RESEARCH REPORT

A LEGAL FRAMEWORK FOR SUPPORTIVE HOUSING FOR SENIORS: OPTIONS FOR CANADIAN POLICY MAKERS: FINAL REPORT

EXTERNAL RESEARCH PROGRAM

Canada

CMHC SCHL
HOME TO CANADIANS

CMHC—HOME TO CANADIANS

Canada Mortgage and Housing Corporation (CMHC) is the Government of Canada's national housing agency. We help Canadians gain access to a wide choice of quality, affordable homes.

Our mortgage loan insurance program has helped many Canadians realize their dream of owning a home. We provide financial assistance to help Canadians most in need to gain access to safe, affordable housing. Through our research, we encourage innovation in housing design and technology, community planning, housing choice and finance. We also work in partnership with industry and other Team Canada members to sell Canadian products and expertise in foreign markets, thereby creating jobs for Canadians here at home.

We offer a wide variety of information products to consumers and the housing industry to help them make informed purchasing and business decisions. With Canada's most comprehensive selection of information about housing and homes, we are Canada's largest publisher of housing information.

In everything that we do, we are helping to improve the quality of life for Canadians in communities across this country. We are helping Canadians live in safe, secure homes. CMHC is home to Canadians.

You can also reach us by phone at 1 800 668-2642
(outside Canada call 613 748-2003)
By fax at 1 800 245-9274
(outside Canada 613 748-2016)

To reach us online, visit our home page at www.cmhc.ca

Canada Mortgage and Housing Corporation supports the Government of Canada policy on access to information for people with disabilities. If you wish to obtain this publication in alternative formats, call 1 800 668-2642.

A LEGAL FRAMEWORK FOR SUPPORTIVE HOUSING FOR SENIORS: OPTIONS FOR CANADIAN POLICY MAKERS

FINAL REPORT

Prepared for:
Canada Mortgage and Housing Corporation
External Research Program
Project Manager: Luis Rodriguez

Prepared by:
Canadian Centre for Elder Law Studies
1822 East Mall
Vancouver, B.C.
V6T 1Z1
Principal Investigator: Margaret Isabel Hall, LLB., LLM.

March, 2005

This project was funded by Canada Mortgage and Housing Corporation (CMHC) under the terms of the External Research Program, but the views expressed are the personal views of the author and do not represent the official views of CMHC.

A Legal Framework for Supportive Housing for Seniors: Options for Canadian Policy Makers

Abstract

This report considers a range of approaches to the regulation of supportive housing for seniors. These approaches take into account the special hybrid quality of supportive housing as housing with services and the particular needs of seniors, especially at the high "assisted living" end of the supportive housing range. The methodology for the research included a review of literature and legislation in Canada, the United Kingdom, United States, and Australia; consultation with seniors and with professional stakeholders; an evaluation of potential approaches to regulation and possible options to supplement or support regulation (including a National Working Group on Supportive Housing to create best practices guidelines, a Supportive Housing Centre of Excellence, elder ombudsmen, and an information database and seniors' hotline). The Report is intended to serve as an information resource for Canadian policy makers and others concerned with supportive housing for seniors.

Cadre juridique du logement en milieu de soutien pour les aînés – options s'offrant aux décideurs canadiens

Abrégé :
Ce rapport se penche sur un éventail de façons d'aborder la réglementation du logement en milieu de soutien pour les aînés. Ces façons de faire tiennent compte des deux aspects propres au logement en milieu de soutien, soit le logement comportant des services et les besoins particuliers des aînés, surtout à l'extrémité de la gamme où se trouve la résidence-services. La recherche a comporté le dépouillement d'ouvrages spécialisés et de textes de loi du Canada, du Royaume-Uni, des États-Unis et d'Australie; des consultations auprès d'aînés et de professionnels intéressés; une évaluation des façons possibles d'aborder la réglementation; enfin, la recherche d'options qui pourraient compléter ou soutenir la réglementation (notamment, un groupe de travail national sur le logement en milieu de soutien chargé d'élaborer des directives axées sur les pratiques exemplaires, un centre d'excellence du logement en milieu de soutien, un protecteur des aînés, une base de données de renseignements et une ligne d'assistance pour les aînés). Le but du rapport est de servir de source d'information pour les décideurs canadiens et les autres groupes qui s'intéressent au logement en milieu de soutien pour les aînés.

A Legal Framework for Supportive Housing for Seniors: Options for Canadian Policy Makers

Executive Summary

Introduction

Supportive housing is a term used to describe a range of housing options designed to accommodate the needs of seniors[1] through design features, housing management, and access to support services. At one end of the range, supportive housing refers to congregate housing with supportive features and services such as monitoring and emergency response, meals, housekeeping, laundry and recreational activities. At the other end of the range (referred to in most North American jurisdictions as "assisted living") personal care services are also provided for frailer seniors with more significant support needs. Professional services may be provided on a "home-care" basis in a supportive housing setting as they would be if the resident were living in a different kind of (non-supportive) residential setting.

Supportive housing[2] may be provided by either the public or the private sector, for profit or not for profit. In some cases, one provider will be responsible for delivering the whole supportive housing package (services plus housing). In other cases services and housing components will be delivered separately, by different sectors.

Supportive housing can be rented, purchased as a condominium in fee simple, or obtained through a "life lease."

Supportive housing is currently being developed to provide Canadian seniors with an intermediate housing alternative, between living alone without supports (staying at home) and the heavily regulated environment of institutional care. Achieving this objective requires an approach to regulation that balances necessary protections with the maximum choice and autonomy for each resident.

This study considers alternative approaches to the regulation of supportive housing for seniors and the kinds of issues that effective regulation will need to address, and sets out a range of options for Canadian policy makers.

---

1 In this report "seniors" are defined as people 65 years of age or older.

2 Terminology varies significantly from province to province, and internationally; for simplicity and to facilitate comparison, the term "supportive housing" is used here to refer to housing with services for seniors regardless of government involvement and independent of any specific government program referring to "supportive housing" in its title or description.

Objective

Future development of supportive housing that works from the perspective of both consumers (residents and potential residents) and providers will depend, to a certain extent, on the way in which supportive housing is regulated. The objective of this research was to assist with this process through the review of current approaches to regulation in different jurisdictions, the identification and assessment of issues arising in the supportive housing context, and the evaluation of different forms of regulation in terms of the extent to which they address those issues. The information, analysis, and conclusions are expected to be useful to policy makers and other stakeholders involved in developing and regulating supportive housing for seniors.

Methodology

The methodology to conduct this research consisted of three major parts:

1) Review of literature and legislation
2) Consultations with seniors/consumers and professional stakeholders
3) Evaluation

Literature and Legislation Review

This first part of this research examined the many different ways in which supportive housing for seniors is regulated in Canada, the United States, Australia, and the UK; the various issues that are subject to regulation in each jurisdiction; and the various approaches to regulation.

Consultation with Seniors/Consumers and Professional Stakeholders

The second part of the methodology involved consultation with typical Vancouver seniors (with no specialised or professional knowledge of supportive housing) and with "professional stakeholders" (individuals and groups with special knowledge of and experience with supportive housing issues, including policy makers in government, seniors organisations and advocacy groups, academics, health authorities, and providers of supportive housing) in Vancouver and Victoria.[3]

The purpose of all regulation is to deal adequately and appropriately with the issues that arise in a particular context. Consultation was therefore carried out in two phases: "assessing the issues" (phase one) and "evaluating approaches to regulation" (phase two).

Consultation was designed to be user friendly for senior participants. The objective was to maximize comment and feedback. Seniors commented on issues such as how much training they thought staff should have and whether that level of training should be mandatory, for example. Despite the best efforts of the researcher to make the second phase of the consultation

3 The information obtained through this process provided a "snapshot" of opinion among those consulted rather than statistical data.

("evaluating approaches to regulation") as user friendly as possible, the subject matter proved to be more technical and less familiar to senior participants.

Assessing the Issues

During the first phase of consultation, participants were asked to comment on and rank in terms of importance the following issues associated with supportive housing:

- Information issues:
  - Access to information (where do I find out about supportive housing?)
  - Marketing/disclosure (what do I know about a residence before I move in?)

- Building quality and design features (availability of handrails in washrooms, for example)

- Affordability (how much will it cost? can I afford it?)

- Contracts (is the contract clear and understandable? what matters should be included?)

- Exit Criteria (when and why can I be asked to leave? what if I have nowhere else to go?)

- Services
  - Costs (do I need to pay for each service separately, when can costs be raised and by how much?)
  - Meals (frequency? quality? content?)
  - Staff (how many? what kind of training is required?)
  - Help with medications
  - Complaints
  - What if my needs increase? Are services sufficient to allow aging in place?

  Inspection (how often and by whom?)

- Dispute resolution (for example, what if the residence asks me to leave and I don't think I should go? What if I think a cost increase for meals is unfair?)

- Special issues associated with tenure (ownership, rental and life lease)

Participants were also asked to identify and comment on any other issues that they felt arose in the supportive housing context.

Evaluating Approaches to Regulation

Participants were asked during the second phase of consultation to examine and evaluate the following four approaches to regulation:

- **No special regulation** (only existing regulations applying to residential tenancy, consumer protection, etc.)

- **Accreditation** (only residences meeting specified standards would be recognised as "accredited")

- **Consumer protection** (legislation setting out requirements about information that must be supplied to consumers, notice periods, possible limits for cost increases, etc.)

- **Legislated minimum standards** (legislation requiring all residences to supply a minimum level of services and features; e.g., all staff to have a stipulated level of training, all residences to have a specified complaints procedure, etc.)

All participants were asked to comment on which approach was most appropriate for each of the issues identified in the first phase of consultation. Professional stakeholders were also asked whether "assisted living" should be treated differently for the purposes of regulation, and whether distinctions on the basis of type of provider (government, private not-for profit, and private for-profit) were appropriate.

Findings

People taking part in the 1999 Supportive Housing Review's consultations in British Columbia[4] expressed concern that unnecessarily high mandatory standards ("heavy" regulation) could increase the costs of supportive housing to the extent that it would become unaffordable for most people. There was also strong agreement that requiring supportive housing to meet care facility licensing standards would reproduce the institutional look and feel of those facilities. Participants also expressed concern, however, that "light" regulation (i.e.: no special regulation outside of generally applicable legislation such as residential tenancy statutes) was inadequate and inappropriate given the special characteristics of supportive housing for seniors (combining housing and services) and the special needs of supportive housing residents. These concerns are shared by policy makers and other stakeholders across Canada, and internationally, as they work to develop an approach to regulation that is neither too "light" nor too "heavy."

Comprehensive and detailed "assisted living" statutes in many American states allow for a comparison of state regulation on an issue by issue basis. No similarly comprehensive statutes currently exist in Canada, and the approach to regulation varies significantly from province to province. In Nova Scotia and New Brunswick, for example, there is currently (as of the compilation of this research) no regulation applying specifically to supportive housing. Legislation in some other provinces sets mandatory standards in a limited number of areas or applies to a particular housing sector only.[5] In British Columbia, recently implemented legislation draws distinctions between "assisted living" and other forms of supportive housing for the purposes of regulations applying to personal services, although tenure matters and

4 These consultations were public and conducted by the Government of British Columbia just before the implementation of the second phase of consultation regarding this research.

5 For instance, Saskatchewan's *Personal Care Homes Act* applies to the for-profit private sector only.

hospitality services are subject to the same form of regulation in all supportive housing (including "assisted living").

Despite the difference in approaches to regulation, there are important similarities between Canada and the United States. For example, in both countries the supply of rental supportive housing by the private for-profit and private not-for-profit sector is relatively well developed.

In the United Kingdom, by contrast, rental supportive housing (or "sheltered housing" in the English terminology) is mostly supplied by the public sector. Legislation applies generally to public housing and to the local authorities providing supportive housing. A voluntary accreditation scheme developed by a Centre for Excellence in Sheltered Housing is increasingly being used by local authorities as a mandatory standard for subsidized supportive housing. Private sector supportive housing is primarily for purchase, and codes and regulations relating to home buyer's protection apply.

