheel-chair width doors; the kitchens may have lower and special stoves; there may be an alarm system. The size of the units are defined by the minimum space standards. The files on project developments indicate that although some Branch Architects do refer to the guidelines in Housing the Elderly, their efforts are not encouraged and their comments are frequently ignored when they are inconsistent with the appraiser's evaluation.

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1 The projects observed are analysed in more detail in Appendix B.

2 Housing the Elderly is presently being revised in CMHC and will provide more detailed recommendations for design features.

The design of the projects in urban areas seem to be dictated primarily by economic demands for maximum density per acre. Thus,housing for the elderly now seems to be exclusively identified with the high-rise one bedroom apartment variety. [3] The projects in Vancouver do offer a wider range of alternatives, but an analysis of their development indicates a growing commitment to the high-rise. It is still unclear what the consequences of this commitment are for the elderly and research in the area is negligible. One study [4] concludes that, although they have the potential of a vital community, the present system of management and lack of services limits their level of activity. Their actual preferences are difficult to ascertain since they really have few alternatives, but like any other group, there is a wide range of attitudes and feelings about living in a high-rise.

Throughout the development of the housing program, integration has been a shaping concept. The theory was "that residential integration of the generations is desirable from the point of view of both the elderly and society as a whole" on the grounds that it "fosters socializing, maintains continuity in the lives of older persons, and prevents a narrowing of interests that will cause them to age faster and withdraw more frequently". It was also suggested "that the elderly become unduly conscious of their own inabilities and that they feel more dependent when they are concentrated together." [5]

Orchard Park in Vancouver is a prime example of the potential flaws in this theory. The design of the project provided no privacy for either families or the elderly and "togetherness" was taken to the extreme. The results were seen in an almost intolerable level of tension, disrupting the lives of the tenants and creating problems for management. Lord Selkirk, in

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3 Recent development in Ottawa housing for the elderly is an example of this.

4 Morris Silbert, "A Study of Pensioners Living in Segregated Highrise Apartment Buildings in the City of Hamilton" Opportunities for Youth Study No. 300-340, 1971.

5 Paul Niebanch "The Elderly in Older Urban Areas", p. 61.

Winnipeg, another integrated project, was faced with the same conflict so long as the elderly and families were completely mixed. The tension eased somewhat when there was more separation within the projects.

In spite of the measure of privacy offered by the development of the high-rise tower looming ominously over the family units, the complaints about noise, children, etc. continue. The elderly themselves express the desire to be completely seperate - as they are in Nicholson Towers in Vancouver and will be almost totally in Ontario if the present orientation is maintained.

The one exception to this situation observed is Culloden Court in Vancouver, an integrated, town house and 2 storey walk-up development located in a rather middle class area. The design is attractive with an explicit attempt to give each individual family some privacy. The units for the elderly open onto the street which gives them additional protection from the communal courtyard activities. But, not only is there an absence of conflict; there is some positive interaction between the families and the elderly. The elderly have taken an active role in the tenants' association and more generally in the organizing of social activities.

It is unclear to what extent this compatibility reflects the selection of the more desirable tenants for the show-piece, a common resistance against a much disliked manager, or a conscious attempt by planners to provide more privacy. Whatever the reasons, the activity level of the elderly would seem to be higher in this integrated project than in any of the other types observed - which would support the argument that integration can be a positive factor in the continued involvement of the elderly. Even in the pleasant surroundings of Nicholson Towers, the elderly are relatively inactive - a pattern which is found across

the country except where special services are proviced. Given this uniformity of behaviour regardless of whether the project is segregated or integrated, one might conclude that this in itself is not the critical factor explaining the inactivity and withdrawal of the elderly in public housing.

Specific recommendations for design features are now ultimately the responsibility of the architects and planners. However there is an obvious need to build into the planning process a more explicit analysis by the elderly themsleves of the social implications of design.

This analysis should be based on an understanding of the needs of the elderly and the way in which design features can maximize their independence rather than reinforce the tendency to be dependent.

Location

The importance of location for the elderly is receiving increased attention from the Corporation. Not only is the question often raised in the planning stages of projects in terms of their proximity to downtown, but there is also increasing concern about the availability of services within the area selected.

Location of the earlier projects however, are frequently bad. In Vancouver, they are scattered on marginal sites, away from shopping and services. The elderly living in Skeena Terrace spend 45 minutes on a bus to go shopping for groceries. In Winnipeg, although Lord Selkirk is situated downtown, the neighbourhood is so well known for vandalism and delinquency that the elderly are afraid to go out. The choice of location must take into account the importance of security and safety as well as access to services. Suburbs may be suitable if the location helps the elderly maintain contact with their children who may have houses there.

The site must also be suitable in terms of its

physical characteristics - primarily slope. Many of the elderly find steep hills difficult to manage - particularly if they are carrying parcels, and even a sloped driveway in winter weather may prevent them from leaving the project.[6] The new "senior citizen" tower in St. John seemed poorly located from this stand point.

Careful selection of the project site can actually encourage a continued link with the wider community. Proximity to services and acceptable access - safe, easily negotiated, having the necessary transportation available, are the key factors. The major problem in the large urban centres will be availability of land in these choice areas which may lead provincial and municipal officials to rationalize housing in the marginal areas by overemphasizing the elderly's capacity to use public transportation. Within these constraints however, CMHC is moving toward more socially-oriented guidelines for site approval.

Beyond today's decisions as they relate to the location of individual projects may be a future involving a more integrated planning process in which the organizing principle will be the provision of community-based services, including housing. Given the preference of the elderly to remain in familiar surroundings, this may be the most desirable objective to pursue.

B. Social Aspects

Facilities and Services

One of the major concessions to the social needs of tenants in public housing projects has been the addition of communal space, a euphemism for the 30′ X 40′ lounge that is part of every

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[6] Silbert, Ibid.

design now. However, because it came about as more of a concession rather than as an integral factor in the development of a policy on the need and requisites for effective communal space, the space has been largely wasted and under-utilized.

In 1969, the response by Branch Architects to the guidelines for communal space prepared for Housing the Elderly confirmed that the lounges and recreation areas were under-utilized, even when voluntary organizations had provided furniture and other equipment. But it was concluded that there was no pattern of use or need discernible that could justify standard guidelines because of local peculiarities and various other variables. Several of the architects advocated an increase in facilities in spite of the lack of supporting evidence of demand.

In 1971, the situation seems to be much the same. The facilities in the senior citizen towers stand empty while the tenant associations (made up almost entirely of families) meet in the basement locker rooms. [7] Outdoor facilities are similarly ignored, when provided. The study in Hamilton found that almost half of the respondents had never used the recreation room.[8]

A response to the proposed guidelines in 1969 highlights one possible explanation for this situation:

> "The use common rooms are put to depends a lot on local management and it would appear equally important ... to examine the restrictions imposed on the use of communal space ... Residents are not allowed to entertain their family or friends in the common room since the Caretaker will not allow it ... There is little justification for providing space which cannot be used." [9]

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7 This is the actual case in Grandview Terrace, Vancouver, where there is considerable hostility created over the exclusion of the families from the senior citizen lounge. This policy is supported by the manager.

8 Silbert, Ibid., p. 9

9 Memo to Michael Pine from the Branch Planner, Sudbury, Dec. 1,1969.

Management regulations definitely do affect the use of the lounges observed in Vancouver. Nicholson Towers' lounge is carefully locked when not in use; Grandview Terrace lounge has a sign on the door specifying "no children admitted." And the controlling and custodial attitude is even more subtle and pervasive than these particular cases suggest, creating an atmosphere where social interaction - and hence the use of communal space and facilities - is in fact discouraged. Thus, the concession to social needs through the provision of facilities to the housing projects assumes the characteristics of tokenism - the attitudes of management remain oriented to protection of property, and there is no corresponding investment in the use of the facilities to compensate for the disincentives to their use.

Recently, CMHC has begun to provide off-site facilities where space within the project is too limited. The funding of such facilities is carefully pro-rated according to the proportion of tenants who would use the facilities. However, within these parameters, it must still be considered as a positive step toward the development of community-based services which will encourage more involvement of project tenants with the larger community - discouraging their isolation and withdrawal, and provide more universal access to support services required by other low income elderly who are not willing or able to live in subsidized housing.

The provision of facilities, however, is only half of the problem. Given the basic tendency of the elderly to gradually withdraw from activities, which is then reinforced by the complex of interrelated factors including desing, location and management, it is not surprising that they do not respond to even these generous offerings. Some of the tenants do organize

card parties and teas, but the majority require either organized social programs to fit into or the support of a staff person to organize these themselves. They also require access to support services such as Visiting Homemakers, V.O.N., Meals-on-Wheels, etc. For both leisure activities and basic needs, extra assistance is needed to maintain self-reliance. Under the present division of responsibilities this would call for a joint planning process with N.H. & W. and CMHC in terms of the federal role, or a more integrated planning and delivery system at the municipal/regional level. The discussion of CMHC's role in relation to Day Care Centres highlighted the dilemma of co-ordinating federal department activity. A clear commitment and mandate to take initiative within CMHC is required before integration and co-ordination can occur at the interdepartmental level.

Clearly the interaction of these environmental factors can play an important role in overcoming the dependency of the elderly which is created by the combination of the aging process and subsequent low incomes. The analysis of the current housing found that, with the exception of location, there was no explicit attempt to counter this dependency. Instead, one of the consequences of the failure to co-ordinate facilities with services is that housing becomes another factor reinforcing isolation and dependency rather than a positive response to the complexities of their needs and capabilities.

Management and Participation

Although participation in the larger society has been identified as necessary for the elderly both for physiological and psychological reasons, the attitudes and behaviour of the managers/superintendents as well as the more general management regulations discourage activity and such participation.

"There is evidence of a fear relationship between tenants and the landlord",[10] which can undoubtedly be explained in terms of their emphasis on property maintenance and regulations about health and income. For the managers, the lives of the elderly become another factor to control to fulfill their responsibilities to their employers - public or private.

Their relationships with the tenants seems to be based on the perception that they are apathetic at best and irresponsible and slightly senile at worst. Managing is seen to require a blend of benevolent dictatorship and paternalism. Rarely are tenants consulted about decisions affecting their daily lives - such as furnishing their recreation rooms, and they are not encouraged to manage their own activities. One manager in Vancouver felt it necessary to forcibly discourage tenants in his project from participation in the activist Vancouver Housing Interproject Council. The behaviour that is rewarded is that which is consistent with the rules and regulations set by management, to preserve property and avoid trouble. The emphasis is on conformity and obedience, and most of the elderly are unable to confront this demand.

Thus the present attitudes of Management and the need for participation seem to be incompatible. The welfare orientation of the housing program dictates that public assistance be accompanied by firm controls. Participation by tenants would inevitably undermine this bureaucratic control.

Changes are required both in the management objectives and regulations of the Housing Corporations and in the attitudes and behaviour of the project managers before the elderly can

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10 Silbert, Ibid., p. 12

participate more fully in their own enviroment. Management must be structured to provide extra support to overcome the dependency and feelings of powerlessness the elderly have because of increasing age and inadequate income.

C. Housing as an Income Supplement: The Adequacy of Section 35

There are at least 3 important issues to examine to determine the adequacy of the housing provided for the elderly under the NHA from the point of view of their income requirements.

The first and most basic question to answer is to what extent the housing built under Section 16 and 35 is truly accessible to the elderly. In analysing the elderly by their sources of income we discovered that there is a sizable group who receive an income so low that they can only afford to spend between $33.75 and $48 per month on their shelter.[11] Although exact figures are not available on the percentage of homeowners and couples within this group, one might estimate on the basis of statistics about all elderly and low income elderly that approximately 20% will be individuals of which a large percentage will be unattached females who will thus require rents in this range.

Relating this price range to the rents available within the program of loans to provide accomodation for the elderly, it would seem that in most cases the rents charged in units built under Section 16, where loan agreements are based on full recovery, are too high for these unattached individuals. Some of the non-profit groups using Section 16 may be able to meet this need by either investing sufficient capital to lower the mortgage and thus the rents and/or availing themselves of the capital grants provided by the provinces in exchange for the addition of hostel beds, management or supervisory rights and

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[11] Income Security for Canadians, NH & W., 1970 estimated this group to be 818,000 in 1970.

a fixed rent. The entrepreneurs who use this section for the preferred interest rates are only obliged to charge "less than" the market price. The regulation that the units must be rented to those within a specified income range has been removed.

It is really only Sections 35A and D which can provide housing at a price that this group of the elderly can afford. Under this section - public housing - their rents are geared to their income, with a minimum rent of $32. per month based on a minimum income of $192. [12]

If one can accept the fact that at present only Section 35 with rents geared to income can meet the income needs of the elderly individuals requiring income supplements, [13] then the adequacy of the present program must to some extent be measured by the number of units built under Section 35 compared to those built under Section 16.

TABLE 1

Housing the Elderly — The Use of Section 35 and 16 (units and beds)

	Section 35	Section 16	Totals
Canada	16,979	42,965	59,944
Maritimes	1,013	2,732	
Quebec	296	14,412	
Ontario	12,253	8,913	
Prairies	742	9,930	
B.C.	2,675	6,978	

Source: Statistics compiled to January 1971 by Bob Garrod, CMHC for the Low Income Housing Research Group.

12 This is 16.7% of a welfare allowance for a family of 4; but 23.7% of the minimum income provided by government pensions for the elderly. The argument that the % allocated to shelter should decrease as the absolute income decreases is fundamentally sound - as prices remain the same - but it has yet to be fully applied to the elderly.