In Australia, supportive housing in the form of "retirement villages" has been popular for many years. Each state and territory, other than Tasmania, has enacted specific legislation that regulates the operation of retirement villages. There are at least eight different legal structures and legislation is different in each jurisdiction.[6] Australia's *Aged Care Act 1997* incorporates the regulation of both "hostel" residences (offering accommodation with hospitality services and some personal care services) and "nursing homes" (a facility providing the highest level of care). Australian legislation also provides for a housing information hotline and system of advocates; an "Aged Care Complaints Resolution Scheme;" and a legislated accreditation agency.

Special Regulation

All seniors participating in the consultations felt that special regulation was necessary; a very few professional stakeholders expressed the opinion that existing legislation was sufficient. Where supportive housing has been excluded from residential tenancy legislation of general application,[7] special regulation may be necessary to fill the gap.

Accreditation

Accreditation programs are currently being used in a number of jurisdictions[8] as either a complement to minimum legislated standards or in place of legislated standards. The assumption is that accredited residences will be more attractive to consumers and therefore more successful. However, effective market regulation is only possible where consumers are able to exercise real and meaningful choice. This requires:

---

6 "*It's Your Life"* Retirement Village Information, 2001-2005 (http://www.itsyourlife.com.au/)

7 In British Columbia, for example.

8 For example, non-legislated accreditation programs exist in Ontario and in Quebec, where they are respectively offered by a provider group, the Ontario Residential Care Association (ORCA), and by a non-profit organisation, the Fédération de l'âge d'or du Quebec (FADOQ).

- Real alternatives (taking into account affordability and location). However, cost can be the dominant factor driving seniors' housing choices, and an un-accredited provider can be preferred over a superior accredited provider if the cost is lower.

- No special circumstances affecting seniors' ability to exercise choice. Moving, for instance, can be a difficult, even traumatic, process for some seniors, e.g., those who are frail.

- Consumer knowledge. Accreditation requires a fairly high degree of consumer knowledge. Consumers must be aware of the program, and know how to access information about it. Pro-active methods of connecting consumers to information may be a pre-requisite for an effective accreditation program. However, consultation indicated that seniors had a very low level of knowledge about supportive housing, and where to find information about it.

Seniors indicated a strong preference for the involvement of multiple stakeholders (representing both consumers and providers) in developing accreditation standards, and preferred a university or non-profit organisation based accreditation system to a system administered by a provider group.

Consumer Protection Legislation

Consumer protection legislation protects the consumer's right to receive the kind and level of service promised by the provider (as opposed to requiring that certain kinds or levels of services be provided, as under minimum legislated standards). Each supportive housing residence would be able to decide which services to offer, and to set the prices of those services, but would be required to provide all prospective residents with complete information about those services (including cost) and could not make changes without adequate notice (the required notice period would be set out in the legislation).

Seniors and professional stakeholders emphasised that adequate consumer protection must take into account the special characteristics of seniors. Notice periods need to be longer than notice periods that would be adequate in other settings; seniors as a group find the process of moving more difficult than younger people. The question of housing choice was also identified as relevant; seniors' choice of affordable, local supportive housing is likely to be much narrower than the range of housing options that are available to younger housing consumers.

Minimum Legislated Standards

Reproducing the institutional licensing model through comprehensive and detailed legislated standards is not feasible — supportive housing is being developed as an *alternative* to institutional living. An alternative approach would be to legislate minimum standards on certain core issues and to regulate other issues through different methods such as accreditation or using a consumer protection approach. Minimum standards would ensure that residents of a residence opting out of an accreditation program would enjoy a basic level of protection. Beyond those

minimum standards, the market could work to keep standards high (assuming sufficiently informed consumers).

One objective of the first phase of consultation ("assessing the issues") was to create a ranking that would identify those core issues. No clear hierarchy emerged, however. The responses indicated a generally high level of interest in and concern about almost all of the issues assessed. "Cost" and "information" were two issues that emerged through commentary (in addition to ranking) as particular concerns. These issues are the least likely to be effectively addressed through legislated standards.

Options for Canadian Policy Makers

The task for regulators is to facilitate supportive housing for seniors that is both appropriate and affordable, through regulation that is neither too "heavy" nor too "light." This balance will best be achieved through a combination of approaches to regulation (see Options 1 and 5, below), together with supplemental non-regulatory initiatives (Options 2, 3, 4 and 6).

A consumer protection approach to regulation must take into account and provide for the special characteristics of supportive housing and of seniors as housing consumers. Minimum legislated standards, applying to only a few key issues, may also be necessary, especially in the context of "assisted living" intended for frailer seniors whose ability to exercise consumer rights (by choosing to move, for example) might be diminished. Higher standards (above and beyond any baseline set by minimum legislated standards) can be promoted by accreditation schemes, but compliance may need to be encouraged at the low-cost end of the range by insisting on accreditation as a requirement for public funding or subsidy.

The success of both consumer protection and accreditation programs depends on two factors:

1. adequate choice for consumers
2. adequate information for consumers

These two factors are inter-related to the extent that the effective exercise of choice depends on adequate information. Choice in this context also depends on an adequate supply of affordable supportive housing, enabling consumers to make real choices between housing options (between an accredited over a non-accredited residence, for example, or to move elsewhere upon being given notice that e.g., housekeeping rates will rise). Where consumers are ill-informed or unable to choose, more and higher legislated standards are required, especially regarding "assisted living."

This research indicates the following options for improving and maintaining standards in supportive housing for seniors, protecting the rights and interests of residents, and facilitating access to information about supportive housing for seniors.

Option 1: Develop a comprehensive supportive housing statute

A comprehensive supportive housing statute would apply to all supportive housing for seniors, regardless of sector involvement (public, private for-profit, and private not-for profit), with supportive housing for seniors defined as housing with services that is provided specifically for seniors. The statute could include legislated minimum standards for certain issues, and provisions applying a consumer protection approach for other issues (meals could be subject to legislated standards and costs subject to consumer protection based provisions, for example).

A benefit of this option would be the relative clarity of the single statute approach for providers, consumers and their advocates, and for policy makers. This clarity, in turn, would promote coherent and consistent development of regulation both within and among Canadian jurisdictions. Coherent national development is important for two reasons. First, consistency avoids the need to constantly "reinvent the wheel" as jurisdictions are able to discuss their experiences and learn from each other's mistakes. These processes require the development of a common language around supportive housing, a development which is made more difficult where supportive housing issues are dealt with in/by multiple statutes and authorities within a single province. Second, older Canadians are mobile, and retirement or age related lifestyle changes may trigger a move closer to adult children or other relatives, or to a more suitable climate. The current widely divergent approaches to the regulation of supportive housing in Canada, divided between different regulatory instruments within provinces, creates a formidable information challenge for the potential supportive housing resident who wants to move, for example, from Toronto to Victoria.

The model statute outlined in the Report reflects the findings of the first phase of consultation, which indicated a high level of concern about almost all of the issues identified (with no ranking of "core" issues emerging). The model does not specify which issues should be dealt with through legislated standards, and which should be dealt with through consumer protection provisions. That choice is ultimately a policy decision. A statute based on the model outline would include provisions relating to:

- Rights and responsibilities of residents
- Issues relating to rental, purchase, and life lease tenure
- Mandatory standards
- Special standards in "assisted living"
- Information to be provided to residents

The statute would include a "checklist" of questions and answers to be made available to prospective residents.

Option 2: Establish a system of "elder ombudsmen"

Each province would appoint an "elder ombudsman" with responsibility for seniors housing issues and also, possibly, with a mandate to hear and respond to other concerns. The objective would be to set in place a "one stop shop" easy to access system for finding information, making

complaints, and resolving disputes and other kinds of problems. If economically feasible, a system of seniors' advocates could operate out of an ombudsman's office.

Option 3: Create national "best practices" guidelines

A third option would be to establish a working group at the national level which would create "best practices" guidelines (drawing on the American model). As provinces across Canada consider the question of regulation, a national working group would facilitate the sharing of experiences and avoid the unnecessary duplication of steps. It is currently difficult to make inter-provincial comparisons, in part because of divergent terminologies, in part because of different approaches taken with regards to responsibility (the question of which government department or body is responsible for the development of supportive housing, including the issue of regulation).

The working group would not be constituted as a permanent body. Conclusions and recommendations of the working group would be further developed by a permanent centre of excellence (see Option 4, below).

Option 4: Establish a supportive housing for seniors "centre of excellence"

Building on the work of the national working group described in Option 3, the centre would create a model "Code of Practice" for accreditation; policy makers may choose to incorporate the model Code into provincial accreditation requirements or to use elements of the Code as the basis for a provincial program. The centre would also serve as a focal point for the continuing exchange of information and experiences across Canadian jurisdictions.

Regulation of supportive housing is a matter for each province, but the issues and concerns raised in each jurisdiction will be substantially the same. There is a key role for a central body to develop models, guidelines, and best practices that could then be implemented at the provincial or municipal levels. A university could be the most appropriate body to house The Centre of Excellence which would carry out this work on a continuing basis.

Option 5: Establish a (non-legislated) system for accreditation

An accreditation system could be developed in a university based "centre of excellence" with input from consumers and providers as well as academics. The centre would be responsible for carrying out accreditation, and gather and disseminate information about the system (in connection with a general information database; see Option 6, below). A non-legislated university based system for accreditation would be an alternative to an accreditation system established by and within a comprehensive supportive housing statute (see "Option 1").

Accreditation could be a prerequisite for receipt of government funding (government funding also then becomes an incentive for accreditation). Tying accreditation to the availability of

subsidy addresses the question of non-accredited, substandard residences which would market themselves to low income seniors solely on the basis of price.

Option 6: Establish a central information database

Establishment of a central information database accessible through the internet and through a seniors housing "hotline" is important to the success of supportive housing as an intermediate housing alternative. Information provided would include availability, costs, and rules or conditions of residency. A senior who wishes to relocate would be able to access information about the availability of supportive housing in another province, and the way in which supportive housing is regulated in that province.

CADRE JURIDIQUE DU LOGEMENT EN MILIEU DE SOUTIEN POUR LES AÎNÉS – OPTIONS S'OFFRANT AUX DÉCIDEURS CANADIENS

RÉSUMÉ

Introduction

On utilise l'expression « logement en milieu de soutien » pour désigner un éventail de choix de logements conçus pour répondre aux besoins des aînés[1] de par leurs caractéristiques matérielles, leur gestion et l'accès à des services de soutien. À une extrémité de la gamme, on entend par logement en milieu de soutien le logement-foyer comportant des caractéristiques et des services de soutien, notamment, la surveillance et l'intervention d'urgence, les repas, l'entretien ménager, la lessive et les activités récréatives. À l'autre extrémité de la gamme, on dispense aussi des services de soins personnels (dans ce que l'on appelle les résidences-services dans la plupart des territoires nord-américains) aux aînés en perte d'autonomie qui ont besoin d'un plus grand soutien. Des services professionnels peuvent être dispensés à domicile, dans les logements en milieu de soutien, comme ils le seraient pour des personnes qui vivent dans des types de logements différents (ne se situant pas en milieu de soutien).

Le logement en milieu de soutien[2] peut être offert par le secteur public ou le secteur privé, et peut être à but lucratif ou sans but lucratif. Dans certains cas, un fournisseur s'occupe d'offrir tous les éléments du logement en milieu de soutien (services et logement). Dans d'autres cas, les services et le logement sont offerts séparément, par des secteurs différents.

Les logements en milieu de soutien peuvent être loués, achetés en copropriété ou détenus en location viagère.

On travaille actuellement à mettre au point le logement en milieu de soutien afin d'offrir aux aînés canadiens un choix de logement se situant à mi-chemin entre la vie en autonomie, sans soutien (maintien chez soi), et la vie dans un établissement de soins très réglementé. Pour atteindre cet objectif, il faut envisager une réglementation qui établit un juste équilibre entre les protections nécessaires et un maximum de choix et d'autonomie pour chaque résident.

Dans le cadre de cette étude, on se penche sur les façons nouvelles d'aborder la réglementation du

---

1 Dans le rapport, les aînés sont les personnes âgées de 65 ans et plus.

2 La terminologie varie beaucoup d'une province à l'autre et à l'échelle internationale. Pour simplifier les choses et pour faciliter la comparaison, on utilise l'expression « logement en milieu de soutien » pour désigner les logements où des services sont offerts aux aînés, sans égard à l'intervention gouvernementale et à quelque programme gouvernemental que ce soit dont le titre ou la description comporte l'expression « logement en milieu de soutien ».

logement en milieu de soutien pour les aînés et sur les types de préoccupations qu'une réglementation efficace devra résoudre. On présente aussi un éventail d'options à l'intention des décideurs canadiens.

Objectif

Dans une certaine mesure, la façon dont le logement en milieu de soutien est réglementé déterminera à quel point les logements en milieu de soutien aménagés dans l'avenir fonctionneront aussi bien du point de vue des consommateurs (résidents actuels et éventuels) que de celui des fournisseurs. L'objectif de cette recherche était de contribuer à ce processus par l'examen des façons actuelles d'aborder la réglementation dans divers territoires, par la détermination et l'évaluation des difficultés qui surgissent dans le contexte du logement en milieu de soutien et par l'évaluation des différentes formes de réglementation, du point de vue de la mesure dans laquelle elles répondent à ces préoccupations. L'information, l'analyse et les constatations devraient être utiles aux décideurs et aux autres parties prenantes qui interviennent dans l'aménagement et la réglementation du logement en milieu de soutien pour les aînés.

Méthodologie

La recherche a été réalisée en trois grandes étapes :

1) dépouillement d'ouvrages spécialisés et de textes de loi;
2) consultations auprès d'aînés et de consommateurs, et auprès de professionnels intéressés;
3) évaluation.

Dépouillement d'ouvrages spécialisés et de textes de loi

À la première étape de la recherche, on a examiné les différents modes de réglementation du logement en milieu de soutien pour les aînés au Canada, aux États-Unis, en Australie et au R.-U.; les différents aspects soumis à la réglementation dans chacun de ces territoires; enfin, les différentes façons d'aborder la réglementation.

Consultations auprès d'aînés et de consommateurs, et auprès de professionnels intéressés

À la deuxième étape de la recherche, il s'agissait de consulter des aînés typiques de Vancouver (ne possédant pas de connaissances spécialisées ou professionnelles du logement en milieu de soutien) et des « professionnels intéressés » (personnes et groupes possédant des connaissances spéciales et de l'expérience des questions de logement en milieu de soutien, notamment, des décideurs gouvernementaux, des organismes d'aînés et des groupes de défense des aînés, des universitaires,

des autorités sanitaires et des fournisseurs de logements en milieu de soutien) de Vancouver et de Victoria.[3]

Le but de toute réglementation est de résoudre convenablement les difficultés qui surgissent dans un contexte particulier. Les consultations ont donc été réalisées en deux étapes : l'évaluation des divers aspects (étape un) et l'évaluation des façons d'aborder la réglementation (étape deux).

La consultation a été conçue pour que les aînés la trouvent conviviale. L'objectif était d'obtenir le maximum de commentaires et de réactions. Par exemple, les aînés étaient invités à faire des commentaires sur des questions comme le niveau de formation qu'ils trouvaient que le personnel devait posséder et la nécessité ou non d'exiger ce niveau de formation. Malgré tous les efforts déployés par le chercheur pour rendre la deuxième étape aussi conviviale que possible, le sujet était plus technique et les aînés qui participaient à l'étude ne le connaissaient pas aussi bien.

Évaluation des divers aspects

À la première étape de la consultation, on a demandé aux participants de faire des commentaires sur les aspects suivants du logement en milieu de soutien et de les classer selon leur importance :

- Information :
    - accès à l'information (Où puis-je me renseigner sur le logement en milieu de soutien?)
    - marketing/divulgation (Que sais-je d'une résidence avant d'y emménager?)

- Qualité de l'immeuble et caractéristiques d'aménagement (par exemple, mains courantes dans les salles de bain)

- Abordabilité (Combien cela coûtera-t-il? Puis-je me le permettre?)

- Contrats (Le contrat est-il clair et facile à comprendre? Quels éléments devraient s'y trouver?)

- Critères liés au départ (Quand et pourquoi peut-on me demander de partir? Qu'arrive-t-il si je n'ai nulle part où aller?)

- Services
    - Frais (Dois-je payer chaque service séparément? Quand peut-on hausser les frais, et de combien?)
    - Repas (Fréquence? Qualité? Composition?)
    - Personnel (Combien d'employés? Quelle est la formation requise?)
    - Aide relative aux médicaments
    - Plaintes

3 L'information ainsi obtenue constituait un instantané des opinions des personnes consultées, plutôt que des données statistiques.

- Qu'arrive-t-il si mes besoins s'accentuent? Les services suffisent-ils à permettre le vieillissement chez soi?

Inspection (À quelle fréquence, et par qui?)

- Règlement des différends (Par exemple, qu'arrive-t-il si l'administration de la résidence me demande de partir alors que j'estime que je devrais rester? Qu'en est-il si je trouve injuste une augmentation des prix des repas?)

- Aspects particuliers associés au mode d'occupation (propriété, location à bail et location viagère)

On a aussi demandé aux participants de relever tout autre aspect lié au logement en milieu de soutien qui mérite d'être soulevé, et de faire des commentaires.

Évaluation des façons d'aborder la réglementation

À la deuxième étape de la consultation, on a invité les participants à examiner et à évaluer les quatre façons suivantes d'aborder la réglementation :

- **Aucune réglementation spéciale** (règlements existants seulement, qui s'appliquent à la location à usage d'habitation, à la protection des consommateurs, etc.)

- **Agrément** (seules les résidences qui répondent à des normes précises devraient être « agréées »)

- **Protection des consommateurs** (texte de loi énonçant les exigences relatives à l'information devant être fournie aux consommateurs, les périodes d'avis, peut-être les limites quant aux hausses des frais, etc.)

- **Normes minimales imposées par la loi** (texte de loi exigeant de toutes les résidences un niveau minimum sur le plan des services et des caractéristiques; par exemple, tous les employés devraient posséder un niveau de formation précis, toutes les résidences devraient posséder une procédure relative aux plaintes, etc.)

On a demandé aux participants de faire des commentaires sur la démarche qu'ils estimaient la plus pertinente pour chacun des aspects donnés à la première étape de la consultation. On a également demandé aux professionnels intéressés s'il fallait traiter les résidences-services différemment, du point de vue de la réglementation, et s'il était pertinent d'établir des distinctions en fonction du type de fournisseur (gouvernement, privé sans but lucratif et privé à but lucratif).

Constatations

Les personnes qui ont participé aux consultations sur les logements en milieu de soutien menées en 1999 en Colombie-Britannique[4] se préoccupaient de ce que des normes obligatoires inutilement sévères pourraient faire grimper les coûts des logements en milieu de soutien à un point tel qu'ils deviendraient inabordables pour la plupart des gens. On s'entendait aussi dans une grande mesure pour dire que, si l'on exigeait que les logements en milieu de soutien se soumettent à des normes établies pour la délivrance de permis aux établissements de soins, les logements finiraient par avoir la même apparence et donner la même impression que ces établissements. Cependant, les participants ont également indiqué qu'ils estimaient qu'une réglementation moins stricte (par exemple, aucune réglementation spéciale, outre les textes de loi généralement applicables comme les lois visant la location à usage d'habitation) était insuffisante et ne convenait pas compte tenu des caractéristiques spéciales du logement en milieu de soutien pour les aînés (logements et services) et des besoins spéciaux des occupants de logements en milieu de soutien. Les décideurs et les autres parties prenantes de toutes les régions du Canada et à l'étranger ont les mêmes préoccupations et cherchent à trouver une façon d'aborder la réglementation qui soit ni trop laxiste, ni trop stricte.

Grâce à l'existence de lois complètes et détaillées sur les résidences-services dans de nombreux États américains, il est possible de faire, pour chaque aspect, une comparaison de la réglementation des États. Il n'existe actuellement pas de lois aussi complètes au Canada, et la façon d'aborder la réglementation varie beaucoup d'une province à l'autre. En Nouvelle-Écosse et au Nouveau-Brunswick, par exemple, il n'y a en ce moment (au moment de la compilation des données pour la présente recherche) aucun règlement s'appliquant particulièrement au logement en milieu de soutien. Dans d'autres provinces, la loi impose des normes obligatoires pour un nombre limité de secteurs ou ne s'applique qu'à un secteur particulier de l'habitation.[5] En Colombie-Britannique, un texte de loi adopté récemment établit des différences entre les résidences-services et d'autres formes de logement en milieu de soutien pour les fins de la réglementation s'appliquant aux services personnels, bien que les questions de mode d'occupation et de services hospitaliers soient soumises à la même forme de réglementation pour tous les logements en milieu de soutien (y compris les résidences-services).

Malgré les différentes façons d'aborder la réglementation, il existe de grandes similitudes entre le Canada et les États-Unis. Par exemple, dans les deux pays, l'offre de logements locatifs en milieu de soutien par le secteur privé à but lucratif et le secteur privé sans but lucratif est relativement bien établie.

Au Royaume-Uni, cependant, le logement locatif en milieu de soutien (ou « logement protégé » chez les Anglais) est essentiellement fourni par le secteur public. Les textes de loi s'appliquent généralement au logement public et aux autorités locales qui fournissent le logement en milieu de soutien. Un programme d'agrément volontaire conçu par le Centre for Excellence in Sheltered Housing est de plus en plus utilisé par les autorités locales en guise de normes obligatoires pour le logement en milieu de soutien subventionné. Les logements en milieu de soutien offerts par le

---

4 Ces consultations, publiques, ont été menées par le gouvernement de la Colombie-Britannique immédiatement avant que soit entamée la deuxième étape des consultations liées à la présente recherche.

5 Par exemple, la *Personal Care Homes Act* de la Saskatchewan s'applique uniquement au secteur privé sans but lucratif.

secteur privé sont principalement des logements pour propriétaires-occupants, et les codes et règlements qui s'y appliquent sont ceux qui protègent les acheteurs de logements.

En Australie, le logement en milieu de soutien sous forme de villages de retraite est populaire depuis de nombreuses années. Chaque État et territoire, outre la Tasmanie, a adopté une loi qui régit précisément le fonctionnement des villages de retraite. Il existe au moins huit structures juridiques différentes, et les lois varient d'une autorité à l'autre.[6] La *Aged Care Act de 1997* d'Australie porte sur les foyers (où l'on offre des services hospitaliers et certains services de soins personnels) et les centres d'hébergement (où l'on offre le niveau le plus élevé de soins de santé). Les textes de loi australiens prévoient aussi une assistance téléphonique pour le logement et un système de défense des intérêts, un programme de résolution des plaintes relatives aux soins aux aînés et une agence d'agrément établie par la loi.

Réglementation spéciale

Tous les aînés qui ont participé aux consultations estimaient qu'il fallait une réglementation spéciale. Très peu de professionnels intéressés ont indiqué que la législation actuelle était suffisante. Dans les cas où le logement en milieu de soutien a été exclu de la législation portant sur la location à usage d'habitation d'application générale,[7] une réglementation spéciale pourrait être nécessaire pour combler l'écart.

Agrément

Un certain nombre d'autorités[8] utilisent des programmes d'agrément, soit comme complément à des normes minimales imposées par la loi, soit en guise de normes imposées par la loi. On suppose que les résidences agréées seront plus attrayantes pour les consommateurs et qu'elles auront par conséquent plus de succès. Cependant, une réglementation efficace du marché n'est possible que si les consommateurs sont en mesure de faire des choix réels et significatifs. Les éléments suivants sont, à cette fin, nécessaires :

- De vraies options (compte tenu de l'abordabilité et de l'emplacement) – Cependant, le coût peut être le facteur dominant qui motive les choix des aînés, et il se peut qu'ils préfèrent un fournisseur non agréé à un fournisseur agréé supérieur, si le coût est inférieur.