13 Approximately 20% of those requiring supplements are individuals, amounting to 170,000 in 1970. See Income Security for Canadians.

From Table 1, it can be seen that in a total of 59,944 units and beds subsidized by the NHA to provide housing for the low income elderly, only 28.3% or 16,979 units were built under that Section providing the subsidies required to make them accessible to those most in need. By allowing 71% of their units to be built under Section 16, CMHC and the provinces clearly aimed their programs at those above the basic income line set by government pensions to the detriment of 170,000 plus who are forced onto the private market where rents average $59 per month [14] or onto the charity of relatives, which may be equally oppressive.

The final issue to analyse is the income range of those who are fortunate enough to snag one of the approximately 17,000 units where rents can be geared to income. Table 2 summarizes the distribution of income among the elderly by region and by source of income.

TABLE 2

Income Distribution by Source of Income, Section 35A & D

	Pensioners			Retirement pensions & income		
	<2,000	2-3000	3-4,000	<2,000	2-3,000	3-4,000
Maritimes	69.1	24.3	6.5	31.4	50.9	13.9
Quebec	33.1	53.4	11.1	14.3	38.1	28.6
Ontario	69.9	21.6	7.1	33.9	32.9	23.2
Prairies	77.7	16.0	5.2	44.9	30.6	18.3
B.C.	36.4	22.7	36.4	14.3	57.1	23.6

CMHC, Survey of Tenants, 1970

As would be expected, more of the pensioners have incomes under $2000 than those in the second group. However, there is considerable variation in the distribution by regions - 47.7% in the Prairies have under $2000 whereas Quebec has only 33.1% under $2000. [15] B.C. is the only province where a substantial percentage

14 Rents at $59 will take 43% of the basic income of $135 per month.

15 The figure 33.1% has limited usefulness because statistics indicate that only 296 units are available under Section 35 and these are designated "suitable" as opposed to being built explicitly for the elderly.

(36.4%) of those in public housing have incomes over $3000, and this reflects the additional pension provided by the provincial government.

Those who are on retirement pensions are more evenly distributed within a $4000 limitation, although Ontario appears to have some with incomes up to the $8-9,000 range. One explanation for these higher incomes is that in the rural areas where the population is smaller and the facilities limited, the income restrictions are not as rigid. However, if those on government pensions and retirement pensions are combined, as in Table 3, the income distribution indicates that only 65% of all elderly in public housing fall into the lowest income category of $2000.

TABLE 3

Income Distribution of the Elderly in Section 35A & D

	<2,000	2-3,000	3-4,000	4,000+	Totals
Canada	65%	24%	8.6	2.0	6600
Maritimes					428
Quebec					272
Ontario					5614
Prairies					242
B. C.					

CMHC, Survey of Tenants, 1970

There is a temptation to identify more precisely the extent of the need for subsidized housing for the low income elderly by relating the present supply and allocation of Section 35 units to more detailed information on this group, but analysis is limited by reliance on such things as the monthly reports of those pensioners qualifying for the Guaranteed Income Supplement (NH&W) and special surveys on the expenditures and facilities of urban families (DBS). 1961 Census material is useful for checking income trends, but patterns are changed significantly by such things as the introduction of government pension plans.

It is undeniable however that approximately 50% of the old age pensioners qualify for income supplements and that regardless of their marital status, mental or physical health, or housing status that adequate shelter requires additional subsidies. If one can answer what is essentially a political question, namely the extent of governments' responsibility to provide access to an acceptable standard of housing, then one can proceed to the questions of how to provide the access and how to ensure the acceptable standards within the varying context of Canadian society. A shelter allowance would obviously provide the low income elderly with some of the freedom of choice and independence experienced by those in higher income groups, but it alone cannot provide the services required if this independence is to be maintained. Income subsidies are only a part of the answer to the development of a more effective social housing policy for the elderly.

4. NON-GOVERNMENT RESPONSE: THE USE OF SECTION 16

Section 35, because of direct government subsidies and control through provincial ownership or federal/provincial partnership, is legitimately accountable to public demands for a greater recognition of the implications of the program for the users.

Housing provided under Section 16 has essentially formed the basis for the government's program for the low income elderly. Approximately 70% of the units and beds provided to 1971 were built by entrepreneurs or non-profit groups (service clubs, municipalities and private non-profit corporations.[1] In spite of their explicit orientation to those with low incomes, the incomes of tenants frequently go as high as $8,500 and there is a concentration in the upper ranges.[2] The rent charged is fixed in the loan/agreement and the NHA does stipulate that these rents must be below market price. However, the conditions of the loan still make it necessary for the owners to charge the maximum rents allowed which means that the projects are quite out of range for the majority of low income elderly. There is clearly a need for further subsidies to lower the rents, but there has been much resistance to tying an (35E) operating subsidy to this section. Non-profit groups are eligible for provincial grants varying from a percentage of the capital costs to a grant per bed; but these are usually tied to the provision of a proportion of special care beds and in the case

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1. Figures compiled for the Task Force by B. Garrod, PPD CMHC, March 1971

2. For further comments on the distribution of income in Section 16 projects see the final report of the Task Force.

of Saskatchewan to the right of the province to supervise and inspect the projects and standardize rents. [3]

However, the present trend is away from the use of Section 16 toward a public housing program. Municipal and provincial housing corporations that used the section to develop their housing program because of the 95% loan now recognize the necessity of further subsidies if they are to meet the needs of the low income groups. Prince Edward Island and Toronto are examples of these. Metro Housing Corporation of Toronto has had complete control of the housing program for the elderly, although OHC now builds some units it calls "suitable" for the elderly. Metro receives block grants with operating subsidies from OHC and has the responsibility of the development and management of the projects. The issue now is the question of providing subsidies for the earlier-built Section 16 stock and more generally, the desire of OHC to eliminate Metro in the interest of a more integrated and effective program. The final decision will rest on CMHC's ability and willingness to adapt their original agreements with Metro and provide the additional subsidies to convert the Section 16 projects to the public housing programs. At present, there is a reluctance to change these agreements, which reflects an opinion that these projects are serving a legitimate need of those elderly in the upper ranges of the low income group, who would not be able to compete on the private market and would not be eligible for the public housing projects.

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3. See the summary of provincial aids to non-profit groups Appendix D.

Thus, the Section 16 projects are largely inaccessible to elderly individuals who are living on the OAS and GIS and they cannot fulfill the governments responsibility to this group unless there are additional subsidies.

Even having solved the accessibility problem with further subsidies, there would still remain the question of the capability of non-profit or entrepreneurial groups to respond to the social needs of the elderly and avoid the dilemmas observed in the public housing program. Non-profit groups, such as service clubs, and church groups are frequently motivated by a Calvinistic altruism which belies any a priori sensitivity to the needs of their target group. Identifying the particular needs which are related to the aging process, and translating these into questions of design, location, services or management is a sophisticated problem, and requires considerable expertise. The situation is made even more difficult by the conservative attitudes of municipalities on whom the groups may be dependent for land or tax concessions. CMHC could play a role in supporting the developmental phase of such projects, although at present this would be limited by their narrow interpretation of which groups constitute a reliable investment.

A. Non-profit Groups

Although no comprehensive data was developed on the Section 16 non-profit projects, the overall impression gained is that the quality of these projects depend very

much on the individual sponsorship. If, as in Winnipeg, there is a strong and vocal support for the needs of the elderly, the projects are likely to have extra services and special design features. The various staff and board members of the Age and Opportunity Centre work quite closely with any group building housing for the elderly - from the Lions Club to Manitoba Housing and Renewal Commission. It was through their intervention that a Day Centre was attached to Lions Manor, and they have added their support to the study of needs for facilities and services by MHRC.

In Nova Scotia, the non-profit Nova Scotia Housing Corporation plays a somewhat similar role. In North-Wood Towers and Manor the executive director has succeeded in extending the typical project to include services such as a resident nurse, a house doctor, a cafeteria service which will take meals to rooms and several other personal services. The project is also somewhat unique in that it has a combination of independent units and special care units. However, the rents are high for individuals and the services are extra. Potential tenants must supply a written guarantee of their income level for admittance.

Action Line Housing Society of Burnaby, B.C. is another example of a non-profit group which is sensitive to the needs of the elderly. The president has an almost fanatical interest in the latest design features to maximize their comfort and social activity. He has spent the last 15 years researching the physical, psychological and social needs of the elderly beginning with a North American survey

of housing for the Catholic Archbishop of Vancouver. More recently he has begun to implement his ideas and developed a partnership with an architect who is equally enthusiastic about the housing. Together, they have built 20 units of family housing and are proposing a residential complex for the elderly and a high rise family project.

Their design for an elderly project - Seton Villa seems imaginative and progressive, although its hill-top location has the obvious drawback of being difficult for those who find steep slopes difficult to negotiate. There is an emphasis on the diversity of needs of the elderly and the plan includes 3 levels of care ranging from independent living to quite intensive nursing care. There is also a concern with the balance between privacy and social interaction and the units are grouped around communal space to encourage socializing. In addition, a belief that the elderly deserve the same rewards that other members of society get, is incorporated into the project and there will be a range of services provided from restaurants, recreational programs, educational courses to a free week long vacation in Las Vegas.

But discussion with those in Action Line Housing made it quite clear that they were planning <u>for</u> the elderly rather than <u>with</u> them and the elderly would not be expected to participate in the management of their housing.

Reference to the elderly was made in a collective sense - such as an expression of real indignation of what society (and particular government programs) has done to their dignity and how "people should not make profit off

the misery of others", and the importance of self-esteem of mankind. There is a strong belief that the behaviour and attitudes of "the disadvantaged" can be changed and that good "non-public" housing is one way to accomplish this. Through a private family housing project Action Line has already "up-graded" the status of 8 families from dependency on welfare to being self-supporting. The tenants can "hold their heads up" because they pay school taxes the same as their next door neighbour. So far, the success rate at rehabilitating "societal misfits" is certainly higher than the public housing program appears to be if the choice of the indices of rehabilitation are valid. Compared to the bareness and deliquency rate of F.P. 1 in Burnaby, the 20 units of family housing are idyllic. But the ideological motivation and the enormous personal investment in actualizing those changes creates a rigid and controlling environment that is perhaps less desirable in the long run than either our present public housing or what it could be. Certainly there is nothing in the legislation to prevent the changes (size, location, facilities, management) in our public housing that would provide some of the advantages of the Action Line development.

Although the project for the elderly is still in planning stage, the pattern established in the family housing is likely to be repeated. The design and facilities are excellent. But management is likely to be manipulative and controlling. As mentioned before, some might conclude that the elderly actually prefer this type of protection: but the reality is that the elderly are being forced to trade independence for security.

There are less idiosyncratic ways to overcome the inadequacies of projects built by non-profit groups. Co-ordinated community planning at the municipal level could provide a system of more comprehensive services and housing types. This would seem particularly important in rural areas or where resources are limited such as in the Maritimes. An analysis of the housing projects in Saskatchewan communities indicates that they have been successful in ensuring the availability of comprehensive care, providing some basic security for the elderly. Sponsorship of the projects varies: municipalities accounting for more than half; service and church groups, approximately 80% of the non-profit housing; and private groups focussing on the urban areas. Their method of encouraging community responsiveness and of allocating funds should be documented in further detail.

B. Profit-making Groups

In spite of the fact that there is little entrepreneurial activity connected with Section 16 at present, it is important to examine some of the social and economic disadvantages associated with this delivery system.

Dependence on the entrepreneur has until very recently been a major strategy for providing housing for the elderly. Figures compiled before the 1969 changes in the legislation show that they accounted for approximately one-third of the units and beds built under Section 16, and 25% of the total number of units including those built under Section 35. Until 1969, those who used this section were definitely limited to a 5% profit; but the changes in legislation lifted these regulations and stipulated instead that

> " ... its rental structure must reflect the benefits accruing from such financing... when compared with similar accommodation on the open market ...

> Such rents must also be considered fair and reasonable in relation to the family income of the occupants for whom such housing is intented." 4

Such a move was at least in part designed to make the Section more attractive to the entrepreneurs, and in the last few years developments in the area of nursing homes has provided a market from CMHC subsidies. However, in a memo to a senior head office executive, the supervisor of the Ontario Region expresses criticism of the fact that the limited Section 16 funds are being allocated to entrepreneurs such as Beacon Hill Lodges of Canada, who are making a profit of 32% in a project limited to those with a minimum income of $7,500. He feels they should not be given preferential interest rates and suggests the need for provincial or national guidelines for the use of Section 16 funds based on a development of priorities of need for accommodation for low income families and the elderly. In January 1970 the files indicate continued negotiations between the Corporation and Beacon Hill Lodge concerning a suitable per diem rate and the problem of separating the financial responsibilities for shelter and services. This case illustrates the move by CMHC to provide subsidized loans to profit-oriented groups where more intensive care is provided for the elderly.

Although it was impossible to determine either the extent of the demand for Section 16 funds by profit-making groups or the limits of the response of the Corporation, the pressure of such groups to secure loans at the lower interest may increase as the demands for nursing care increases. As a recent article proclaimed, "Helping

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4 Policy Procedure files, General Instruction, June 27, 1969, concerning amendments to Section 16 to the NHA.