- Absence de circonstances spéciales qui auraient une incidence sur la capacité de l'aîné à exercer son choix – Déménager, par exemple, peut représenter un processus difficile, voire traumatisant, pour certains aînés, notamment, ceux qui sont fragiles.

---

6 "*It's Your Life"* Retirement Village Information, 2001-2005 (http://www.itsyourlife.com.au/)

7 En Colombie-Britannique, par exemple.

8 Par exemple, il existe des programmes d'agrément non imposés par la loi en Ontario et au Québec. Ils sont gérés respectivement par un groupe de fournisseurs, la Ontario Residential Care Association (ORCA), et par un organisme sans but lucratif, la Fédération de l'âge d'or du Québec (FADOQ).

- Consommateurs renseignés – L'agrément exige un degré de connaissances élevé de la part du consommateur. Le consommateur doit être au fait du programme et savoir comment accéder à l'information. Des méthodes proactives permettant de diriger les consommateurs vers l'information pourraient être un prérequis pour un programme d'agrément efficace. Cependant, il est ressorti des consultations que les aînés possédaient un niveau de connaissances très faible au sujet du logement en milieu de soutien et des sources de renseignements sur ce type de logement.

Les aînés ont manifesté une forte préférence pour l'intervention de multiples parties prenantes (représentant les consommateurs et les fournisseurs) dans l'élaboration de normes d'agrément et pour l'établissement d'un système d'agrément axé sur une université ou un organisme sans but lucratif, plutôt que pour un système administré par un groupe de fournisseurs.

Texte de loi sur la protection des consommateurs

Les textes de loi visant la protection des consommateurs protègent le droit du consommateur au type et au niveau de service promis par le fournisseur (plutôt que d'exiger que certains types ou niveaux de services soient fournis, par exemple, conformément à des normes minimales imposées par la loi). Chaque ensemble de logements en milieu de soutien serait en mesure de décider des services à offrir et d'établir les prix de ces services. Cependant, il serait obligé de fournir à tous les résidents éventuels de l'information complète à propos de ces services (y compris les prix) et n'aurait pas le droit d'y apporter des changements sans un avis suffisant (la période d'avis requise serait énoncée dans le texte de loi).

Les aînés et les professionnels intéressés ont souligné que la protection des consommateurs, pour être pertinente, doit tenir compte des caractéristiques spéciales des aînés. Les périodes d'avis doivent être plus longues que les périodes d'avis qui sont jugées suffisantes dans d'autres contextes; les aînés trouvent généralement le processus de déménagement plus difficile que les personnes plus jeunes. La question du choix de logements a aussi été donnée comme pertinente : les choix de logements en milieu de soutien abordables et accessibles localement risquent d'être nettement plus restreints que l'éventail des choix de logements qui s'offre aux consommateurs plus jeunes.

Normes minimales imposées par la loi

Appliquer le modèle de délivrance de permis institutionnels au moyen de normes complètes et détaillées imposées par la loi n'est pas faisable – le logement en milieu de soutien est une *solution de rechange* à la vie en institution. On pourrait plutôt imposer par voie législative des normes minimales visant certains aspects essentiels et réglementer les autres aspects par différentes méthodes, par exemple, l'agrément ou l'adoption de mesures de protection des consommateurs. Les normes minimales garantiraient une protection de base aux résidents d'ensembles qui ne se soumettent pas à un programme d'agrément. Outre ces normes minimales, le marché pourrait contribuer à faire en

sorte que les normes demeurent élevées (à condition que les consommateurs soient suffisamment bien renseignés).

L'un des objectifs de la première étape des consultations (évaluation des divers aspects) était d'établir un classement qui ferait ressortir les aspects essentiels. Il n'en est cependant ressorti aucune hiérarchie claire. Les réponses ont révélé un niveau d'intérêt et de préoccupation généralement élevé pour presque tous les aspects évalués. Le prix et l'information sont deux aspects qui ont émergé dans les commentaires (émis en plus du classement) comme étant des préoccupations particulières. Ces aspects sont ceux qui risquent le moins d'être résolus au moyen de normes imposées par la loi.

Options s'offrant aux décideurs canadiens

La tâche des organismes de réglementation est de faciliter l'offre de logements en milieu de soutien convenables et abordables pour les aînés grâce à des règlements qui ne sont ni trop stricts, ni trop laxistes. La meilleure façon d'atteindre cet équilibre sera de conjuguer les façons d'aborder la réglementation (voir les options 1 et 5 ci-dessous), et la mise en œuvre d'initiatives non régies par des règlements (options 2, 3, 4 et 6).

Toute réglementation axée sur la protection des consommateurs doit tenir compte des caractéristiques spéciales du logement en milieu de soutien et des aînés en tant que consommateurs de logements. Des normes minimales imposées par la loi ne s'appliquant qu'à quelques aspects essentiels pourraient aussi être nécessaires, particulièrement dans le contexte des résidences-services qui s'adressent aux aînés plus fragiles dont la capacité d'exercer leurs droits en tant que consommateurs (par exemple, en choisissant de déménager) pourrait être diminuée. Des programmes d'agrément pourraient favoriser des normes supérieures (dépassant la base de référence correspondant aux normes minimales imposées par la loi), mais il pourrait être nécessaire d'encourager la conformité des ensembles de logements pour lesquels les frais se situent à la limite inférieure en insistant sur l'agrément comme exigence à respecter pour l'obtention de financement public ou de subventions.

Le succès des programmes de protection des consommateurs et des programmes d'agrément dépend de deux facteurs :

1. choix convenables pour les consommateurs
2. information suffisante aux consommateurs

Ces deux facteurs sont liés entre eux dans la mesure où l'on peut choisir efficacement grâce à des renseignements suffisants. Le choix, dans ce contexte, dépend aussi d'une offre suffisante de logements en milieu de soutien abordables, ce qui permet aux consommateurs de réellement choisir entre des options de logements, par exemple, d'opter pour une résidence agréée ou pour une résidence qui ne l'est pas, ou de décider de déménager après la réception d'un avis annonçant, par exemple, une augmentation des frais d'entretien ménager. Quand les consommateurs sont mal renseignés ou incapables de choisir, il faut que les normes imposées par la loi soient plus exigeantes, particulièrement en ce qui concerne les résidences-services.

La recherche a fait ressortir les options suivantes, qui permettraient d'améliorer et de maintenir les normes s'appliquant au logement en milieu de soutien pour les aînés, de protéger les droits et intérêts des résidents, et de faciliter l'accès à l'information sur le logement en milieu de soutien pour les aînés.

Option 1 : Rédiger une loi complète sur le logement en milieu de soutien

Une loi complète sur le logement en milieu de soutien s'appliquerait à tous les logements en milieu de soutien pour les aînés, peu importe le secteur qui les produit (public, privé à but lucratif ou privé sans but lucratif), et définirait le logement en milieu de soutien pour les aînés comme étant du logement avec services dispensés à l'intention particulière des aînés. La loi pourrait englober des normes minimales pour certains aspects et comporter une démarche axée sur la protection des consommateurs pour certains autres (les repas pourraient être soumis à des normes imposées par la loi, et les coûts, à des dispositions axées sur la protection des consommateurs, par exemple).

Un des avantages de cette option est la clarté relative d'une loi unique pour les fournisseurs, les consommateurs et leurs défenseurs, ainsi que pour les décideurs. Cela aurait pour effet de favoriser l'élaboration cohérente et uniforme de règlements à l'intérieur des provinces et territoires canadiens, et entre les provinces et territoires. L'uniformité à l'échelle nationale est importante pour deux raisons. Premièrement, l'uniformité élimine la nécessité de constamment réinventer la roue, car les provinces et territoires peuvent discuter entre eux de leurs expériences et tirer des leçons des erreurs des autres. Il faut à cette fin adopter un langage commun pour le logement en milieu de soutien, ce qui est plus difficile à accomplir quand les aspects du logement en milieu de soutien font l'objet de multiples lois et autorités au sein d'une seule et même province. Deuxièmement, les Canadiens âgés sont mobiles, et la retraite ou les changements de style de vie qui sont liés à l'âge peuvent les inciter à s'installer plus près de leurs enfants d'âge adulte ou d'autres parents, ou encore dans une région où le climat leur convient mieux. Les façons actuellement fort divergentes d'aborder la réglementation du logement en milieu de soutien au Canada, avec les divers instruments de réglementation qui existent à l'intérieur des différentes provinces, représentent un défi formidable pour l'aîné qui souhaite obtenir de l'information sur le logement en milieu de soutien et qui envisage, par exemple, de quitter Toronto pour aller s'installer à Victoria.

La loi type énoncée dans le rapport traduit les constatations tirées de la première étape des consultations, laquelle a révélé d'importantes préoccupations au sujet de tous les aspects donnés (aucun classement par ordre d'importance des aspects n'étant ressorti). Le modèle ne précise pas les aspects que les normes imposées par la loi devraient couvrir, ni les aspects qui devraient être soumis à des dispositions axées sur la protection du consommateur. Ce choix incombe, en bout de ligne, aux décideurs. Une loi qui s'appuierait sur le modèle énoncé comporterait des dispositions visant ce qui suit :

- droits et responsabilités des résidents
- aspects liés à la location à bail, à l'achat et à la location viagère
- normes obligatoires
- normes spéciales s'appliquant aux résidences-services

- information à fournir aux résidents

La loi prévoirait une liste de vérification, sous forme de questions et réponses, à fournir aux résidents éventuels.

Option 2 : Établir un système de protection des aînés

Chaque province nommerait un protecteur des aînés auquel incomberait la responsabilité des questions de logement des aînés et, peut-être, le mandat d'entendre d'autres préoccupations et d'y répondre. L'objectif serait d'établir un guichet unique facile d'accès auquel on accéderait pour obtenir de l'information, déposer une plainte et obtenir le règlement des différends et d'autres types de problèmes. Si c'est économiquement faisable, un réseau de défenseurs des aînés pourrait relever du bureau du protecteur des aînés.

Option 3 : Élaborer des directives nationales axées sur les pratiques exemplaires

La troisième option serait de créer un groupe de travail national qui élaborerait des directives axées sur les pratiques exemplaires (s'appuyant sur le modèle américain). Étant donné que bien des provinces canadiennes envisagent la réglementation, un groupe de travail national faciliterait les échanges sur les expériences et éliminerait les chevauchements. En ce moment, il est difficile de faire des comparaisons entre les provinces, entre autres du fait des démarches différentes adoptées en termes de responsabilité (question de savoir quel ministère ou organisme gouvernemental est responsable du développement du logement en milieu de soutien, y compris sur le plan de la réglementation).

Le groupe de travail ne serait pas permanent. Un centre d'excellence permanent se chargerait d'approfondir les constatations et recommandations du groupe de travail (voir l'option 4, ci-dessous).

Option 4 : Créer un centre d'excellence du logement en milieu de soutien pour les aînés

S'appuyant sur le travail accompli par le groupe de travail national décrit dans l'option 3, le centre créerait un code de pratique type qui servirait à l'agrément. Les décideurs pourraient choisir d'intégrer le code type dans leurs exigences provinciales d'agrément ou d'en utiliser des éléments comme base de leur programme provincial. Le centre servirait aussi de point de convergence pour la diffusion d'information et d'expériences vécues dans toutes les provinces et tous les territoires du Canada.

La réglementation du logement en milieu de soutien est propre à chaque province, mais les difficultés et préoccupations soulevées dans chaque province et territoire seront essentiellement les mêmes. Un organisme central peut jouer un rôle clé dans l'élaboration de modèles, de directives et de pratiques exemplaires qui pourraient ensuite être mis en œuvre à l'échelle provinciale ou

municipale. C'est d'une université que relèverait idéalement le centre d'excellence, lequel exécuterait ce travail en permanence.

Option 5 : Établir un système d'agrément (non imposé par la loi)

On pourrait mettre sur pied un système d'agrément qui relèverait d'un centre d'excellence établi au sein d'une université et qui bénéficierait des contributions des consommateurs et des fournisseurs, ainsi que des universitaires. Il incomberait au centre d'administrer l'agrément et de recueillir et diffuser de l'information au sujet du système (au moyen d'un lien avec une base de données de renseignements générale – voir l'option 6 ci-dessous). Un système d'agrément relevant d'une université et non imposé par la loi constituerait une solution de rechange à un système d'agrément créé par une loi complète sur le logement en milieu de soutien (voir l'option 1).

L'agrément pourrait être un prérequis à l'obtention de financement gouvernemental (le financement gouvernemental deviendrait aussi un stimulant à l'agrément). En liant l'agrément à l'accès à des subventions, on résout la question des résidences non agréées et inférieures aux normes qui attireraient les aînés à faible revenu simplement grâce aux prix.

Option 6 : Établir une base de données de renseignements centrale

La création d'une base de données de renseignements centrale accessible par Internet et au moyen d'une ligne d'assistance sur le logement des aînés est importante pour le succès du logement en milieu de soutien comme solution intermédiaire de logement. L'information fournie porterait sur la disponibilité, les coûts et les règles ou conditions de résidence. Un aîné qui souhaite déménager serait en mesure d'obtenir de l'information sur la disponibilité de logements en milieu de soutien dans une autre province, ainsi que sur la façon dont le logement en milieu de soutien est réglementé dans cette province.

National Office
700 Montreal Road
Ottawa ON K1A 0P7
Telephone: (613) 748-2000

Bureau national
700 chemin de Montréal
Ottawa ON K1A 0P7
Téléphone : (613) 748-2000

Puisqu'on prévoit une demande restreinte pour ce document de recherche, seul le résumé a été traduit.

La SCHL fera traduire le document si la demande le justifie.

Pour nous aider à déterminer si la demande justifie que ce rapport soit traduit en français, veuillez remplir la partie ci-dessous et la retourner à l'adresse suivante :

Centre canadien de documentation sur l'habitation
Société canadienne d'hypothèques et de logement
700, chemin Montréal, bureau C1-200
Ottawa (Ontario)
K1A 0P7

Titre du rapport: _____

_____

Je préférerais que ce rapport soit disponible en français.

NOM _____

ADRESSE_____
rue App.

_____
ville province Code postal

No de téléphone ( ) _____

TABLE OF CONTENTS

A LEGAL FRAMEWORK FOR SUPPORTIVE HOUSING FOR SENIORS: OPTIONS FOR CANADIAN POLICY MAKERS

I. INTRODUCTION

Supportive housing is intended to provide seniors[1] with an intermediate housing alternative, between living alone without supports (staying at home) and the heavily regulated environment of institutional care (the "nursing home"). Supportive housing also provides a "mid-way" alternative for governments in terms of cost; supportive housing will usually cost more than standard accommodation where services are not provided, but much less than institutional care.[2] Supportive housing will become increasingly important as a housing option that is both appropriate and sustainable as the Canadian population continues to age. It is estimated that by the year 2031 the number of Canadians over 75 will have grown to 4,077,200 from 1,471,100 in 1995, an increase of 277%.[3]

Terminology varies significantly from province to province, and internationally. For the purpose of simplicity and to facilitate comparisons the term "supportive housing" is used in this Report to refer to housing with services for seniors regardless of government involvement and independent of any specific government program referring to "supportive housing" in its title or description. Where special terminology is used to refer to a particular kind of supportive housing within a jurisdiction ("seniors lodges" in Alberta, for example, or "assisted living" in British Columbia), that terminology will be defined. This research was concerned with supportive housing for seniors only.

II. BACKGROUND

"Supportive housing" is an umbrella term that covers a range of housing options designed to accommodate the needs of older adults through building design features, housing management and access to support services. At one end of the range, supportive housing refers to congregate housing with supportive features and services such as monitoring and emergency response, meals, housekeeping, laundry and recreational activities. At the other end of the supportive housing range (referred to in most North American jurisdictions as "assisted living") personal care services are provided for frailer seniors with more significant support needs in addition to monitoring and hospitality services. Professional services may also be provided on a "home-care" basis in a supportive housing setting as they would be if the resident were living in a different kind of (non-supportive) residential setting. A range of tenures is also possible;

---

1 Arbitrarily and for the purpose of facilitating the discussion in this Report "seniors" are defined to mean people aged 65 or older.

2 See (1988) *Supportive Housing For Seniors: The Elements and Issues for a Canadian Model*, C. Murray (CMHC External Research Program).

3 (2000) *Supportive Housing for Seniors*, Social Data Research Inc. (CMHC External Research Program).

supportive housing may be rental accommodation, or purchased as a condominium in fee simple or through a "life lease."[4]

Supportive housing may be provided by either the public or the private sector, for profit or not for profit. In some cases, one provider will be responsible for delivering the whole supportive housing "package" (services plus housing). In other cases services and housing components will be delivered separately, by different sectors.[5]

Appropriate regulation will need to take into account the special hybrid quality of supportive housing as housing with services, and the particular needs of older adults as the target consumer group. Supportive housing for seniors is a distinct type of *housing* (not health care) but health and mobility related needs will be an issue for many supportive housing residents, especially at the "assisted living" end of the supportive housing range.

A key task underlying development of a regulatory framework will be to balance the resident's autonomy and choice with the needs of older housing consumers. The relationship of supportive housing to long term institutional care must also be considered; at what point, if any, is supportive housing no longer appropriate? Is this a matter best left to each individual supportive housing residence, or is this an appropriate matter for standardisation? How would regulation on this issue accommodate continuity of care or "aging in place"? What conflicts between the interests of the individual and the community of residents might be involved?

This research identified the following issues associated with supportive housing for seniors. Each may be an appropriate subject for regulation:

1. Information issues:
    a) Access to information
    b) Marketing/disclosure

2. Building quality and design features
3. Affordability
4. Contracts
5. Eligibility/Entry and Exit Criteria
6. Services
    a) Costs
    b) Quality (General)
    c) Meals (Frequency; Quality)
    d) Staff (Levels; Training; Qualification)
    e) Administration/storage of medication

---

4 See *Life lease housing in Canada: a preliminary exploration of some consumer protection issues*, Kate Mancer (CMHC External Research Program).

5 In British Columbia, for example, non-profit organisations in partnership with B.C. Housing and the health authorities will provide supportive housing under the "Independent Living" program. Private for profit supportive housing exists and (it is contemplated) will continue to develop alongside this public/private non-profit initiative.

f) Complaints procedure
g) Sufficiency of services available/provided (in terms of aging in place and continuity of care)
h) Provision of palliative care

7. Oversight/Inspection
8. Dispute resolution
9. Special tenure issues:
   a) Ownership
   b) Life lease

III. OBJECTIVE

Future development of supportive housing that works from the perspective of both residents and providers will depend, to a considerable extent, on the way in which supportive housing is regulated. The objective of this study is to assist with this process by providing an overview of current approaches to regulation in a number of jurisdictions, an analysis of issues arising in the supportive housing context that may require some form of regulation, and an evaluation of different forms of regulation in terms of how they address (or fail to address) those issues. The information, analysis, and conclusions presented here are expected to be useful to policy makers and other stakeholders involved in developing supportive housing for seniors

IV. METHODOLOGY

Three major tasks were carried out in connection with the research:

A. A review of the literature and relevant legislation;
B. Consultation with seniors and with professional stakeholders;
C. An analysis and evaluation of the information collected through tasks A and B.

A. Literature and legislation review

The first part of the methodology reviewed the different ways in which supportive housing for seniors is regulated in Canada, the United States, Australia and the UK. This comparative review is very useful in terms of providing information about the various issues that are subject to regulation in the jurisdictions considered as well as the many possible approaches and combinations of approaches to regulation.

The review was carried out through research of legislation, regulations, government publications, and other documents or studies dealing with the regulation of supportive housing (see the "Bibliography" at the end of this Report). Individuals were contacted across Canada and in the

foreign jurisdictions considered to track and "up date" developments wherever possible. Change remains ongoing, however, and new developments in a given jurisdiction may have occurred subsequent to the compilation of this section of the Report.

B. Consultation with seniors and with professional stakeholders

The second part of the methodology involved consultation with "average" seniors (individuals with no special or professional knowledge of supportive housing) and with "professional stakeholders" (individuals and groups with special knowledge of and experience with supportive housing issues, including policy makers in government, seniors organisations and advocacy groups, academics, health authorities and providers of supportive housing). Representatives from seniors organisations and advocacy groups were designated as "professional stakeholders" on the grounds that they are relatively knowledgeable about the issues and arguments associated with supportive housing (relative to the general population of older adults) and will consider the issue in terms of the interests of seniors as a group, as opposed to their own personal concerns and interests ("what's going to happen to me?" "what am I worried about?")

Consultation with seniors was limited to the Greater Vancouver area. Consultation with professional stakeholders was limited to the Greater Vancouver area and to Victoria, B.C. (the provincial capital). The data received through the consultation process cannot be considered statistically valid but is useful as a "snapshot" of opinion within these two groups (professional stakeholders and average seniors).

Consultation with both groups was carried out in two phases ("Assessing the Issues" and "Evaluating Approaches to Regulation"). In the first phase participants were asked to comment on, and rank in terms of importance, issues that may arise in the supportive housing context. In the second phase participants were asked to assess several different approaches to regulation and to comment specifically on which approach was appropriate for which issues. Participants were also asked to comment on whether "assisted living" should be treated differently for the purposes of regulation.

The consultations were designed to be user-friendly for senior participants, with the objective of maximising comment and feedback. The information that seniors were able to provide was indispensable and unique. Questions included:

- What kind of building features do you think should be present?
- What kind of training do you think that staff should receive?
- What kind of complaints procedure would you like to see?

Despite the best efforts of the researcher to make the second phase of the consultations as user-friendly as possible, the subject matter was irreducibly more technical and less familiar to the seniors consulted.

C. Consultation phases

Identifying the issues was a necessary first phase or starting off point for the discussion of regulation. The purpose of all regulation is to deal adequately and appropriately with the issues and problems that arise in a particular context. Those issues ultimately provide the subject matter for any regulatory framework. The second phase of the consultations asked participants to comment on a range of different approaches to regulation.

Phase 1: Assessing the Issues

Two sets of questionnaires were developed; one for the professional stakeholders and one for the seniors. The questionnaires were generally similar in content. The professional stakeholder questionnaire was pilot tested with government policy makers, representatives of seniors organisations, housing providers in the non-profit and for profit sectors, and academics. The seniors' questionnaire was piloted tested with representatives from the Seniors Housing Information Project, a non-profit organisation which provides information to the community about seniors housing. The content of both questionnaires was modified to reflect the feedback received through the pilot processes.

The professional stakeholder questionnaire was circulated to representatives of seniors organisations; policy makers within the Ministry of Health Services, Consumer Policy and Program Developments (Attorney General), B.C. Housing, and the Housing Policy Branch of the Ministry of Community, Aboriginal and Women's Services; supportive housing providers in the for profit and non-profit sectors; representatives from regional health authorities; the Seniors' Advisor (provincial government); academics from the Simon Fraser Gerontology Research Centre and the Centre of Aging at the University of Victoria; seniors advisory councils and policy makers at the municipal level. A total of 13 responses were received (including one compilation response).

The seniors questionnaire was distributed to seniors at a series of presentations made at seniors centres throughout the lower mainland. Facilitators at the group sessions explained the project and the consultation process, and led participants through the questionnaires. 39 completed questionnaires were received.