5 Dec. 29, 1969.

the Aged Becomes a Growth Industry", [6] and the proponents of such an industry have "welcomed government recognition of its services as an essential part of public health services". The Castonguay Commission of Enquiry on Health and Social Welfare examined the role of profit-making institutions and observed that:

> "While recognizing the services it has rendered .. We are forced to observe that the profit-making sector acts on the basis of motives incompatible with the fundamental principles on which the health plan and the social services plan ... must be built.
>
> ... based on an overall concept of care distribution ... on the integration of the functions of prevention, education, treatment and rehabilitation ... they are the object of careful planning in which producers and consumers participate closely, and not only the traditional ruling classes, or businessmen." [7]

The conclusion of the Commission was that state subsidies to the profit-making sector should be terminated although these institutions would be eligible for permits to provide residential care for the aged.

Their analysis might provide a useful point of departure for a similar investigation of federal policy on subsidized loans to profit-making groups.

An analysis of MacDonald Manor illustrated the problems of minimal space and limited facilities, the need for services such as health care and the inadequate investment in management. This project was built by a group of private citizens to answer the needs of Ottawa's senior citizens. The design was only minimal and although

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6. Globe and Mail, Wednesday, July 7, 1971 where the operations of Extendecare (Canada) Ltd are described.

7. Reports of the Commission of Enquiry on Health and Social Welfare, Government of Quebec, 1970 Part V, volume VII, Tome II p. 43.

the location was excellent, the facilities were also minimal and of course there was no money for furnishings. However, the more serious problems stem from the manager's attitudes, which were intimidating and threatening to the extent that some of the tenants turned to community workers in the area for advice. Tenants were being evicted and replaced by friends of the manager - none of whom qualified as low income individuals; more éligible applicants were rejected for no valid reason. This situation continued until the management of the project (and some others in the Ottawa area) was taken over by the Ottawa Housing Authority. There is still the need for a resident caretaker or a maintenance man and a community worker.

It was at the time of the complaints about management that the community worker and a concerned medical doctor discovered the desperate need of the tenants for some type of regular health care. Some problems were relatively minor, but there were instances of death through lack of care and more cases of premature physical and mental deterioration which could have been prevented. There was little mutual aid among the tenants and many even lacked a telephone for cases of emergency. After some months of regular visits to the Manor, the doctor and community worker succeeded in having a clinic open in the neighbourhood to serve a wider group more systemmatically. The doctor is still concerned however with the importance of providing regular nursing care in high rise developments and will undertake a study of the health need of the elderly in the recently built public housing projects to prove her thesis.

Thus in sum, the present use of Section 16 by either non-profit groups or profit-making groups is simply not adequate from the point of view of income or the environment that should be provided for the elderly. The assumptions about the management of lives underlying the public housing program is equally evident in the non-profit projects - even in cases where there is a much greater understanding of the importance of supporting services.

Section 16 housing also suffers from constraints imposed by CMHC itself. All three of those groups who are attempting to meet the needs of the elderly cited difficulties in having their plans approved by the Corporation - Winnipeg in terms of day centre facilities, Action Line over balconies, Nova Scotia Housing Corporation about interior design features and the inclusion of a floor of services. CMHC must definitely be more responsive to a wider range of groups and more constructive with these community-based groups if they are to have the responsibility of meeting physical and social housing needs.

Thus before it is realistic to contemplate embarking on a community-based program which will avoid the present problems of the public housing program, CMHC has a responsibility to invest in developing the capability of non-profit groups to respond in an economic and social sense to the needs of the users. It must also invest in the development of a planning process which will provide a basis for co-ordination between housing, resources and services within the community and integrate the various

stages involved in providing housing such as identifying need, design, construction and management. A participative structure is needed, within which all people, including the low income elderly, could begin to exercise more control over their lives. These objectives would obviously limit if not totally eliminate the role of the profit-making groups unless their operating style was compatible with the objectives of a community-based program.

5. ADEQUATE HOUSING FOR THE ELDERLY

A. Perceptions of the Elderly

The attitudes and preferences of the elderly have been notably absent in the development of housing programs for them. There may have been an attempt to survey their need - which in the case of New Brunswick has sometimes been limited to the response to an advertisement in the local newspaper or a list in the town hall; but there has been little or no attempt to involve the elderly either in the planning of a new project, or in the evaluation of an existing one. Even research investigating the impact of housing on the elderly is minimal.

In the last year however, attitudinal input from two sources has increased. One is the elderly themselves through national and provincial associations such as the National Pensioners and Senior Citizens Federation. The other is those institutions who are assuming more responsibility for housing for the elderly - namely the provincial housing corporations or provincial government departments and CMHC indirectly through research grants.[1] Even the Opportunities for Youth program surfaced a study of the elderly,[2] which however did not receive the blessings of the Hamilton Housing Company.

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1 Included in these are:
Manitoba, Department of Health and Social Development, A Study of the Needs of the Elderly and of Facilities, Services and Resources Required to Meet the Need. To be completed by December 1971.
Ontario, Hamilton Senior Citizen Survey, Survey Department, OHC, 1970.
Saskatchewan, Department of Municipal Affairs, A Public Housing Project for Older People, with CMHC and the City of Regina, March 1970.
Canadian Council on Social Development, Part V Grant, CMHC. To be completed in 1972.
Environies Research Group, Senior Citizen Housing Satisfaction Inquiry. Part V Grant, CMHC. To be completed September 1971.

2 Morris Silbert, A Study of Pensioners Living in Segregated High-Rise Apartment Buildings in the City of Hamilton, Opportunities for Youth Project No. 300-340.

The Senior Citizen's Conference in Winnipeg [3] devoted a workshop to housing problems. In terms of the public housing program, they advocated that:

> "the Government give preference to separate senior citizens housing rather than combined with family units."

And for the homeowner:

> "that senior citizens who own and occupy their own homes and whose income is not more than $3,000 be exempt from educational taxes. No tax on homes should be placed by the province for major repairs,"

and

> "that home care services should be extended to help people stay in their own accommodation as long as possible."

There seems to be an acceptance of the importance or necessity of both public housing and home maintenance with an expression of concern for more privacy.

In the survey of applicants for a public housing project for older people in Regina, very few indicate a preference for young families to be integrated into the project. The point is made that "a minimum age limit of sixty-five years was too high, as it would be psychologically depressing to be completely surrounded by retirement people."

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3 October 27, 1970.

More specific preferences about project housing are available on location and design. Projects should be located near the centre of town, shopping, churches and recreational facilities with adequate transportation available.[4] The units should be designed to provide maximum safety from outside intrusions and from the possibility of household accidents. Convenience is also important, particularly for those with restricted mobility. Low cupboards, hand rails, large refrigerators to save trips to the store should be considered.[5]

The question of building type is more difficult. Many of those concerned with the problems of housing the elderly automatically assume that a high-rise would present problems for this group in terms of confusion, stress, etc. The Regina survey indicated that a 10-11 storey building would be suitable for their group.

In relation to management there is concern for standards of liveability, but no specific mention of a preference for self-management. However, the Winnipeg Conference recommended that:

> "the Senior Citizen Coordinating Committee and Senior Citizens Housing Committee look into the possibility of forming a Housing Corporation to plan for the building of senior citizen housing".

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4 The question of location preference was thoroughly surveyed in the Regina study. Gordon Priest in his thesis introduced other variables such as the physical environment (slope in relation to walking), cost of proximity question (transportation costs vs physical costs), frequency of use of facilities and services, costs of land, etc.

5 See Michael Pine's edition of Housing the Elderly, Design of the Unit, CMHC. The Regina survey also provides useful data.

6 Priest comments on the tendency in B.C. to build high-rise projects in spite of the fact that the guidelines issued by the Vancouver Housing Association (1967) suggest otherwise. (See Building for the Senior Citizen)

The Housing Committee of the Age and Opportunity Centre decided instead to buy an old apartment building and renovate it. They attempted to do this by forming a co-operative, but have had little support to date from either CMHC or existing co-operatives.

Generally speaking, the elderly represented by these two groups seem to favour the development of public housing. In Regina, the feeling was that it was the best thing to come along in years. The Winnipeg Conference emphasized the desperate need for more public housing, but it is questionable whether this need should be interpreted as a preference. Rent supplements for the private market and home maintenance allowances are also considered as ways to meet the housing need in terms of quantity and quality.

Ontario Housing Corporation is also gathering information through formal surveys and the personal contacts with tenants made by staff members of the Community Relations section. Unfortunately most of the questions are premised on the acceptance of the high-rise as the project type, but problems related to the design of the unit, facilities, services and management are identified.

Design features mentioned were lower windows balconies, air conditioning, two doors and lower stoves with front panel controls. Showers were preferred over baths. Facilities might include a hobby room for men - although four out of five tenants are men. It was also recognized that high-rise living does create a need for some compensating features such as benches beside the elevators. It would be ideal to have shopping services within the building, or at least to have delivery available. Health services were also considered important - regular visits by a Public Health nurse and proximity to a doctor.

Recreational programs, although usually organized by the tenants, could be improved with volunteers from the city departments of Parks and Recreation.

Management, according to OHC, could play a more positive role in reassuring the elderly particularly in relation to fears of eviction for health reasons. The pervasiveness of these fears would seem to justify some explicit policy on tenure for the elderly who may be hospitalized for a considerable length of time. Services mentioned should include regular visits from a Public Health nurse.

It is equally unfortunate that there was no discussion of location since OHC is seriously considering the suburbs for their major developmental thrust. The lack of reasonably priced land in more central locations justifies this move in economic terms and OHC is attempting to legitimize the dislocation by reference to the easily accessible transportation system. However, the impact on the social networks and patterns of activity of the elderly should be carefully evaluated before the commitment is made to a large scale program.

Environics study of the housing satisfaction of the elderly offers a comparability of life styles not available in the more standard research, providing some useful insights into the importance of diversity and choice in the development of housing policy. Based on group discussions with six groups representing different types of housing situations, preliminary analysis has already yielded some interesting observations.

One is that the elderly in the mixed public housing projects saw some advantages in the proximity of children - although they did feel the superintendents should not allow them to monopolize the elevators and destroy lawns and flower beds. The preference of the elderly for segregated housing is gaining wide acceptance as a basis for housing programs, to the extent that fewer alternatives are being offered. The opinions in this study reinforce the positive experience in Culloden Court, B.C. and suggest that the assumptions about segregation should be questioned more systematically.

Another is the depressing inability of the roomers interviewed to improve their housing situation either by seeking alternatives or by demanding an adequate standard of maintenance. These people, men and women, have developed a life style analogous to the street life of many of the youth of today. Location downtown is more important than improving the quality of the housing; a meal service is more important than individual kitchens; the freedom from institutionalized housing is more important than "clean, safe" independent one bedroom apartments. To reach these people who obviously need more adequate housing will demand much more flexibility of response such as that demonstrated in the Gastown Hotel rehabilitation scheme in Vancouver instead of the more typical rigidity demonstrated in the seven year negotiations over FP 19 in the same city.

The greater income mix of the suburban municipally-owned and managed project studied creates a more middle class orientation and a much freer and active atmosphere than that of the public housing project. There was an active residents' association which was very curious about the

research project and generally more sophisticated about their housing. The residents looked younger, dressed better and had more services available - partly because of their connection with the adjacent Home for the Aged. Their proximity to the Home and the agreements that have developed also give them a sense of security in relation to medical emergencies or the need for more permanent support that adds to the general satisfaction felt about their housing.

Observations of those in the Homes for the Aged suggested that some could have continued a more independent existence if some of the more basic services were available at the community level. The design and management of the Homes did tend to emphasize their dependency, although some participation was encouraged through a Residents' Council.

The most isolated individuals seem to be those living in private apartments. Although the apartment is run-down, there is a total resistance to change. Whether this is a result of withdrawal or the fear of losing independence (or both) is important again if we are to design alternatives that can be acceptable to those who need them.

Virtually all of the people contacted who were involved with these studies of the housing needs of the elderly commented on the difficulty of eliciting a direct response, let alone a criticism. This was particularly true of those living in public housing, regardless of who the interviewer represented.

Environics found those living in the less subsidized Metro Toronto Housing more willing to discuss problems, but this has not necessarily been the case with

all those living in that type of housing in other centres such as Ottawa and Vancouver. The most independent and aggressive opinions seem to come from associations such as the Housing Committee of the Senior Citizen's Council of Winnipeg and other self-directed groups, or from a community worker as a result of sustained interaction with tenants in various housing developments. This is a rather critical issue to explore further if the attitudes, preferences and perceptions of the elderly are to be accounted for in the development of housing programs. At present the conclusion would be that the survey is not an effective way of gathering information and reliance on it should at the very least be accompanied by an input from independent senior citizen groups or tenant associations and the observations of community workers who have had continuous contact with the elderly in their housing.

B. Planning Models

Thus, although there has been no effective way discovered to involve the elderly themselves or their ideas in the planning process, the Corporation is becoming somewhat more responsive to the needs of the elderly for a more total environment. At Head Office, this responsiveness can be seen in the development and revision of Housing the Elderly; at the operational level, in the often thwarted attempts by Branch architects to apply these guidelines to the actual development of projects.[1] In his study of urban poverty for the Minister responsible for CMHC, Lithwick noted that

> for others, particularly the old and handicapped... direct provision of housing would be preferable... such a policy must recognize that housing is more than clean and warm shelter. It entails access as well to recreation, to markets, to social services and to family and friends. Such public housing thus requires a complementary package of services very carefully planned and optimally located".[2] (my emphasis SF).