The majority of respondents provided the following information:[6]

Age: **26 seniors responding**
Under 65: 1 (48)

6 Not all respondents chose to provide personal information.

65-70:	5
70-75:	10
75-80:	4
80-85:	4
85+:	2

Gender:	**25 seniors responding**
Male:	1
Female**:**	24

City / Town:	**28 seniors responding**
North Vancouver:	5
Burnaby:	13
New Westminster:	2
Vancouver:	8

Current housing:	**27 seniors responding**
Own home:	16
Long-term Care	0
Rental Accommodation:	7
Supportive Housing:	4

Family Income:	**27 seniors responding**
$10,000 to $19,999:	13
$20,000 to $34,999:	9
$35,000 to $49,999:	3
$50,000 or over:	2

Both groups (seniors and professional stakeholders) were asked to comment on the following general issues and rank their importance on a scale of 1-10:

1. Information issues:
    a) Access to information
    b) Marketing/disclosure
2. Building quality and design features
3. Affordability
4. Contracts
5. Eligibility/Entry and Exit Criteria
6. Services
    a) Costs
    b) Quality (General)
    c) Meals (Frequency; Quality)
    d) Staff (Levels; Training; Qualification)
    e) Administration/storage of medication

   f) Complaints procedure
   g) Sufficiency of services available/provided (in terms of aging in place and continuity of care)
   h) Provision of palliative care
7. Oversight/Inspection
8. Dispute resolution
9. Special tenure issues:
   a) Ownership
   b) Life lease

The purpose of the questionnaires was to collect information about issues and problems arising in supportive housing. A completely open questionnaire (an invitation to list issues, for example) would have been too difficult to collate and risked missing issues important to respondents (especially seniors who may have been unable to independently identify an issue such as "exit criteria" but who in fact had strong opinions on the subject). The questionnaires were designed to provide the necessary structure without limiting responses too narrowly by encouraging respondents to provide commentary and to identify sub-issues under the general issues listed.

Not all respondents returning questionnaires answered all questions; it is fair to presume that those questions receiving the highest number of answers are the questions most respondents felt were important to them and that respondents did not comment on issues to which they attached little or no importance. Responses from both seniors and professional stakeholders are discussed under Part VII, "Results of the Consultation." The Phase 1 questionnaires have also been collated as Appendix A.

Phase 2: Evaluating Approaches to Regulation

Participants were asked in the second phase of consultation to evaluate the following four approaches to regulation:

1. No special regulation (existing regulations applying to residential tenancy, consumer protection, etc. are sufficient).

2. Accreditation (residences meeting specified standards would be recognised as "accredited").

3. Consumer protection (legislation setting out requirements about information that must be supplied to consumers, notice periods, possible limits for cost increases, etc.).

4. Legislated minimum standards (legislation requiring all residences to supply a minimum level of services and features, i.e.: all staff to have a stipulated level of training; all residences to have a certain complaints procedure, etc.).

The second phase of consultation was originally intended to be limited to professional stakeholders, including representatives from seniors organisations, on the basis that some background knowledge would be required in order to fully understand the questions asked. Survey participants were asked to comment on which approach should be used to regulate specific issues,[7] whether regulation should distinguish between providers (government, private not for profit, or private for profit), and whether "assisted living" should be regulated differently from other kinds of supportive housing. The questionnaire material was fairly complex. However, a simplified approach that asked respondents to check off one preferred approach only for all issues and sectors without distinction between assisted living and other forms of supportive housing would have been inadequate and unrealistic. Regulation of supportive housing is a complex matter that requires discriminating between both issues and sectors.

The Phase 2 questionnaire was submitted to a pilot group of professional stakeholders. Participants were also asked to comment on the decision to limit the second phase of consultation to the professional group. The majority indicated that many seniors would be interested in, and capable of, commenting on the questions involving regulation. On this basis, the decision was made to include seniors in the second phase of consultation. Seniors completed questionnaires following group presentations conducted by the researcher.

The response from professional stakeholders (many of whom had participated in the first phase of consultation) was notably, and unexpectedly, lower than those received during the first phase. Of the twenty questionnaires that were sent out to the professional stakeholder group only four completed responses were received. This low participation rate may have been related to the determination of British Columbia's own approach to regulation by the provincial government (a decision made just before the implementation of the second phase of consultation of this research). The professionals may have been experiencing consultation "burn out" on the issue, and the question of a "best" approach to regulation may have seemed moot following the province's decision.

The response from seniors, on the other hand, was unexpectedly high, although attendance at the presentations was extremely uneven; some presentations drew no participants, others enjoyed a relatively high turnout. The initial questions asking respondents to make distinctions between sectors and between assisted living and other forms of supportive housing proved overly complicated and confusing to participants, despite explanation. These questions were modified to follow a simplified format which asked respondents to indicate whether a consumer protection approach or legislated standards should regulate a particular issue.[8] Respondents were then asked to indicate whether accreditation would, in their opinion, be useful, or whether no special regulation was needed.

---

7 The enumerated issues developed during the first phase of consultation were reproduced with the "approaches to regulation" questionnaire.

8 Consumer protection and legislated standards were explained as a part of the presentation process.

34 completed questionnaires were received from seniors. Respondents provided the following information about who they were (note that not all participants responded to all these questions).

Age:	**27 seniors responding**
60-65:	2
65-70:	5
70-75:	6
75-80:	5
80-85:	9
85+:	0

Gender:	**30 seniors responding**
Male:	5
Female**:**	25

City / Town:	**28 seniors responding**
North Vancouver:	18
Burnaby:	3
White Rock:	2
Surrey:	2
Ladner:	1
Delta:	1
Richmond:	1

Family Income:	**23 seniors responding**
$10,000 to $19,999:	7
$20,000 to $34,999:	8
$35,000 to $49,999:	4
$50,000 or over:	4

Respondents were also asked to comment on their own experience with supportive housing. Only one senior was currently living in supportive housing. Seven respondents indicated that they were thinking of moving to supportive housing. Three had a friend or family member living in supportive housing.

Seniors attending the consultation sessions were also asked if a "checklist" of questions to consider prior to choosing a particular supportive housing residence would be useful to them (a sample checklist prepared and distributed by the researcher is set out in Appendix B). Response to the checklist was overwhelmingly positive.

Responses received during both phases of the consultation process are discussed in more detail in Part VII, "Results of the Consultation."

Assessing the two phase consultation methodology

The first phase of consultation ("Assessing the Issues") was very successful and may be a model for future consultation on legal issues. The conceptual framework is important: law exists to regulate issues that are troublesome, or potentially troublesome, if *not* regulated. Regulation in an emerging area such as supportive housing must be based on a thorough understanding of the issues that arise in that context. Decisions about how to regulate in that area will then proceed on the basis on those issues, which allows for a sophisticated and nuanced approach (one might choose to regulate issue A in one way, issue B in another, for example).

A relatively high level of responses was received from both groups (seniors and professionals stakeholders) during the first phase of consultation. These responses were also relatively detailed. The researcher considers this material to be an important source of information.

The responses to the second phase of consultation ("Evaluating Approaches to Regulation") were much thinner, and less useful as a "snapshot" of opinion than the responses to the first phase. The information gathered during this phase did not contribute significantly to the research and analysis and added another, time-consuming "layer" to the Project.

Overall, however, the two-phase process was informative as an exercise in how to facilitate public input on issues that involve relatively complex matters of legal regulation but which also have significant social outcomes. It is important to consult, insofar as it is possible, with sections of the public that will be directly affected by proposed change. The challenge is to generate feedback that it is comparable, measurable, and relevant to the issue (how to regulate) as opposed to general diffuse comment about the subject in general (supportive housing), while ensuring that respondents understand the questions asked and are able to connect the material to their own ideas and concerns. Phase one of the consultation was a highly successfully method of generating that information.

If future consultation on the regulation of supportive housing is to be carried out on a larger, possibly national scale (with the objective of generating statistical data), it is the opinion of the researcher that consultation should be limited to the first phase ("Assessing the Issues"). The information received during the first phase of the consultations provided an adequate basis for the researcher's own evaluation of the approaches to regulation considered. That evaluation was enriched significantly by the information canvassed in the literature and legislation review.

V. RESULTS OF THE LITERATURE AND LEGISLATION REVIEW: CANADA

The first challenge for any comparative review of approaches to the regulation of supportive housing is the diversity of terminology used. "Retirement villages" and "hostels" in Australia are both forms of "supportive housing" as is "sheltered housing" in the UK, "assisted living" in the United States, and lodges, retirement homes, personal care homes, independent living with support services, and homes for the aged in Canada.

Comprehensive statutes in some American states specifically address a very wide range of the issues arising in the supportive housing context. No similarly comprehensive statutes currently exist in Canadian jurisdictions, and the approach to regulation varies significantly from province to province. In New Brunswick and Nova Scotia, for example, there are currently no regulations applying specifically to supportive housing. Legislation in some provinces sets mandatory standards for a limited number of issues where supportive housing is provided by a particular sector or sectors (public, private for profit, and private not for profit). The moderately detailed standards set out in Saskatchewan's *Personal Care Homes Regulations*[9] apply to the (non-subsidised) for- profit private sector only, for example. Alberta's *Social Housing Accommodation Regulations*[10] apply only to public sector/non-profit supportive housing in the province, and standards are restricted to the issues of costs and eligibility. Very detailed legislation applies to "Homes for the Aged and Rest Homes" and "Charitable Institutions" in the public and non-profit sectors in the province of Ontario. Supportive housing services in Ontario's private sector are regulated through the special consumer protection provisions of the *Tenants Protection* Act,[11] which applies to "care homes" and the accreditation scheme created and administered by the providers association ORCA (Ontario Residential Care Association). In all jurisdictions, policy will play an important role in the regulation of supportive housing where the public sector is involved as a provider, in whole or in part, of the supportive housing package.

What follows is a review of the ways in which certain kinds of supportive housing are regulated by the provinces, through legislation, policy programs, accreditation schemes, or otherwise. The situation is subject to change as provinces consider whether and how to regulate or otherwise protect the rights of residents in this growing market. The discussion is confined to "regulation"[12]- through legislation, accreditation, or policy- that applies specifically to supportive housing (housing plus services for seniors). Note that regulation(s) of *general* application may also apply to certain aspects of supportive housing- residential tenancy legislation and building codes, for example, or legislation applying to life lease housing.

The very diverse approaches to regulation between the provinces, including the various forms of (both regulated and unregulated) supportive housing *within* provinces, make direct comparisons impossible. In the United States, by contrast, state statues applying to "assisted living" allow for a comparison of approaches on an issue by issue basis. The ability to compare approaches and share experiences and information (what worked? what didn't?) is one important benefit of a more consistent national approach.

1. Saskatchewan

9 P-6.01 Reg. 2.
10 Alberta Regulation 244/94.
11 S.O. 1997 c. 24.
12 "Regulation" is used in this Report to include forms of regulation outside of legislation such as policy and accreditation schemes.

Supportive housing in Saskatchewan includes a variety of housing types, each of which is regulated as a distinct entity (i.e.: there is no "supportive housing" regulation in Saskatchewan, but different kinds of housing falling under the supportive housing umbrella are subject to regulation by the province).

Supportive housing for low income seniors is administered by the Saskatchewan Housing Corporation (SHC) through the Saskatchewan Assisted Living Services Program (SALS) as a public/private sector partnership. Saskatchewan's *Residential Tenancies Act*[13] applies to issues associated with tenure (the lease) as it would to any other form of rental housing. Housing management groups approved by the SHC to provide services under the SALS program are required to follow provincial guidelines including standard contracts and services agreements. Five support services are offered on an optional basis:

- One meal per day served in the common room
- Laundry
- Housekeeping
- Personal response services as a mechanism for urgent response
- Co-ordination of social and recreational services

Receipt of services is the choice of the senior/resident, and residents purchasing services do so on a fee for service basis (in addition to rent). Additional care services may be provided through "home care" on an assessed need basis, as they would be in any other place of residence. Twenty-four hour on site supervision is not generally available, with exceptions for palliative care, acute care recovery, or where private arrangements have been made.

Privately owned and operated "Personal Care Homes" offer accommodation, meals, laundry, services and supervision/assistance with personal care including help with activities of daily living such as bathing, dressing, grooming, eating, and toileting. Residents generally do not require a high level of care, although those who would otherwise be eligible for residence in a Special Care Home (equivalent to a care facility or nursing home and providing the highest level of care) may choose to remain in a Personal Care Home.

Personal Care Homes must be licensed under the *Personal Care Homes Act*[14] and comply with the requirements set out in the *Personal Care Homes Regulations, 1996*[15] and Licensee's Handbook. The license of a home may be revoked or suspended if the licensee is not in compliance with the Act and Regulations. The Regulations specify requirements regarding:

- Records and record keeping
- Assessment and reassessment

---

13 R.S.S. 1978, c.R-22.

14 (1991) S.S.C. P-6.01. Licensing under the *Act* is required wherever a caregiver is providing accommodation, meals, and assistance or supervision with personal care to an unrelated adult, regardless of numbers, unless that facility/home is licensed under another form of legislation.

15 c.P-6.01 Reg. 2.

- Care plans
- Admission/ discharge
- Residency charges
- Resident care
- Staffing
- Medications
- Food preparation
- Rights and privileges of residents
- Physical environment (occupancy requirements; fire prevention)

Regular inspection and monitoring is carried out by a team of personal care home consultants, who also investigate complaints. Inspections include resident interviews, and consultants follow randomly chosen resident records to determine whether care provided accords with resident needs as these change over time. Staff and residents' supporters may also be interviewed during this process.

2. Quebec

No specific regulations or other measures currently apply to regulate standards in *de facto* supportive housing (housing with services for older adults) provided by the private sector. The regional health boards have the authority to inspect unlicensed, privately operated homes upon receipt of a formal complaint pursuant to the *Act respecting health services and social services*[16] and the *Commission de droits de la personne*. The Commission may also investigate where a complaint has been filed regarding discrimination against or exploitation of aged or handicapped persons. Public sector housing for seniors (residential and long term care centres) is licensed and reserved for more dependent individuals with very high care needs (operating as nursing homes or care facilities rather than "supportive housing" within the meaning of this Report).

A Report prepared for the Law Commission of Canada in 1999[17] suggested that supportive housing in the province is almost exclusively provided by the unregulated private sector as access to public sector residential care has become limited to individuals with a very high level of need. The province has identified the regulation of private sector supportive housing for seniors as an area for development; the provincial "action plan" for seniors adopted in 2001 (*Commitments and Perspectives: 2001-2004*) includes the following initiatives directed towards private residences providing services to seniors:

- Develop and regulate building standards for private residences

16 R.S.Q., c. C-12, s. 10, 48 and 74.

17 *The Law and the relationships of Dependency Experienced by Seniors: the case of privately operated homes for the aged* by M. Charpentier (Ottawa: Law Commission of Canada, July 1999).

- Assure security and fire safety standards
- Develop and promote a code of conduct to improve the quality of services and living conditions
- Develop a system to rate the quality of private residences for older persons [accreditation]
- Training and education initiatives directed towards consumers, local governments and agencies

In the absence of any special regulation, the general housing provisions of the Civil Code of Quebec will apply.[18] The Code provides that a schedule or addendum must be added to the lease where additional services are to be provided by the landlord under the agreement owing to the renter's personal condition, which includes age or disability. The schedule is to contain a detailed description of special fittings (railings, call buttons, etc.) and a list of the services to be provided (laundry, housekeeping, transportation, recreation, distribution of medicine, care services).[19] The owner/landlord must specify whether each service is to be included in the rent or, if not, state the additional fee. Care home owners are completely free to set their rates, while tenants have the freedom to refuse or compel the owner to appear before the Regie du logement to justify the amount of rent charged (the Regie du logement can adjudicate on the rent only, not the mounts charged for services). The Regie intervenes in any owner-tenant dispute referred to it and serves as a tribunal.

The *Act respecting health services and social services* specifically prohibits private residences from providing kinds of services provided in a licensed residential facility, defined as activities "inherent in the mission" of a residential and long term care centre.[20] The Act provides that any person may be "evacuated" from a private home that is found to be in violation of this prohibition, after consultation with the regional health board.[21] As noted in the Law Commission Report, this legal prohibition has created a significant legal grey zone as private residences increasingly accept individuals in significant functional decline. Private residences may have been established to serve an autonomous or semi-autonomous clientele, but this situation has changed as the growth of the over 75 population has coincided with increasing restrictions on the availability of public sector housing. "Many of these elderly [people] can no

---

18 C.C., art. 1892-1978. It is important to note that Quebec law permits a verbal lease, which is in fact much more common than written agreements.

19 See, *Reglement sur les formulaires de bail obligatoires et sur les mentions de l'avis au nouveau locataire*, D.907-96, (1996) 128 G.O. II, 4855.

20 Section 437, *Act respecting health services and social services*. That "mission" is defined in section 83 as "to offer, on a temporary or permanent basis, alternative environment, lodging, assistance, support and supervision services as well as rehabilitation, psychosocial and nursing care and medical services to adults who, by reason of loss of functional or psychosocial autonomy can no longer live in their natural environment, despite the support of their family and friends."

21 Section 452.

longer [stay] at home and do not want, or are not sufficiently 'handicapped', to be admitted into public-sector nursing homes."[22]

Private providers consulted for the Law Commission Report noted increasing dependency within their clientele, and many expressed concern about the financial viability of the private residence business in the face of increased demands and limited feasible rent increases. Owners were generally of the view that government resources should provide support to homes and residents, especially given the cost savings when compared with public sector housing. There was also support for consistent quality standards, but uniform rejection of training or qualification requirements.

An inter-departmental housing committee was established in 2000 to define the concept of a "private assisted living residence," identify existing residences falling within that definition, supervise residences with appropriate standards and regulations, and provide access to health and services. Minimum standards going to health care are currently under consideration.

The Federation de l'age d'or du Quebec (FADOQ), a non-profit seniors oganisation in the province, currently runs a voluntary program which offers accreditation certificates to housing providers (Roses D'Or). Participation in Roses D'Or is optional, and not all residences falling within the definition of supportive housing are assessed under the program.[23] As a voluntary program, also, it can be assumed that willfully non-compliant owners will not participate. The government has cited these factors as creating a role for standards created and enforced by the government, to supplement the Roses D'Or scheme.

3. Manitoba

As of the date of this research, there is no reference to "supportive housing" or "assisted living" in any Manitoba statute.
"Residential care facilities" provide housing with services to older adults with relatively high care needs (adults suffering an "infirmity of aging") and are regulated by the Residential Care Board. Services provided include a minimum of room and board, on site up to four hour supervision, and assistance with medication and personal care needs such as grooming, dressing, and bathing. Staff are also available to provide general assistance with doctor's appointments and to co-ordinate recreational and leisure activities, and to manage residents' personal funds. Facilities accommodating more than three adults must be licensed, and are required to meet the minimum standards set out in the *Residential Care Facilities Licensing Regulations*[24] regarding the keeping of records, the provision of 'personal services" (storage space, laundry services, personal washing supplies), bedrooms/furnishing, bathrooms, dining areas/kitchens, meals, including dietary requirements and menu plans, visitation, telephone access, and recreation, and

22 Charpentier, *supra* note 17.

23 The Secretariat aux aines put the estimate of housing units assessed at 21% in 2002-2003.

24 Manitoba Regulation 484/88 R.

access for supervising agency. A letter of approval may be issued for facilities which accommodate not more than three adults. All admissions to licensed residential care facilities are co-ordinated through a placement person.

If a facility is not licensed as a "Residential Care Facility" regulations applying to other forms of rental, condominium, or life lease housing will apply according to the type of supportive housing in question. Manitoba's *Residential Tenancies Act*[25] includes services within the definition given to "rent."[26] There has been some discussion of extending the jurisdiction of the *Residential Care Facilities Licensing Regulations* to license supportive housing that does not fit within the current definition of a "residential care facility," but there have been no further developments as of the conclusion of this research.

4. Alberta

Expansion of supportive housing has been identified by Alberta's Ministry of Health and Wellness as a "strategic direction" for healthy aging. Alberta Health and Wellness and the Ministries of Seniors and Finance are currently involved in a cross ministry Health Sustainability Initiative. Issues related to standards and regulation in supportive housing are a part of this initiative.

Supportive housing for low income seniors with relatively low care needs (residents must be functionally independent or functionally independent with community based home-care supports) is currently provided through Alberta's Senior Citizens' Lodge Program. Approximately one half of all lodges in the province are owned by the province; the other half by local management bodies. All lodges are operated by local management bodies in accordance with provincial regulation that sets standards regarding eligibility and costs.[27] "Basic rent" (monthly rent for accommodation and "full services," defined as "necessary services and facilities including heat, water, sewer/septic, stove and refrigerator) is calculated and reviewed with reference to the income of residents. Extra services or facilities (in addition to "full services" as described in the Regulations) may be added to increase "basic rent" or charged to the household separately.

Services in Seniors Citizens' Lodges are regulated in effect through the provincial standards set out in the Standards for the Operation of Seniors Citizens Lodges. Each lodge is reviewed every

---

25 C.C.S.M. c.R119.

26 "[R]ent" means the amount of money paid or other value given by the tenant to a landlord for

(a) the right to occupy a rental unit
(b) the use of common areas, services and facilities, privileges, accommodations or other things relating to the use, occupation or enjoyment of the rental unit.

27 *Alberta Housing Act*, Social Housing Accommodation Reg. 244/94. The regulations also apply to Seniors Self-contained Social Housing Accommodation, defined as "any type of housing with full services[as that term is defined in the Regulation]" that is intended to be inhabited by seniors.

three years to establish compliance with provincial standards, and compliance is necessary for certification as a Senior Citizens' Lodge. Services provided include meals, housekeeping, laundry and recreation services. Twenty four hour non-medical staffing is also provided on site. Additional services may be accessed through home care as with any other place of residence. Personal care services may also be provided or co-ordinated by health authorities in "Enhanced" Lodges (in addition to the regular or non "enhanced" package of services). Seniors lodges are specifically excluded from the residential tenancy law in Alberta.

Supportive housing (including assisted living) is provided outside of the public sector Senior Citizens' Lodge system by the non-profit and for profit private sectors. Supportive housing in the private sector is currently not subject to specific regulation. A working group has been created by the Ministry of Seniors, Ministry of Health, and the Alberta Senior Citizens Housing Association to develop measurable operating standards and an accreditation process for the range of seniors housing in Alberta (public and private).

5. Ontario

A patchwork of legislation applies to different forms and sector providers of supportive housing in Ontario. Residences provided by the public and not for profit sectors for high needs residents must be licensed in accordance with the *Homes for the Aged and Rest Homes Act*[28] and the *Charitable Institutions Act*.[29] Admission to both "Homes for the Aged and Rest Homes" and "Charitable Institutions" is limited to individuals for whom community based services would be inadequate. Both pieces of legislation set out essentially identical standards and requirements, including provisions relating to (among other matters) a residents' "bill of rights," residents' council, written agreements, meals, staff training, and the administration of personal funds.

Supportive housing in the private for-profit sector (referred to collectively as "retirement homes") is not regulated under specific legislation requiring mandatory minimum standards. Some consumer protection is provided for relatively high need supportive housing residents under the "care homes" provisions of the *Tenant Protection Act*.[30] The *Tenant Protection Act* was amended to incorporate those provisions in response to a Commission of Inquiry into Unregulated Residential Accommodation (*A Community of Interests: The Report of the*

---

28 R.S.O. 1990, c.H.13. Indian bands may also establish homes under the *Act*.

29 R.S.O. 1990, c. 9.

30 S.O. 1997, c.24. A "care home" is defined in the *Act* as "a residential complex that is occupied or intended to be occupied by persons for the purpose of receiving care services, whether or not receiving the services is the primary purpose of the occupancy." "Care services" are defined to include health care services, rehabilitative or therapeutic services, or services that provide assistance with the activities of daily living. "Supportive Housing Services for Seniors" refers to a program funded by the Ministry of Health and Long Term Care to provide personal support services and essential homemaking services to seniors living in a range of housing types (in "mixed" buildings, public apartment buildings, seniors residences, and others). Toronto Health *District Building on a Framework of Support and Supportive Housing in Toronto: Supportive Housing Services for Seniors* (September 2002).