The following three models are examples of ways in which this more total environment could be developed.

(a) Community-based Services

Although the Age and Opportunity Centre are also concerned with the design and location of housing for the elderly, their whole focus has been one of service. Even their Handbook of Standards, although filled with definitions and objectives relating to location, physical plan, management and staff, etc. is essentially designed to encourage groups to provide their own housing. Their emphasis is on the more independent elderly and the supports

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1. See Appendix "B", for a description of the struggles of the N.B. Branch Architect for more suitable designs for the elderly.
2. Lithwick, N.H., Draft Chapter on Urban Poverty, p.

required to maintain their independence, which they have identified as community-based services provided with the support of an effective staff.

Community-based services to the staff and committee members of the Centre are ideally located in a facility, e.g. a Day Centre, within the neighbourhood. It would provide a range of services including social, educational, recreational, personal counselling, domestic and health for those who came to the Centre or for those who required the services in their own home or dwelling unit in a project. There has been a tendency for the Corporation to assume that these services should be provided within a housing project, and although the legislation permits off-site facilities, there has been considerable reluctance to this option. The Centre suggests on the basis of their experience that by doing this, the isolation and ghetto-like atmosphere is reinforced. They feel quite strongly that where physically possible, the elderly should be encouraged to move out into the community, and their Day Centres are intended to do just that. They also have found that where tenants have outside interests, the internal bickerings of the project are reduced.

Thus, from their analysis of the problem, the responsibility of maintaining independence and activity in the larger community falls squarely into the area of services - although they also note the importance of downtown locations for projects. This interpretation helps to explain their relative lack of concern for the emphasis of MHRC on quantity. Given their concern for community based services they would probably prefer to work with MHRC in selecting locations that would be convenient for the

development of services rather than to have the services built into the project. This idea is comparable with the recent suggestion by a Head Office architect that CMHC should be more careful to locate projects for the elderly in areas where a minimal level of services would be available.

To implement their plans, the Center puts a considerable emphasis on staff support. They recognize the reluctance of some of the elderly to initiate activity and they see themselves in the role of enablers. The personal counselling is an extension of this role. A staff person is also used to reach into the community where the elderly are unable or unwilling to participate in the activity at the Centre. The worker in Lord Selkirk Towers feels her guidance is absolutely necessary to encourage some communal activities and a system of mutual support.

The Centre has certainly been successful in providing many older people in Winnipeg with a sense of their own power. In the area of housing specifically, they helped to organize a Housing Committee from among those who attended their Day Centres. This Housing Committee has presented a brief to the City Council with their demands for low cost housing, rooming housing licensing and a rooms registry, and are presently attempting to set up their own co-operative. It is this type of activity which, if maintained, could change the self-image of elderly and develop their capacity to have some impact on the decisions that affect their lives. The work of the Age and Opportunity Centre provides a persuasive argument for the investment in community-based services as a necessary part of an adequate housing program.

Given the commitment of a group such as the Age and Opportunity Centre, the real issue in the development of this plan on a more comprehensive scale is the question of financial resources for facilities and services. Up to this point the Centre has been funded by the Red Feather with additional support from informal relations developed with the city and the province. Obviously the municipality although theoretically responsible for services, cannot afford to support such a comprehensive program, nor can it likely afford to pay the 50% required by the Canada Assistance Plan. As well,the resistance to off-site facilities, particularly for projects built by non-profit groups - made it necessary to build a Day Centre adjacent to the existing Lion's Manor project, sacrificing the Centre's conviction that it is preferable if the service is not attached to the housing. It was possible to add the facility only because of the relative flexibility of the Capital grants provided by the Province for projects built under Section 16.

To solve the dilemna obviously requires a broadening of the definitions of housing and greater coordination of planning between those responsible for housing and those responsible for services at all levels of government. CMHC is now willing to develop Day Care Centres and other facilities within public housing projects, or for those tenants in a facility located off-site. The needs of the elderly for a more total environment suggest that CMHC must extend their responsibilities to the development of community-based facilities to be available to tenants from projects built by the government and non-profit groups as well as those remaining in their own homes. The development of any housing project should be dependent on either the existence or development of the services and staff required to support this addition to the community.

(b) The Housing Package: Dwelling-Facilities-Services[3]

The concept of the "package" essentially concurs with the Age and Opportunity Centres' emphasis on services; but whereas the Centre focuses exclusively on the ambulatory and their development of independence through counselling and social action, there is more concern here with advancing dependency and the services required by the elderly at various stages in the aging process. The possibility of "the integrated service package on a neighbourhood level" is considered but rejected because of the problems of innovative planning techniques required for three level government integration, the total cost of such a program, and the risk of raising expectations among potential recipients.

Instead, the housing package concept emphasizes "Transitional Aid with Increasing Care Provided at each Level", which will depend on the co-ordination of housing and existing facilities and services. Many of the elderly now in nursing homes or other institutional-type settings, would be quite capable of living in semi-independent housing (housing with minimal services provided) were it available. This was found to be true in Nova Scotia where more varied accommodation is being developed and nursing homes phased out. A study of the elderly in Britain by Peter Townsend found many of those in institutions were actually there because of loneliness rather than for any advanced dependency reasons.

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3 This plan was developed by Sylvia Goldblatt and Michael Pine of the Architectural and Planning Division of CMHC, for a Background Paper for the Low Income Housing Policy for 1971.

Although the system would actually take many forms, there would be available a complete range of dwelling types from institutional (hospitals, nursing homes, homes for the aged) to non-institutional (house, hostel, apartment), and the basic facilities and services that would be needed in the dwelling. Thus, Meals on Wheels might be centralized in a Day Centre and sent to homes in the community or project. A Home for the Aged might share its special services with those in non-institutional situations, such as done in Toronto between the independent Metro Toronto project and the adjacent Home for the Aged.[4] An information service and transportation would be important parts of such a co-ordinated system.

Thus, the concept relies heavily on the co-ordination of existing facilities and services. In Saskatchewan, the Joint Planning Committee for Health and Welfare has moved to the stage of more co-ordination in the developmental phase of projects at the community level. They have also developed definitions for levels of care and use these to assign the applicant to the most suitable project.

The analysis concludes with the rather pessimistic overview of this incremental approach suggesting that any real change must emanate from a "rational and rationalized urban policy" and that "all other tools combined can only tinker at the periphery".[5]

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4 Discussions at the Office on Aging, Department of Family and Social Service, Province of Ontario, focussed on their attempts to de-institutionalize the traditional program by reaching out into the community with services based in the institution and also by developing the more comprehensive system of independent apartments and special care homes. The emphasis is on providing alternatives, including the option of remaining in the home.

5 Lithwick, N.H., Draft Chapter on Urban Poverty, p. 62.

(c) Centres d'Hébergement[6]

The concept is much the same as the "housing package" except that the architect who presented the plan, has attempted to specify the location and the services required at different stages of the aging process in a plan for a neighbourhood in Montreal.

Through his analysis of the survey of Nicholas Zay, the architect arrives at the position that roughly 25% of the elderly are capable of totally independent living, and 60% - 70% require minimum care, with the remaining 5% - 10% needing specialized care. Any integrated plan for providing housing and services must reflect these needs - with the objective of maintaining the maximum level of independence. Thus the centre will provide full care for the chronically ill plus social, recreational, home-making support for those in the community through programs in the centre or services delivered in the home. It would also provide other resources such as architectural and research services to allow for more independent action by the elderly in providing their own housing, for example, the renovation of a private home to a boarding house.

Related housing will be within walking distance of the centre (although those in their own homes may be further) and will provide alternative levels of care from independent to chronic, including mixed apartment living that will be available to the non-elderly. These housing alternatives may or may not be adjacent to each other, but separation is not felt to be necessary to prevent a project image of an elderly housing complex. The actual design of the buildings and pattern of the complex will vary with the

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6 This plan was presented to a group of interested architects and planners at CMHC by Yves Figoli, a former architectural student at University of Montreal.

environment of the neighbourhood.

One of the immediate problems that appears when studying such a physically integrated plan is the problem of land assembly; another is the desirability of off-site locations for some of the services, separated from the residence and hospital. During the presentation of this plan, it was obvious that there was agreement over objectives. But there was also an obvious preference for the gradual "evolutionary" development of working relationships to co-ordinate and integrate operations between those providing housing and services.

The concept may have more relevance for Quebec with its emphasis on the development of community-based services. The extent to which Castonguay's Department of Social Affairs would be interested in investing in such a plan will be the key. The plan certainly has many similarities to Castonguay's proposed Community Health Clinics and perhaps could be co-ordinated with them. The fact that Castonguay has also decided that there is no place for the private entrepreneur in housing the elderly may make him more receptive to such a proposal.

6. THE DEVELOPMENT OF A SOCIAL HOUSING POLICY FOR THE ELDERLY

A. Objectives

Our analysis of the needs of the elderly clearly identifies two of their basic problems which are central to the development of housing policy:

(1) because of the aging process, the elderly are increasingly dependent on a range of support services. The fact that they also have a psychological tendency to withdraw from society and a societally-conditioned propensity toward maintaining an outward appearance of self-reliance has made it difficult to recognize their special needs or to meet them through the development of traditional programs;

(2) the very low incomes of more than one million of the elderly reinforces their dependency and widens the gap between this condition and their commitment to self-reliance.

The present housing program has only nominally acknowledged the special needs of the elderly for a supportive environment, limited mainly by the reluctance to pursue the integration of the shelter component with facilities and services. However, perhaps more critical is the total orientation of the housing system which has followed the tradition of other compensatory programs designed for those who fail to maintain their independence through individual effort. The program is premised on the definition of the elderly as dependents, and in "providing for" the elderly the program actually undermines any possibilities for independence or self-determination and perpetuates the situation of dependency. The definition also implies a homogeneity about the elderly which discourages the development of alternatives and choice. The investment in physical structures rather than individual incomes clearly identifies those who require assistance, emphasizing in their own mind and that of the larger community

their inability to function in an independent way. For many of the elderly, the move to subsidized housing is the last resort.

In quantitative terms, only a fraction of the need is met. There are approximately 17,000 rental units available with sufficient subsidies to make them accessible to those with the maximum government income subsidies. The majority of the low income elderly, the homeowners, are ignored.

These consequences of our current housing policies however, continue to be ignored by the policy-maker. The pervasiveness of the mystique about the elderly and the reluctance of the elderly themselves to articulate their needs have to some extent obscurred the consequences and thus legitimized the present government efforts. The housing problem is still defined in quantitative terms, with an almost total emphasis on housing starts for rental projects.

Housing policies do have the potential to restore some of their independence and feelings of self-worth, but only if there is a commitment to a reorientation of the housing system toward a more comprehensive service rather than an "aid to low income groups". The definition of housing must move beyond the provision of a dwelling unit to include the funding of facilities for the services necessary to support an environment that maximizes the independence of all individuals regardless of income or age. The focus should be on the development of community-based services to avoid further segregating the elderly through special programs. It is unlikely that the needs of the elderly in housing projects differ from the needs of the elderly in the community, and may in many cases be similar to those of the younger members of the community.

However, these improvements in the quality of the environment must be matched by a simultaneous investment in the right of all citizens to determine their own life style. Rent supplements to the elderly would immediately expand their choice of housing alternatives to the extent that alternatives are related to income level.

To provide a real choice of environment, however, will require the development of a greater responsiveness by the CMHC to the diversity of the needs and preferences of the elderly. Alternatives to the present rental projects should included:

(1) A rehabilitation program for the low income homeowner. This program must be based on the reality of the very low incomes of the elderly and offer interest-free loans and grants to improve the adequacy of their housing.

(2) Although the emphasis should remain on the provision of independent units for the elderly, there are a proportion who because of advanced age, health problems, or life style preferences require a more supportive environment. For this group, who it is estimated represents perhaps five percent of the elderly population, [1] congregate living may offer an alternative seeking a more institutional solution such as Nursing Homes, Homes for the Aged or convalescent hospitals. This would involve a residentially-oriented program providing a homelike setting, some structured social interaction (communal meals) and a range of services including housekeeping, meal preparation and personal care services depending on the need.

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1 "Observations on Congregate Housing", HUD, 1970. This article contains a useful analysis of data required to set up such a program. See also "Housing and Services for the Frail Elderly," Marie C. McGuire, HUD, 1970.

This alternative would best be developed by a municipality and would be highly dependent on the availability of a solid base of community services. An advocate of this alternative notes the need for "increasing co-operation between local housing authorities and welfare, health and other community agencies."[2] The conversion of older homes in a central area would be an ideal form for this program. This form would have the advantage of being able to provide a continuity of living ranging from independence to personal care, services being added as the need arose. Throughout, the emphasis would be on maintaining the maximum independence of the elderly residents.

(3) The conversion of older homes deserves a special emphasis as an alternative for the more independent elderly, particularly for single women, who prefer older neighbourhoods and proximity to downtown and are capable of performing most housekeeping functions themselves. CMHC should provide special capital grants to existing organizations or new user-groups of elderly people to allow them to develop this alternative.

(4) The renovation of old hotels would provide some of the same advantages, with possibly less emphasis on social interaction and more privacy. The Gastown project in Vancouver is an example of this which has been particularly attractive to single men. The location is familiar and it represents a life style reminiscent of their more independent rooming house development.

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[2] See McGuire, p. 3

(5) The takeover of small older apartment buildings could again maximize use of the downtown area but would be an alternative for the more independent of the elderly. Communal space could be limited and would then be best developed within the supporting framework of a service agency such as the Age.. and Opportunity Centre. This alternative might be more suitable in medium-sized cities where such buildings are situated downtown (Winnipeg, Regina, etc). Because the nature of the alternative would require fairly independent people, it would be desirable to either encourage an existing group of elderly to make the arrangements themselves with special subsidies or to at least manage the housing once it was provided. Co-operatives would be most suitable vehicles for the development of this alternative.

(6) A variety of locations could be provided at less than market prices by block leasing units in private apartment buildings. This would break down a segregation by income which may be inconsistent with a life-style prior to retirement and provide maximum choice and independence at reasonable prices. The same objective may be achieved with rent supplements, but block leasing would ensure more control over fluctuations in rent. These elderly would be totally dependent on the development of community-based services for any support.

To maximize this choice, the responsiveness of CMHC to these alternatives must be matched by the more direct participation of citizens in the development and management of their own housing. There is much evidence of the capacity of the elderly to contribute to such a process and some indication of positive efforts to assume such responsibility. Although

participation can be defined in many ways - ranging from consultation to control, the logical result of this emphasis on participation will be the shift of decision-making to the community level, both in terms of planning for housing and for the development and integration of housing-related services. The effectiveness of the social housing program in supporting an independent and active existence for the elderly will to a large extent be determined by the commitment to the concept of participation and the creation of participative housing structures within communities.

Thus the long term objectives for housing the elderly will include:

I A qualitative change in the housing environment by

a) the development by CMHC of community-based facilities for a comprehensive range of support services;

b) the initiation by CMHC of a Joint Planning Committee with National Health and Welfare to integrate the planning and funding of such services and facilitate their implementation at the municipal/regional level;

c) a greater responsiveness by CMHC to the diversity of needs and preferences among the low income elderly.

II A major re-orientation of the planning and management of government subsidized housing to maximize the involvement and decision-making of citizens at the community level.

III The development of housing as a universal service by

a) ensuring the individual freedom of access through rent supplements, and

b) creating a more adequate supply of housing by increasing the loan subsidies or providing grants.

B. Interim Recommendations

To meet these objectives for a social housing policy for the elderly will ultimately require a complete revision of the relevant sections of the N.H.A. toward a more participative community-based system. In the interim period, CMHC will play a critical role by controlling the basic deficiencies of the present program in a way that is consistent with the development of a more total environment; supporting the capacity of community based groups and municipalities to develop and manage their own housing; and creating within CMHC a structure that can respond to the communities' definition of their needs. Further specification of the long term objectives will be dependent on the continuous evaluation of these interim measures and the development of environmental programs in other areas of government.

I. Toward a qualitative change in the environment

(a) High rise apartments should be limited in size (250 units) until there is more substantial evidence of the physiological and psychological consequences of size and height for the elderly.

(b) The repetition of a design should be limited to the extent that it will restrain the development of diversity in the near future.

(c) Criteria for the location of projects should be extended to include a minimum level of accessible services.

(d) A size/facilities/services ratio should be developed as criteria in the approval of subsidized loans. Consideration should be given to the facilities required in the project as well as those best provided at the community level through such things as Day Care Centres or community

resource centres. Such a ratio, as well as guaranteeing a basic level of services to the elderly, would force a consultation with those developing community services, including recreation, health, social and personal services.

(e) Existing projects should be "habilitated" where possible to provide more adequate standards. Where required, facilities should be added, either on-site or off-site. Special safety features such as handrails, more adequate lighting, intercom systems should also be considered.

(f) CMHC should take the initiative in founding community-based facilities to encourage the development of more comprehensive network of community services, for example, Day Care Centres. This will require a change in the present commitment to project-based facilities, to include responsibility for facilities for those low income elderly who are not living in Public Housing.

(g) The initiation by CMHC of the Joint Planning Committee with National Health and Welfare as outlined in the long term objectives. The first major requirement will be the development of participative structures within which citizens can exercise decision-making powers.

II Toward a community-based participative housing system.

(a) Tenants association should be funded as part of the operating expenses of all projects. Ultimately, no subsidized loans for either government or non-government projects should be approved without specific guarantees for funding such an association.

(b) Decision-making in the management of their housing should be developed. The management capabilities of the elderly will vary with their interest in it and their self-perception. Community-based resource centres could provide initial support through management courses. The form of tenant management should therefore vary with these capabilities and their life style, including co-operative decision-making, tenant management committees, or a manager hired by the tenant association.

This thrust toward tenant management does not negate the need for a resident caretaker who would perform maintenance functions and provide the security which is so important to the elderly, but he would be responsible to the tenant association or management committee.

(c) Although there is always the danger of tokenism, the elderly must be represented on a Citizen Housing Committee to be developed at the community level from representatives from the tenant associations. The elderly representatives would have a decision-making role in the development of all housing plans for the elderly in their community. The usefulness of a

separate Committee structure for the elderly is an open question and would depend in part on proposals for such from the elderly themselves. The tendency for special programs or measures to perpetuate the segregation of the disadvantaged groups would be one consideration.

(d) The development of a variety of non-profit groups representing the varying capacities of the elderly to participate in the planning and management of their own housing.

These would include co-operatives or other elderly-controlled groups for the most independent elderly; neighbourhood-based groups or community-wide service clubs who would include a fifty-one percent user-representation of the elderly in the planning and managing of the project (with the possibility of total management by the elderly upon request); municipally/regionally-based housing committees who would have the responsibility of more comprehensive planning for the elderly including housing and services and where regional representatives of the elderly would have a controlling position. All of these groups would have the support of community-based resource centres in developing plans and generally increasing their capacity to define their housing needs.

Although the present attitudes of the elderly indicate a great lack of interest in the idea of self-management or greater participation in planning, there will be some initial response in areas where they have been encouraged to exercise their independence. Winnipeg, with the support of the Age of

Opportunity Centre, would likely respond immediately. There are other scattered indications that tht elderly are preparing themselves for a greater input. At the present time, however, CMHC must take strong initiative in developing the more participative options, to compensate for the likely tendency of the municipal/regional-based housing committees to absorb the total budget for housing programs for the elderly.

(e) preferred loans for community-based housing should be limited to non-profit groups.[3] It is suggested by some that the expertise and financial resources of these groups give them an advantage which results in lower project costs - the profit made representing the difference between their capabilities and those of the less sophisticated non-profit groups. However, the profit-orientation of the entrepreneurs implies an incompatibility with the participation and management by the users,[4] which it has been argued have had severe social implications for the users involved and the quality of their housing.[5] CMHC must invest substantially in the development of similar capabilities for the non-profit groups.

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[3]See the final reports and summary of the Task Force on Low Income Housing for further analysis of the role of the entrepreneur in providing housing for low income groups.

[4]Community control would be an exception - where the activity is planned by the community and the profits returned to them.

[5]See the Report of the Commission of Enquiry on Health and Social Welfare, Government of Quebec, 1970, Part V, volume VII, tome II for an analysis of the limitations of entrepreneurial activity.

Paralleling these structural supports to the participation of the elderly in housing, should be an investment in the development of an information base to make their participation more effective.

(f) The development of community-based resource centres to encourage the involvement of the elderly in community activity and/or provide them with technical expertise when required. The services might range from personal counselling to specific design problems. They should also be a source of information and referral. These centres would receive Part V grants from CMHC for "seed" money and would operate on a fee for service basis. The centres could be exclusively for the elderly such as the Age and Opportunity Centre in Winnipeg; more comprehensive, such as the Mount Carmel Clinic in Winnipeg, which ranges from health services to housing referrals; or more interest-focussed and community-based such as the Urban Design Centre in Vancouver.

(g) The development of guidelines on design, location, facilities, services and management to be funded by CMHC. Guidelines have been developed on design, but primarily for the use of CMHC staff and those in provincial housing corporations. The structure of the planning process whereby the province controls the final product and the attitudes of the planners about the relative merits of cost reduction and special design features have made this federal effort of establishing guidelines somewhat futile. The scope of the guidelines has also been limited within CMHC by the emphasis on new housing

to the neglect of the existing stock and the need for rehabilitation. Such things as the recent "commitment" to high-rise apartments as the solution to the conflict between high land costs and the desirability of downtown locations illustrates another in-house limitation.

Thus, although Housing the Elderly in its revised version will discuss the merits of various project types and locations from a social perspective, the restraints imposed by its development within CMHC's definition of its responsibility would suggest that such guidelines should be prepared by an independent body, funded by CMHC with full access to the expertise and experience within CMHC.

(h) The evaluation of existing projects by a team composed of tenants, local housing authority representatives, and CMHC social development officers stressing those features effecting independence and participation. This information would be distributed to the tenants' associations and Citizen's Housing committees and would be one of the factors considered in the interim development of new projects.

Appendix A: A METHODOLOGICAL NOTE

The original terms of reference of this study of housing for elderly were:

(1) to define the nature and extent of this housing problem;

(2) to evaluate the existing programs for the elderly subsidized under the National Housing Act in terms of their effectiveness in meeting these problems;

(3) and to propose directions for future policy developments.

1. Study Design

The terms for the study were further elaborated by Dr. Marvin Lipman in consultation with an Advisory Committee to the Task Force made up of CMHC staff who had a particular knowledge of housing for the elderly.[1] This Committee under the direction of Dr. Lipman was to prepare a final report for the Social Aspects Group of the Task Force. The following memo of December 1970 states the objectives of the study as:

1. Examine the available demographic data re: social, economic and physical aspects in (a) major metropolitan areas (7) over 500,000, (b) moderate size cities (100,000 - 500,000), (c) national terms, and expand and fill in this data.

2. Examine the relevant housing solutions presently operative. Examine the extent to which they are presently used, and any projections as to future usage over the next 10 years. (Primarily low and moderate incomes).

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[1] Other members included Sylvia Goldblatt, A & P; Michael Pine, A & P; B.A. Garrod, P.P.O., and Suzanne Findlay from the Task Force on Low Income Housing.

3. Examine the range of support services presently available particularly as they affect those in independent living situations. Examine what people think is needed and/or projected over time.

4. Examine the financial position of the elderly with respect to actual expenditure patterns (housing costs, etc.) both for those in institutions and in the community. Assess impact of C.P.P. as of 1976.

5. Examine the relationship between form, location density and design of present housing and social considerations re: the life style of those it serves. Examine new approaches suggested re: this area.

6. Examine the aspect of physical well-being to housing need and form. This will also include an examination of stratification within the "elderly" group as to age, etc.

It was intended that the study would focus exclusively on the social aspects of the present program in terms of its effect on the life styles of the elderly. It was assumed that an examination of demographic data, the financial position of the elderly, and a more general review of the policy and administration aspects of programs would be carried out in other related studies by the Task Force.

The approach to the collection of the necessary data was shaped largely by the suggestion that information on the operation and effect of the programs was already available, if not in written form, at least in the impressions and understanding gained by CMHC staff in their routine field trips. Thus one of the key functions for the Committee would be the co-ordination of existing material, including current studies such as that of the Canadian Council on Social Development on the adequacy of NHA programs and the Environics' study of housing satisfaction of the elderly in Toronto. Obvious gaps would be filled through

a more systematic focussing on housing for the elderly by CMHC staff on field trips and reporting of this information to the Advisory Group.

However, as the Social Aspects Group began to clarify their conceptualization of the problem of housing for low income groups more in terms of the larger issue of poverty, it became apparent that although more specific and current information was required about "user needs", that this approach was not sufficient in itself. In fact, the problem of housing the elderly had been studied quite thoroughly by the Canadian Welfare Council in 1964[2] but had had little impact on policy. The need for a more integrated and systematic overview of the development of housing policy emerged: one which would focus on the implications of this policy for the continuing problem of poverty.

Thus the emphasis in terms of research design shifted from the examination of specific elements of programs (design, location, facilities, management) and the extent to which they reflect the life style of the elderly, to the social values underlying the development and management of these programs. Through the focus on poverty, the concepts of "powerlessness" and "dependency" became the central issues - both in terms of the lack of alternatives and choice the low income groups experience in relation to their housing and in terms of their inability to participate in the management of this housing. The evaluation of specific projects and programs was thus shaped by the hypothesis that the Public Housing program in its design, location, facilities and management reinforces a sense of powerlessness and dependency among low income groups, and that this in turn contributes to the perpetuation of poverty.

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[2] Canada Welfare Council, Study on Housing for the Aged, March, 1964.

For the elderly, the problem of community-based support services was an additional area to study as it was felt to be particularly critical if they were to maintain their independence.

Thus it became essential to align the objectives of the study of the elderly more closely with those of the Social Aspects Group as a whole; and, although the Advisory Committee continued to provide guidance and some substantive input, the responsibility for the study was integrated into the overall research plans of the Social Aspects Group.

2. Investigation

A modified case study approach of projects was used to identify the nature and impact of the housing programs on the elderly. Projects were selected in Vancouver, Winnipeg, Toronto, Ottawa and St. John. The study of these cases included:

(a) observation of the project - design, location, facilities

(b) discussion with available tenants

(c) interviews with managers of the project

(d) discussions with community workers

(e) analysis of the files on the development of the projects.

Providing an overview of these specific cases was:

(a) discussions with provincial officials responsible for housing and social services for the elderly, (Manitoba, Ontario and New Brunswick).

(b) a review of the policy procedures files relevant to housing for the elderly.

3. Limitations

The study is clearly not an exhaustive or comprehensive study of all the housing projects presently available for the elderly - either through the Public Housing program or that developed with Section 16 funds. Neither does it present substantial attitudinal data from the elderly themselves. Rather, the emphasis has been on providing some insight into the extent to which the development and implementation of government-subsidized housing programs reinforces the problems of dependency faced by those elderly with low incomes. Hopefully such a study may specify some of the more intangible yet devastating implications of our present policies for the elderly and provide some guidelines for more effective developments in the future basyd on "human rights" rather than "human needs".

Appendix B: ANALYSIS OF THE PROJECTS, Section 35A & D

1. Vancouver, B. C.

To understand the full implications of the policies underlying the subsidized housing presently available to the elderly, it is most useful to see the development of the projects in an historical context. Although it is possible to generalize about the inadequacies of the projects, this would ignore both the useful ongoing evaluation of policy which was done and the possible explanations for the changes as the years went by. Fortunately, the number and range of projects in Vancouver provides an excellent opportunity to examine the gradual awakening of CMHC to move obvious deficiencies in the housing provided for the elderly.

The original public housing projects built in the '50's shared many common characteristics (which is not surprising since the impetus from Head Office was then toward standardization). Little Mountain (1954), Orchard Park (1958) and Skeena Terrace (1959) are combinations of row housing and 3 storey apartments, with additional bungalows for the elderly in Orchard Park and high-rise for the elderly in Skeena. They are of medium density (approximately 20 units to the acre) with a total population of between 160-234. There appears to have been a commitment to open green space (later replaced by commitment to concrete), but little or not private or semi-private space. There were few outdoor facilities provided at the time of construction, although "tot lots", and baseball diamonds have since been added. The locations chosen were uniform to the extent that none were near downtown. Skeena in particular is unfortunate in this regard, with the site itself on a steep hill overlooking a busy industrial thoroughfare (although there are mountains beyond that if one is high enough on the hill), in a location which is 45 minutes by bus from the nearest shopping centre. The old theory of services growing out to meet

the housing did not hold in this case. In terms of the current emphasis on proximity to downtown or centres of activity, all three projects are totally inadequate. Extra facilities or services designed for the elderly were of course non-existent with the exception of the 30' X 40' Senior Citizen lounge at Skeena. (This was the first of what is now standard fare for all Senior Citizen towers).

The experience of Orchard Park is perhaps symbolic of the Corporation's position on the needs of the elderly at that time. Besides the objective features described above, the units in Orchard Park were arranged in a most unfortunate way. The units allocated to the elderly (and the handicapped) faced directly onto the only open area in the development - an area which was inevitably seized by young children who had no other recreation area, who proceeded to do all the noisy and obstreperous things children do. The elderly, who were not necessarily on the same schedule and tend to go to bed early, were justifiably annoyed and the tension generated between them and the younger families was difficult to tolerate. Even today, planners in the Corporation are familiar with this project, so the complaints must have been somewhat successful in modifying designs to protect the elderly from such an onslaught.

But there are at least 3 significant issues to note for this state. One is the obvious disregard for and even destruction of the life styles of those with low incomes, and particularly the elderly who are less mobile and more dependent on the immediate environment. The nature of the environment assumed a sameness or at least a compatibility that simply does not exist. The elderly do not want to be integrated with families as it was done in Orchard Park. This assumption of sameness was carried through into the attitudes and standards imposed by management. The tendency by the neighbrouhood to reject both

the form and content of the public housing program imposed a stigma, a psychological sameness upon the residents which further intensified their frustrations and dissatisfactions. Neither the design of the project nor the attitudes of the larger society would acknowledge their individuality. Again, it is the elderly who would suffer the most because the situation reinforced their feelings of inadequacy and worthlessness already created by their inability to earn a living.

The second issue is the blatant insensitivity to the special needs of both the elderly and families, for support in their daily lives. Housing itself was the therapy prescribed and decent, safe, sanitary housing should create decent, safe, sanitary individuals. It was still considered to be only a temporary measure, although where that left the elderly who are obviously not going to experience any change in their situation is an interesting question.

The third issue is the refusal or inability to see the psychological implications of the total system - project and its relationship to the neighbourhood (people, schools, social services, facilities) - for the individuals sense of worthiness and independence.

The next phase which began in the early '60's was to take the elderly away from their "intimate" contact with the families and isolate them in towers which loom ominously over the row housing provided for the families. Skeena Terrace, McLean Park, Ramur and Grandview Terrace are all examples of this modification in policy which attempted to provide more privacy for the elderly within the limitations of the commitment of the planners to integrated projects. There are obvious economic advantages to integrated projects, and it is interesting to speculate to what extend these economic advantages colour the ongoing debate of the social implications of integration versus segregation.

Planners seem to feel some inexplainable moral obligation to maintain the interaction between the generations, even when that interaction is reduced to an angry old woman dropping a plastic bag of water onto a child's head from the 7th floor. (This incident was related by a mother from a Grandview Terrace who said it was not unique!) The situation is undoubtedly aggravated by the management's attitude which is essentially protective of the rights of the elderly at the expense of the families around them. The managers have strict rules about locking the doors of the towers at night which could be interpreted as providing security for the elderly but is seen by most of the tenants as preventing their access to extra facilities located in the tower.

The bitterness between the 2 groups is symbolized by the exclusive use by the elderly of a somewhat luxurious recreation room while the families are relegated to the basement or locker room area. After a meeting with the Grandview Tenants' Association held in the locker room adjacent to the row housing, we requested permission to look through the Senior Citizen Lounge and found a beautifully carpeted, curtained, furnished room complete with pool table occupied by 3 men. The sign on the door said "No children admitted". The manager had actively discouraged a suggestion for mutual use of the lounge. The situation can be justified only by the fact that the elderly have little or no outside space for themselves.

In sum, the most striking aspect of the insistence by those who support integrated projects on the basis of the right of the elderly to be involved, not to be isolated, to experience a range of age groups, is that it is quite inconsistent with the social implications of their total program which tend to restrict involvement and activity and independence, through a lack of services and protective management, create a collective annonymity and rejection by the outside community, and consider the preferences of the elderly themselves quite secondary in importance. Although difficult to determine given the lack of hard data, it is interesting to speculate about the extent to which

the policy favouring integration reflects both a strong guilt about the actual exclusion of the elderly from meaningful situations (work, family) and the projected fears of the middle-aged generation about their own exclusion from the real world as old age approaches. Whatever the psycho-sociocultural premises, there has been a distinct reluctance on the part of significant policy-makers to evaluate the question of integrated projects within the context of the realities of the aging process.

In spite of the lack of explicit evaluation, there has obviously been some response made to the need to provide more variety. Killarney Gardens, a segregated 2 storey walkup was completed in 1966, 2 years before Raymur and Grandview Terrace, is rather the show piece of the Section 35 housing for the elderly. It is well-situated in a pleasant neighbourhood, close to a shopping centre and there is a large open green space with communal facilities such as shuffle board and picnic tables as well as private garden space in front of each unit. The project is obviously well-cared for by both tenants and management and there is a somewhat pleasant but undefined illusion of involvement with their environment, although reports prepared by CMHC Branch office state a lack of organization of social activities or interaction among blocks within the project. Whether they are less independent and involved because they are segregated is unanswerable. The fact that they are all single units could explain some of the lack of interaction and the absence of conflict with families would be another explanation. Without adequate social services or some assistance in developing a social program, any conclusions about the social implications of segregated projects would be unfair. One conclusion is obvious though. Provision of communal facilities does not necessarily result in patterns of activity which might develop were it a family project. If we believe that such activity. Facilities alone might ease our conscience, but will make

little impact on the life style of the elderly. (The use of the lounges are another example of this point).

Culloden Court and Nicholson Towers, both completed in 1969, probably represent the most successful efforts by CMHC in designing the two types of projects: integrated and segregated. Both of these should be evaluated in depth to assess the relative satisfaction of the elderly with these alternatives.

The elderly in Culloden Court appear to be quite satisfied with their housing. They are mostly in bachelor or one bedroom apartments, and although they form one wall of the courtyard, their units face toward the street - which gives them more privacy and easy access. The added privacy for the families through their basement and yard allows a seperation impossible before. They are well-organized as a tenants group and are quite active socially. (This was partly seen as a reaction to an extremely frustrating manager who was so thoroughly disliked in Little Mountain that the tenants were given the opportunity to provide their own management). The location does not seem particularly good in the sense that there is very little activity going on in the surrounding residential neighbourhood, and there are no special services provided apart from the recreational centre. But perhaps the activity within the project compensates. The impression was given by some of the tenants that there might be more interaction between the elderly and those in families than in those projects with senior citizen towers. The frustrations and hostilities of previous integrated projects such as Orchard Park have been alleviated through the building in of more individual privacy (separation). The activity and involvement in the project, which has a more positive value for maintaining one's independence, might relate to multiple factors, including the design of the communal space, the "creaming" of the best tenants, reactions to an inadequate manager, or general freedom from tension with neighbours.

Nicholson Towers is a segregated high-rise of approximately 17 floors, notable because it is the only public housing project located in the more affluent west-end which is also more accessible to downtown. The objectives for the project as outlined by CMHC for potential developers are worth noting as indications of current policy.

> "The objective of this call...to suit the needs of Senior Citizens. It will include community facilities, landscaping...The various amenities provided as part of the landscape design should make the best use of the land to ensure protection from traffic and noise without isolating the residents from the activities surrounding the site. Some of the residents in this project may be physically handicapped but they will not be entirely immobile or dependent on help. The Various requirements...are therefore intended to facilitate occupancy by persons with minor infirmities without impeding the use of these apartments by relatively active tenants. The project shall be modes, well-designed and soundly constructed and capable of being maintained economically during its lifetime".

There are some visible signs that the architects took these objectives into consideration - the floors are made more identifiable by being painted different colours, the hallways have handrails, the elevators have lowered their push-button system, the units' bathrooms are equipped with a minimum number of handrails. But aside from these specific features, the overall feeling created by the design and decorating is definitely less institutional in character. There is a lightness and softness that is not part of any of the other projects observed in Vancouver, Ottawa and St. John. Part of this can be explained by factors taken for granted in some private apartment buildings, such as the use of rugs, the location of laundry rooms on an outside wall with windows, the use of non-institutional colours (purple and pink yet!) and the decorating of the lounges (although

this was done from a slim budget through ingenious bargaining by the manager).

The relatively idyllic picture is tempered however by the custodial and paternalistic attitude of the manager, a retired prison official who locks up the lounges when activity is not scheduled, locks the outside doors at 7 (which really reflects a more general management policy related to security and protection), actively discourages the involvement of "his people" in the Vancouver Housing Interproject Council and generally controls affairs with a firm hand. Of course his attitude is completely compatible with the "property management" orientation of CMHC and the provincial Housing Commission but is hardly conducive to maintaining the independence and dignity of the elderly. The management attitudes reflect little expectation that the elderly will be capable or even interested in participating in the decisions affecting their housing. Although the manager does employ one of "his" pensioners as a night watchman/handyman and gave us many examples of his responsible attitudes, he emphasized that the majority of tenants were irresponsible, apathetic and forgetful. One was left with the distinct impression that his heavy-handed control was essential for the survival of both the tenants and the building!

The powerlessness of the elderly is perfectly illustrated in an incident that developed around the curtaining of the building. Nicholson Towers is typical of high-rises in that there are large and numerous windows in each unit. Given CMHC's policy that furnishings are not provided with the building, those who were moving into the building were instructed to provide their own curtains. After much scrounging and assistance, because curtains are costly, the tenants successfully covered their windows. No sooner done though but the contractor drove by and was struck dumb by his now multi-coloured

edifice. He promptly phoned CMHC and demanded that the curtains be taken down and that the windows be uniformly curtained. After many telexes to Ottawa down came the curtains and back they went to Eatons and The Bay (if possible).

There are various observations to be made. The extra expense of the multi-windowed units should have been included by CMHC in original agreement, so the final action deserves some merit. On the other hand, the demands of the contractor/architect should not have been imposed on the tenants: design does not stand or fall of the uniformity of window coverings. In discussing the incident with some architects in CMHC head office, the opinion was expressed that surely the tenants themselves have the right to choose their own curtains whether or not the cost is covered by CMHC. The interesting thing is that the opinions offered were all based on assumptions of values, but no one raised the issue that the potential tenants had not been consulted about options, which would have been quite feasible as there was, as the Manager put it, an "indoctrination session" before the tenants moved in.

Once having shifted the focus from buildings to the people in them (which depressingly enough was not the outcome in the "curtain case"), there is still the question of defining the limits of social responsibility. Are we, in all our "goodness and mercy" in a position to be responsible for the existence of others. It is unfair to completely ignore the good intentions of those who initiated and designed Nicholson Towers. The location was explicitly chosen for positive reasons, obviously some consideration was given to de-institutionalizing the environment; the manager is concerned and responsible. But there was no involvement of the potential users and there is minimum involvement on a day-to-day basis. In the short run, and particularly in relation to earlier projects, or other options of the private market, the satis-

faction of those in Nicholson Towers might be fairly high. Relative to the potential development of the total environment and the way in which it could support the maintenance of independence and provide a continuity of life style, Nicholson Towers really represents only an enlightened version of the original Orchard Park, rather than any fundamental change in policy.

The survey of the Vancouver situation does indicate at least a change in the sensitivity of the Corporation to the inadequacies of the housing provided for the elderly and a willingness to tolerate more variety in form. This would appear to be largely a reactive process however and, in spite of the fact that the Corporation is beginning to focus on a more comprehensive range of factors including the provision of facilities and the attitudes and practices of the managers, there has been little or no explicit effort to evaluate existing housing in terms of user satisfaction and preferences or to engage in the more theoretical analysis of long-term social implications of the housing policies. The possibilities of experimenting with the involvement of the elderly themselves in the planning of their housing seem to be extremely remote. The policy-makers appear to have a fairly rigid perception of their social responsibilities and there is still the element of dismay when the elderly (or public housing tenants) present themselves as knowledgable, capable and interested as opposed to confused, withdrawn and irresponsible. Some of this distrust and subsequent paternalism is cloaked in the rationalization about administrative feasibility, however the issue of capability, responsibility and interest is not far behind. Of course, for policy development it is important to separate the realities of today, where in fact many of the elderly have accepted our perceptions of their capabilities ("the elderly mystique") from the rights of citizens and their potential, given basic changes in the

housing system and our attitudes about those who will inhabit that system.

2. Winnipeg, Manitoba

The public housing situation in Winnipeg is entirely different than Vancouver's - namely in quantity, with Winnipeg having far fewer units until recently. However, it is interesting from at least two points of view. One is the existence of a very active agency, the Age and Opportunity Centre, who are essentially advocates for the elderly in relation to the whole range of their needs; and the other is the commitment of the new government to the development of a more equitable housing program. (The Department of Health has already undertaken a comprehensive study of the needs of the elderly and the resources available to them.)

For the purposes of this section which is intended to demonstrate the gaps between the needs of the elderly and the federal programs, the focus will be on the role played by the Centre and their evaluation of the available housing.

The Age and Opportunity Centre were already advocating the recognition of the needs of the elderly when the Lord Selkirk project was built in 1967. An examination of the preliminary sketches for the project indicated that there would be no units specifically designed for the elderly. The Centre promptly drew the attention of the Consulting architect to the fact that the project was being built in an urban renewal area with a high proportion of elderly who would be displaced and in need of housing. They concluded that the proposed project should take their relocation into consideration - since units designed for the elderly could be suitable for small families, whereas units for families did not have the special features required by the less independent group. Although both A & P and P.H. had stressed the importance

of "economy and efficiency", the local architect agreed to take the issue into consideration. Not surprisingly, when the final plans emerged, the elderly were not accounted for.

Gradually, the elderly did acquire the "rights" to the tower (1&2 bedroom) and the families now occupy the row housing; but not before considerable tension was created between the generations over noise, children, moral standards, etc. During a tour of the projects, CMHC officials inferred that the tension still exists; however a social worker from the Centre who is working with the elderly in the project feels they are basically satisfied with the internal arrangements of the project, but are intimidated by the surrounding neighbourhood which is noted for its vandalism and delinquency. In a meeting with the staff of the Centre and representatives from MHRC, everyone agreed that the location restricts the activity of the elderly and heightens their feelings of isolation and insecurity. In 1967, it was obviously difficult to accommodate these factors because of the federal commitment to "economy and efficiency" - unless, as in the case of Vancouver, there is a strong position taken by the Regional office unimpeded by the Provincial Government. Manitoba's Conservative government was not noted for its support of public housing.

Since then the Age and Opportunity Centre has continued to press for the recognition of the needs of the elderly by all levels of government. And they now operate with the support of a well-organized constituency of the elderly themselves. They encouraged the development of a Regional Council which represents 75-80 groups of senior citizens in the Winnipeg area. Although most of the activity has centred on the issue of rooming house conditions in the low income areas (North and Centre) where the Centre operates Day Centres and there is a strong ethnic factor, since their Conference in October, 1970, there have been more middle income people involved and a subsequent broadening of concerns. The Centre supplies a staff person to work with the Regional Council

which, the Director emphasized, is critical if the activity is to be maintained.

From their ongoing work with the elderly, the staff had several comments to make about the preferences of the elderly. Although most of the elderly seem to prefer the downtown location, the type of neighbourhood in relation to security and services cannot be ignored - nor can the special needs related to language and ethnicity (although it was suggested by CMHC officials that ethnicity was only critical for this generation's elderly). The importance of continued contact with family relations should be recognized by providing some housing in the suburbs for the elderly whose children have homes in the area. The senior citizen housing proposed for the area adjacent to the Willow Park Co-op is primarily to fulfill this type of need. They also stressed the preference of the elderly for privacy and seperation from younger families.

The Centre believes very strongly in the need to provide supportive social services on a neighbourhood rather than a project basis, not only to meet the needs of the elderly but to provide a link with the community. Those with low incomes need this support particularly because they cannot buy their way out of isolation. The Centre's Day Centres were originally designed for socializing, education, and more concrete services such as noon meals. Lions' Manor is an example of housing (independent units and hostel accomodation) which was integrated with services provided by the Centre. The services were made available to those in the neighbourhood as well as those in the Manor; and in reaching into the community, they observed that the tendency of the residents in the project to form cliques was broken as was the ghetto effect of the project in relation to the surrounding neighbourhood.

The Centre feels that the elderly in project housing must have the support of a staff person in all of their activities and in their daily routines. Although a mutual support system would be ideal (and is taken for granted by many who design the service-less projects), the Centre has found the elderly do not take advantage of their proximity to one another. Perhaps they would learn to be supportive, but in the meantime they obviously need an outside worker. This appears to be true in most cases - particularly in health matters where there is that additional factor of fear that prevents mutual help. The concept the Centre likes to use for the role of a staff person is that of an enabler rather than a community developer, someone who can provide information and services where needed but maximizes independence.

The other factor mentioned specifically by the representative from the Senior Citizen group was the importance of security - not only in relation to protection from thieves or prowlers but in the broader context in relation to a range of care that would be available when needed.

It was also felt that CMHC should expand their programs to provide more real alternatives and choice. There was frustration expressed with the problem of standards and the need to rehabilitate neighbourhoods so that the elderly would not feel forced to move into project housing. The question of rent control entered the discussion but was countered by the idea of increased production. The representative from the Regional Council's Housing Committee described their efforts to develop a co-operative and provide their own housing - the main issues being their lack of capital for a downpayment and CMHC's reluctance to invest in their rehabilitation of older buildings. They felt that their monthly income was sufficient to carry the cost and that they were quite capable of managing their own housing. But CMHC has been quite selective about who they would support among these "amateurish" groups. A comparable scheme was suggested in a plan for urban

renewal area of North Point Douglas prepared by the staff of the City Urban Renewal Department.

There is also another housing issue in the same area is the problem of home maintenance for the elderly on fixed incomes who own their own homes. Although they would like to remain in their neighbourhood and really cannot afford to move because the value of their houses is so low and comparable accomodation would cost more, there has been no success in getting assistance for the required maintenance.

The Centre identified another area where the elderly required assistance in maintaining their independence, and this is in actuality locating suitable public and private housing. They argue that the duplication of waiting lists among the social agencies not only wastes their efforts but presents a confusing and frustrating situation for the elderly. They want a Central Housing Registry established under the Minister of Consumers and Corporations which would integrate both a list of the housing stock available and the waiting lists. (This is done to some extent in Vancouver by the Vancouver Housing Authority, but the problem of overlap still is not resolved).

The elderly in Winnipeg are fortunate in having such an active Centre who have successfully developed many criticial links with decision-makers. They seem to be in the perfect position to influence the development of the housing policy for the elderly toward maximum independence within a protected (secure) environment.

The following quotation from "A Handbook of Standards for Housing Projects for Elderly Persons" prepared by the Age and Opportunity Centre summarizes their position:

> "For a place to live, the older person needs far more than peace, quiet, and a beautiful view. He needs an environment that will enable him to stay active, healthy, capable, as independent as possible,

> and genuinely interested in life. Every important study of the subject has shown that the majority of older people cherish independence and would choose, if they could afford it, to live by themselves. This independence of the elderly is, however, offset by their increasing need for the security of knowing that someone cares about them, and that they will be taken care of if illness or infirmity occurs. Housing projects that are well planned and well operated can meet both these requirements of independence and security. A well thought out program in a housing project and in the community can also help provide for the other basic needs, namely, happiness, a sense of belonging, a sense of usefulness, enjoyment of the environment." (p. 6)

Although most of the discussion centered on the elderly in urban areas, fifty percent of the total population lives outside of Winnipeg. Manitoba has been developing an explicit policy to project the rights of those elderly who wish to remain in their rural communities. Presently, the policy is that subsidized housing will be provided if the community is considered viable (ie is growing), has over 500 people (unless within the range of a large urban centre), sewers and water, access to a hospital, shopping, medical and other services and a community group who is willing to take twenty-five percent of the risk. An evaluation of this policy is not available, but the study of the needs of the elderly by the Department of Health should provide some commentary on the assumptions underlying the policy.

3. New Brunswick

With their very limited resources New Brunswick has become a relatively large investor in public housing for the elderly. This occurred with the development of the NBHC who have moved into both rural and urban areas.

Rural Housing:

Most of the units before 1968 were built under Section 16 because the communities could obtain a $2,000 grant per bed from

the Provincial Government if they agreed to have 1/3 of the beds allocated for special care. This relieved the hospital shortage and provided hostel-type accommodation for those elderly who wanted to remain in their community.

Public Housing units, obviously preferable to many of the elderly whose main problem was lack of income, were simply too costly until NBHC began building their ten unit standard model. The New Brunswick Branch Architect felt that there was an explicit policy at the provincial level of helping the elderly remain in their home community; but in discussions with the Director of NBHC, he indicated that the ten unit projects were becoming something of a status symbol and would only be built if the community could prove the need was viable and had access to a hospital. He did add that NBHC recognized the need to provide more continuity through the integration of levels of care and protection of the elderly from constant relocation as their health needs changed. They are planning to build more projects next to special care homes to accomplish this.

The question of rural housing is obviously still at a very basic level - defined almost totally by the economic system. Little thought is given to the issue of a protective environment to maintain independence, the issue is quantity. The present housing program seems to be housing in the strictest of definitions.

The only vaguely interesting possibility is the idea of rehabilitation in the older communities where the elderly could at least maintain the supportive networks developed over the years which presumably entails some level of mutual aid.

Urban Housing:

In the urban areas of St. John and Moncton, the province is investing in high rises for the elderly. The project in St. John is a 102 unit town built slightly above the new family housing project, Courtney Place. The tour through it indicated an

economy of design and space and a definite institutional aura distinctly unlike that of Nicholson Towers in Vancouver. Except for door widths, a wooden ramp for wheel chairs at the back entrance and three specially designed apartments for the handicapped, the project was completely unnoteworthy. There was no landscaping except for the parking lot and driveway, although some might be planned. It is in a relatively good location for shopping and general activity, but a steep incline seemed impossible to avoid and the adjacent neighbourhood seemed very rundown. There were no extra services connected, nor it seemed any full time manager to provide emergency assistance.

The more interesting aspect of the project is the controversy surrounding its acceptance. The Branch Architect reacted to the design of the original proposal and was supported by the Chief Architect and Planner who said:

> "Apart from the technical objections raised by the Branch Engineer, the Star plan from adopted is ill-suited to the sloping site, involving no less than eight full flights of stairs and a further three half flights. Each change of level apart from the cost is awkward and inconvenient and even a potential hazard for elderly people, and is quite unusable for occupants of wheelchairs." (File No. 310-PH-2)

But in spite of the fact that the design never met the approval of the architects or the New Brunswick Branch Manager, and was not recommended to the Executive Committee, the Executive Committee capitulated to the Province. This seems to have been a direct confrontation of the federal government by the Province's over their right to control their own housing program. Curiously, just after the Minister had approved the project, NBHC decided to renegotiate!!

Although the Moncton 166 unit project was not seen, it is interesting because it also created opposition from the Branch Architect. He made a strong objection to the whole manner in which the project was initiated - from the survey of the waiting list by the Halifax Senior Citizen Corporation to the acceptance

of the package plan by a Nova Scotia developer (and a Toronto architect). The basis for his objection to the project were the site and the fact that the prototype in Halifax had not been evaluated and modified. Standards set out in "Housing the Elderly" had not been followed and there was no proposal for facilities. He also felt that the high rise did not suit the Moncton housing type nor was it suitable for the elderly.

Except for the latter point a ten storey high rise is not necessarily unsuitable for the elderly - these seem to be legitimate objections - if the Corporation or NBHC is interested in accepting its social responsibilities.

Housing for the elderly in the Maritimes is a critical issue: they constitute a high proportion of the population because of the out migration of the young and skilled workers. The economy of New Brunswick cannot support a diversified population or work force in spite of the attempts of DREE to enforce the growth centre concept. Thus, there are many communities with a tax base inadequate to build subsidized housing and with the existing housing lacking basic amenities and badly in need of repair. The role of the Health Department is unclear - the change of government is expected to have an impact, but a more integrated program of housing and related services would seem to be an absolute necessity to make maximum use of limited resources.

Appendix C: HOUSING THE LOW-INCOME ELDERLY[1]

Introduction

In 1971 there are one million Canadians over the age of 65 who have an income low enough to qualify them for a Guaranteed Income Supplement (see text below). If they are to have "decent, safe and sanitary housing" at a price they can afford to pay, we must find a NEW way to provide it. The OLD way has not worked. To date CMHC has provided 47,000 units for the elderly and of these a small portion is available at a price those receiving the G.I.S. can afford.

Today every Canadian receives a flat-rate old age pension as a right when he reaches the age of 65. This is made possible because since 1952 a designated amount has been ear-marked on the income tax form for the Old Age Security Pension. If we are going to ensure every Canadian that he will also have shelter appropriate to his needs when he is old, some vehicle, such as a social security program, must be devised. Without this our promise becomes nothing more than a pious hope.

We use Unemployment Insurance to protect people from the uncertainties of our economy. We use a National Health Insurance program to protect people from the health hazards to which a all are exposed. We have done very little to guarantee every Canadian decent and appropriate shelter. For the more vulnerable groups in society i.e. the elderly, this failure can be disastrous.

The elderly today are at the bottom of the income ladder. There is little they can do to improve their situation unlike many of the younger poor.[2] Their assets are not substantial. Very few of them own securities and a third of the lowest income elderly have no liquid assets at all. The property they own tends

to be lower in value and less marketable than the average.[3]

With respect to housing expenditures low-income elderly households spend a higher proportion of their income on housing than other low-income households in the private market. Usually they require small units with good access to facilities and transportation. The type of units they require, the elderly are obliged to spend comparatively more on housing due to financial necessity rather than personal preference.[4]

In light of the fact that the elderly have a worse housing situation than the population as a whole; secondly, they constitute a disproportionately large segment of the lowest income groups; and thirdly, more low-income housing funds have been directed to families having children, therefore it seems necessary that a greater proportion of federal housing assistance should be given to housing this highly vulnerable group.[5]

Housing Legislation

Sections 16 and 35 of the National Housing Act provide for accommodating the elderly. Under Section 16 housing is made available on the basis of non-profit or limited dividend financing which gears rents to full recovery of the investment. With the exception of British Columbia and Nova Scotia, where this section is combined with a capital grant from the province to reduce the rent to be charged, these housing units are out of reach to more than 70% of the over 65 population. Section 35 has a a built in subsidy which makes it possible to gear rents to income. Of the 47,000 units built to date (January 1971) 19,630 have been built under Section 35.

Income of the Elderly

In Canada, about 11 per cent of single persons over 65 have

incomes of more than $6,500. These people return a portion of their Old Age Pensions ($80.00 per month) in income taxes. Since 1952 personal income taxes as well as other earmarked taxes have been collected from people establishing an expectation and a right to the pension as a universal program. It is this higher income group who can afford full-recovery rents.

However, there are one million people over 65 in Canada in 1971 who will be eligible for the Guaranteed Income Supplement.[6] This means their incomes will range between a minimum of $135 and a maximum of $190 for single and $255 and $350 for couples. On the basis of the Minister's April 21, 1970 speech to the House, 25% of the income is the maximum percentage to be paid by tenants in low-income housing "to avoid imposing undue hardships".

If they pay the maximum percentage, this group needs housing within a rental range of $33.75 to $47.50 for singles and $63.75 to $87.50 for couples. Their chance of getting "decent, safe and sanitary" housing at this price is not very great. It just is not available.

The question has been raised as to whether the Canada Pension Plan would upgrade the monthly income of the elderly to the point where the Guaranteed Income Supplement could be phased out. out. The assumption was that incomes would then be at a level to permit the elderly to live in dignity and with a degree of comfort.

The Canada Pension Plan comes to maturity in 1976. The maximum monthly payment it will make under existing legislation is $121.[7] Add the flat-rate Old Age Pension of $80 for a possible total of $201 per month (rent $50 per month). <u>If</u> the ceiling on which the pension is based were to be raised from the present $5,300 to $7,800 in 1975, the monthly benefit would be $162.[8] To these amounts would be added the flat-rate Old Age Security for a total of $242. On the basis of 25% of their income for

rent, they should pay $60.50 per month. Adjustments have to be made for couples in all these calculations but the question remains: can we supply "decent, safe and sanitary housing" for all who need it, at a price they can afford to pay?

Funding Housing for the Low-Income Elderly

Almost 20 years ago (1952) Canadians started to build a fund that would guarantee an income for them when they reached old age. Today 'old age' is designated as the 65th birthday and $80 a month is paid to everyone who stays around long enough to collect it.

Only by building a promise into a method of fulfilling it, was this program possible. If housing for the elderly is to be a 'right' do we not have to devise an equally effective method to fund it? If 1% of the personal income tax were added to the 4% now set aside for the Old Age Security, and this amount earmarked for elderly persons' housing, would this provide the needed funding method? Getting enough money into the hands of an individual is one part of the housing problem. Making the housing available at a price they can afford is the other part.

The Housing Package

Two major factors influence the housing needs of the elderly: health and wealth. Statistics confirm that our highly mobile technological society has made it uneconomical to retrain the middle-aged worker and render it almost impossible for the older worker to find a place on the labour market. Longevity contributes to an exhaustion of savings. Health for most elderly is an elusive commodity. To accommodate both these problems the design of the housing package for the elderly must include more than shelter. It must contain: DWELLING FACILITIES AND SERVICES.

All the pieces in the package do not have to be available under one roof. For some elderly people the facilities and services might be delivered to their door i.e. meals-on-wheels, physiotherapy, friendly visiting, public health nurse, doctor; for others, they might travel to where the facilities and services are available i.e. day care programs, senior citizens clubs, health clinic.

There may be people who prefer to live in a residence where many of these things are built into the setting. All of these people - regardless of the size or design of their dwelling - are able to live in a non-institutional settling with the help of community services and facilities.

For approximately 10% of the elderly an institution with its high level of care, is a necessity. In order to maximize their functioning it is vitally important that the setting is appropriate to their need. A nursing home is designed to accommodate people who need a high level of nursing care. The patient is expected to spend a great deal of time in bed or in a chair. The active elderly person who is housed in a nursing home will be robbed of an opportunity for maximum functioning.

Labelling Housing 'for the Elderly'

A label has been placed on some high-rise apartments buildings 'Housing for the Elderly'. Frequently, these buildings have few unique features that cater to problems that may accompany the aging process: stiffness, decreased mobility, poor eyesight, problems of orientation to space, tendency to social isolation, temporary confinement to a wheelchair (broken hips). Unless consideration is given to these special needs, this housing could accommodate an age-mix if this was considered desirable by the elderly.

The problem of giving housing first to those who need it most, and still retain an age-mix for people who would prefer

this, can create a policy conflict. Only when there is sufficient housing available to offer choice, can this be resolved.

Housing the elderly is a task that demands a comprehensive approach. CMHC is primarily responsible for providing the dwelling and facility pieces in the housing package. Failure to work with those who provide the service piece, can only undermine our contribution. The vulnerability of the aged due to their deteriorating health and financial status makes it imperative to work out housing solutions that take all these factors into consideration.

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[1] Prepared for the Task Force on Low-Income Housing (mid-term perspective) by Sylvia Goldblatt, Architecture and Planning, CMHC, March 31, 1971

[2] Streich, Pat, Housing the Elderly, Economics & Statistics Division, Central Mortgage and Housing Corp., Ottawa, September 25, 1970. P. 1

[3] ibid P. 2

[4] ibid P. 2

[5] ibid P. 3

[6] Income Security for Canadians, Dept. of National Health and Welfare, Ottawa, 1970. P. 42

[7] ibid P. 32

[8] ibid P. 34

APPENDIX D

PROVINCIAL AID FOR SENIOR CITIZENS PROJECTS[1] FINANCED UNDER SECTION 16, NHA

PROVINCE	CAPITAL GRANTS AVAILABLE	QUALIFICATIONS REQUIRED TO RECEIVE GRANT	PROVINCIAL CONTROLS EXERCISED AS RESULT OF GRANT	ASSISTANCE AVAILABLE FOR OPERATING DEFICITS
NEWFOUNDLAND	No set policy for grants. An exception was recently made whereby the Province made available in ten annual instalments, a grant in the amount of $120,000 toward the Capital Cost of a Senior Citizens Project.	None except that where an exception might be made, consideration would only be given to non-profit groups.	Supervisory control with respect to management.	Maximum support rent available to qualifying residents. Ambulatory $300/month, Bedridden $380/month. Guarantee covers Maximum 95% total occupancy.
NOVA SCOTIA	$500/bed - Senior Citizens projects $3000/bed - Nursing Homes	$300/bed grant for nursing homes available where one-third of the beds are built to specification of nursing care as defined by Provincial Department of Health.	Construction only-standards must conform to N.B.C. and fire marshall standards.	No outright payment of deficits. However Province will pay up to two-thirds of the per diem rates to eligible residents.
NEW BRUNSWICK	$2000/bed or 50% of Capital Cost - whichever is lesser	Non-Profit or charitable groups as defined by Provincial Companies Act.	None - regulatory controls being drafted	No direct assistance for deficit subsidy. However, individual residents can qualif for welfare assistance which normally is the difference between old age pensions and shelter/food/special care costs.

[1] Prepared for the Low Income Housing Research Group by B.A. Garrod, CMHC,

March, 1971

PROVINCE	CAPITAL GRANTS AVAILABLE	QUALIFICATIONS REQUIRED TO RECEIVE GRANT	PROVINCIAL CONTROLS EXERCISED AS RESULT OF GRANT	ASSISTANCE AVAILABLE FOR OPERATING DEFICITS
PRINCE EDWARD ISLAND	10% Provincial Capital Cost Grant			
ONTARIO	Maximum $5000 per bed grant available for Nursing Homes			Per diem rates available as determined by need.
MANITOBA	Self-contained units. - $1700 single - $2150 doubles or one-third of Capital cost, whichever is lesser. Hostel Accommodation - $1700 per bed or one-third of Capital Cost whichever is lesser Personal Care - $2000 per bed or one-third of Capital Cost whichver is lesser	Grants are available under the Elderly and Infirm persons Act to: (a) A company established by a Municipality or two Municipalities. (b) An approved and Incorporated Private Non-Profit or charitable organization. (c) A Municipality to which S.431 of the Municipal Act applies.	Licensing and Inspections.	Rental structure and per diem rates pre-established to ensure project is self-supporting.

PROVINCE	CAPITAL GRANTS AVAILABLE	QUALIFICATIONS REQUIRED TO RECEIVE GRANT	PROVINCIAL CONTROLS EXERCISED AS RESULT OF GRANT	ASSISTANCE AVAILABE FOR OPERATING DEFICITS
SASKATCHEWAN	20% Capital Cost Grant for supervisory, Limited and Intensive personal cure beds, plus monthly allowance of $1.00 per bed.	Municipal or charitable institution and incorporated as a non-profit entity.	Province regulates and supervises management of projects.	Home - Project expected to operate on full recovery basis.
ALBERTA	(a) Self-contained - up to 1/3 Capital Grant available. (b) Limited Care - up to 50% Grant available provided sponsors finance remaining 50% cost from own resources (c) Nursing Homes- $2 per diem per bed allowed toward Capital Cost.	(a) Approval must be obtained from Department of Social Development and Alberta Housing Corp. (b) As in (a) above (c) Approval must be obtained from Minister of Health.	(a) Province inspects books of project and controls rent structure. (b) As in (a) above (c) Province prescribes maximum per diem rates by project.	(a) No assistance for deficit operation (b) As in (a) above (c) Up to $7 per diem rate per bed available.

PROVINCE	CAPITAL GRANTS AVAILABLE	QUALIFICATIONS REQUIRED TO RECEIVE GRANT	PROVINCIAL CONTROLS EXERCISED AS RESULT OF GRANT	ASSISTANCE AVAILABLE FROM OPERATING DEFICIT
BRITISH COLUMBIA	Up to 1/3 Capital Cost Grant available on projects whose patients will be ambulatory and whose medical needs are such they can be cared for by visiting practitioner.	Sponsors must be Municipal or Non-Profit Organizations incorp. under Provincial Societies Act.	Occupancy restricted to persons whose fixed income does not exceed the equivalent of 140% of the old age assistance allowance plus the B.C. cost of living bonus. Province require annual audited statements.	None.

NHA HOUSING FOR THE ELDERLY

APPENDIX E

Province	(1) Sec. 16 Units	(1) L.D. Beds	(2) Sec. 16A Units	(2) Non-Profit Beds	(3) Sec. 16 Units	(3) Sec. 16 Beds	(4) Sec. 35D Units	(4) Sec. 35D Beds	(5) Sec. 35A Units	(5) Sec. 35A Beds
Newfoundland	48	64	-	90	70	32	-	-	16 (10)	-
P.E.I.	38	-	209	172	-	44	-	-	- -	-
Nova Scotia	24	-	91	208	180	694	82	-	334 (100)	-
New Brunswick	64	-	36	668	-	-	448	-	23 -	-
Quebec	1,033	-	981	6,469	872	5,057	-	-	(296)	-
Ontario	4,450	102	1,697	1,865	64	735	11726	160	53 (314)	-
Manitoba	1,007	198	896	1,186	563	871	36	-	105 -	-
Saskatchewan	1,336	751	437	1,649	-	426	-	-	251 (67)	-
Alberta	124	-	25	82	379	-	-	-	214 (12)	57
British Columbia	1,727	-	1,677	977	1,879	698	-	-	2272 (403)	-
TOTALS	9,851	1,115	6,049	13,386	4,007	8,557	12,150	160	3,268(1,202	57

NOTE: 1 to 4 = statistics to Nov. 1970
3 = all statistics for Section 16 totalled since the revision of that Section
5 = statistics to Jan. 1971
( ) = additional units not originally designated for Senior Citizens but suitable for occupancy by the elderly (e.g.: 1 bedroom & bachelor units)

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