Commission into Unregulated Accommodation).[31] Note that the provisions applying to "care homes" provide protection for consumers regarding services that *are* (or are promised to be) provided and do not set out standards regarding services that must be required (i.e.: no minimum legislated standards).

The *Tenant Protection Act* requires landlords to provide a "Care Home Information Package" [32] containing details about meals, care services and emergency procedures in the home to a prospective tenant before entering into a tenancy agreement. The landlord cannot raise the rent or increase charges for meals or care services where the tenant has not been provided with the information package. The *Act* also stipulates that landlord and tenant must have a written agreement which details rent, meals and care services (including costs) and sets out requirements for notice of termination of the tenancy. The tenant has the right to consult with a third party about the agreement and to cancel the agreement within five days on entering into it (to be stated in the tenancy agreement).[33] Provisions of the *Act* generally applying to rent increases will also apply to the rent portion of the total "care home" charge; the *Act* provides for a minimum of 90 days notice of increased charges for care services or meals.[34] The Ontario Rental Housing Tribunal will decide in the event of a dispute, and may issue an order for eviction only if satisfied that the level of care available in the residence is insufficient (taking available community based services into account) and that appropriate alternative accommodation is available.[35] A tenant may terminate his or her tenancy in a care home at any time with a minimum of 30 days notice to the landlord.

Where the tenant has agreed (as set out in the written tenancy agreement) the landlord can enter the tenant's rental unit at any time without notice to provide care or check on the condition of the tenant. A tenant may cancel this agreement with written notice to the landlord. A tenant has the right to consult with a third party about the agreement, and may cancel it within 5 days of execution (a "cooling off" period). Generally applicable provisions of the *Tenant Protection Act* (in addition to the provisions applying to "care homes") also apply.

Private "retirement home" operators in Ontario have created a body for self-regulation of the sector (the Ontario Residential Care Association or "ORCA"). ORCA members must meet and maintain the standards set by the Association's Standard Evaluation Guidelines with relation to:[36]

---

31 Ernie S. Lightman, Ph.D., Commissioner (Toronto: Queen's Printer, 1992).

32 *Supra* note 30, s. 92.

33 *Ibid.*, s. 93.

34 *Ibid.*, s.100.

35 *Ibid.*, s. 99.

36 Standards are available at: http;//www.orca-homes.com/Mandatory_Standards.PDF

- Business and policy development
- Resident services
  - Admissions, transfers, discharges
  - Resident and family orientation
  - Resident care
  - Recreation
  - Food and meal services
  - Housekeeping, Laundry
- Environment
  - Fire plans and drills
  - Disaster plan
  - Safety and security
  - Physical plant and maintenance
  - Quality improvement

Residences must be surveyed regularly in order to retain membership.

Membership in ORCA is voluntary; because ORCA membership denotes the maintenance of certain standards, retirement homes certified by ORCA should be more attractive to consumers, enabling regulation through the market. ORCA also publishes a free consumer directory which contains information about the homes.

Ontario's system is potentially confusing, and key gaps have been identified. Private sector for-profit retirement homes that do not qualify as "care homes" are not subject to specific regulation with regards to services other than the ORCA accreditation. The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) has called for provincial regulation of Rest and Retirement Homes.

6. Prince Edward Island

Privately owned and operated "community care facilities" in Prince Edward Island provide accommodation and services such as housekeeping, supervision with the activities of daily living, meals and personal assistance with grooming and hygiene to five or more residents. An establishment offering services (as defined above) for compensation is classified as a community care facility. This definition places the "community care facility" at the "assisted living" end of the supportive housing range although, as with homes for the aged and rest homes and charitable institutions in Ontario, the line between this form of supportive housing and a nursing home setting is ambiguous. That convergence is reflected in the approach to regulation (a licensing approach requiring relatively detailed standards).

All community care facilities must be licensed by the Community Care Facilities and Nursing

Homes Board in accordance with the *Community Care Facilities and Nursing Homes Act*.[37] Regulations pursuant to the *Act*[38] establish minimum standards regarding:

- Building Construction
- Hygiene and Basic Comfort
  - Annual inspection
  - State of repair
  - Bedroom
  - Accommodation for non-ambulatory residents
  - Bathroom facilities
  - Common area
  - Handrails
  - Food preparation
- Safety, Health, Social Rights
  - Emergency procedures
  - Staff qualification
- General, Operation and Administration
  - Service plan
  - Staffing
  - Records
- Fees

Unscheduled inspections are also provided for. A "Resident Record" is appended to the Regulations as Schedule B.

In addition to licensing, the Board advises on standards, monitors the operation of facilities, provides guidance regarding costs/charges, and provides guidance on matters of assessment and placement.

7. Newfoundland

Newfoundland's Department of Health and Community Services has recognised the need to develop supportive housing models as an alternative to unnecessary institutionalisation and is currently working towards this end with the province's health boards.

"Personal Care Homes" currently provide accommodation and assistance with activities of daily living to clients not requiring on site professional services (residents are predominantly, but not exclusively, seniors).[39] The Homes are private/for profit, and residents who are able to pay for

37 Private Nursing Homes are also licensed by the Board under the *Act* for residents requiring professional assessment and observation on a 24 hour basis (care is carried out under the supervision of an on site Resident Nurse).

38 CCF Regulations, R.S.P.E.I. 1988, Cap. C-13.,

39 "Personal Care Homes" are defined in the Regulations for Personal Care Homes, Newfoundland Reg. 15/01

accommodation and services are responsible for doing so. The Government subsidises rates for low income residents. The Province has recently implemented Regulations for Personal Care Homes pursuant to the *Health and Community Services Act.*[40] Homes must be licensed in compliance with the Regulations. The Regulations provide that the Minister shall establish policies and guidelines with respect to standards required for licensing, number and qualifications of staff, provision of personal care and the building structure, and the facilities and operation of the Home including guidelines for health, nutrition, safety, building, fire and electrical codes. No such policies or guidelines have been established at this time.

8. British Columbia

The government of British Columbia has committed itself to the development of supportive housing in the province; 3,500 supportive housing units will be developed by 2006 under the provinces "Independent Living B.C." program (formerly "Supportive Living B.C."). "Independent living" under the program encompasses two types or categories of supportive housing: "independent housing with some support services" and "assisted living" for residents requiring a greater level of care. A new system for the regulation of assisted living within the "Independent Living B.C." program and the private for-profit sector is in the process of implementation.

Supportive housing residences will be regulated differently depending on whether they are classified as "assisted living" or as some other form of "independent housing with support." The definition of assisted living is, therefore, extremely important. "Assisted living" is defined in the *Community Care and Assisted Living Act*[41] as a premise in which "housing, hospitality services and at least one but not more than two prescribed services are provided." "Hospitality services" include housekeeping, laundry, meals and 24 hour emergency response. "Prescribed services" refers to personal assistance such as help with activities of daily living or assistance with paying bills, where provided at a specified level of intensity. These same forms of personal assistance, where carried out at a lower level of intensity, may be provided in housing that will not be characterised as "assisted living" for the purposes of the *Act*. Health and safety standards will be regulated under the *Community Care and Assisted Living Act* (the content of those standards had not been formulated at the date of this research). The plan is to treat issues associated with tenure and the provision of hospitality services outside of the *Community Care and Assisted Living Act*; the Solicitor General is currently working to develop a regulatory approach to tenure and hospitality services that will apply to both assisted living and independent housing with support services.[42]

---

as "a premises, place or private residence in which personal care is provided, for remuneration, to 5 or more adults."

40 S.N.L. 1995, c. P-37.1.

41 S.B.C. 2002, c. 75, s.1.

42 Tenure issues being considered apply to rental accommodation; supportive housing purchased as fee simple or as life lease will be regulated for the purposes of tenure by the legislation applying to condominiums (life lease

The *Community Care and Assisted Living Act* provides for a Registrar of Assisted Living, who will be responsible for developing health and safety standards under the Act. The standards will set a "baseline" to be met by all assisted living facilities in the province, private for profit in addition to assisted living residences being developed under the Independent Living Program. The Registrar will also develop a process for investigation/oversight; it is anticipated at this time that the process will be complaints driven. All assisted living facilities in the province will be required to register with the Registrar.

Registration is like licensing in that all residences will be required to meet minimum standards in order to operate. Fewer mandatory standards will be required than the standards required for a care facility license, and there will be no inspection under the Registry scheme (licensed care facilities are subject to regular inspection); inspection will be complaints based only.
The health authorities will develop their own standards and guidelines regarding services to be supplied by them in "Independent Living B.C." assisted living facilities. An Assisted Living Centre for Excellence with representation from five provincial industry associations is being developed to develop and promote best practices, investigate certain kinds of complaints, and provide education and support to assisted living providers.

9. Nova Scotia

As of the date of this research, no legislation in the province of Nova Scotia dealt specifically with supportive housing for seniors (applying the functional definition of that term as used in this Report to mean housing with services for seniors). Discussion with policy makers in the province indicated that Nova Scotia was interested in developing supportive housing for seniors, and would be looking at the question of regulation in connection with that development.

10. New Brunswick

As of the date of this research, no legislation in the province of New Brunswick dealt specifically with supportive housing for seniors (applying the functional definition of that term as used in this Report to mean housing with services for seniors). Discussion with policy makers in the province indicated that New Brunswick was interested in developing supportive housing for seniors, and would be looking at the question of regulation in connection with that development.

---

legislation is currently under consideration). The *Residential Tenancy Act* was amended in 2002 to exclude supportive housing from its application.

11. Summary

As this survey indicates, there is no consistent approach to supportive housing in Canada; definitions vary broadly across the country, and the distinction between "assisted living" and nursing home care, especially, is not always clear.

VI. RESULTS OF THE LITERATURE AND LEGISLATION REVIEW: INTERNATIONAL JURISDICTIONS

This section provides a brief survey of the ways in which supportive housing is regulated in Australia, the United States, and the UK. Supportive housing in the UK is not directly regulated through specific legislation at this time although legislation of general application, together with accreditation schemes and policy guidelines, does apply. Legislation developed in Australia and the United States, by contrast, deals very specifically with various forms of housing falling under the supportive housing umbrella.

Regulation in each jurisdiction is informed, to a significant extent, by the way in which supportive housing is typically provided. The phenomenon of the Australian "retirement villages," for example, in which residences are purchased through special leasing arrangements, has created particular kinds of problems which, in turn, have given rise to a particular legislative response. The rapid development of private sector "assisted living" in the United States is reflected in the concurrent development of comprehensive "assisted living" statutes in that country (in contrast to the relatively piecemeal approach typical in Canada, with the partial exception of British Columbia).[43] "Sheltered housing" in the UK has a relatively long history, but significant private sector involvement is a recent and still nascent phenomenon. Sheltered housing is regulated primarily through standards set by policy (where housing and/or funding is provided by the public sector) or accreditation schemes.

A. United Kingdom

Supportive housing in the United Kingdom is referred to as "sheltered" or retirement housing. Sheltered housing for seniors with higher needs is "very sheltered" housing or "extra care accommodation." Unlike the United States, there is no supportive housing legislation setting out minimum standards, although provisions applying to housing generally such as the *Housing Act 1996* will also apply to sheltered housing. "Care homes" (establishments providing accommodation together with nursing or personal care for people who are or have been ill, who have or have had a mental disorder, who are disabled or infirm, or who are or have been dependent on alcohol or drugs) must be registered under the *Care Homes Act 2000*, and concerns have been expressed that very sheltered housing should in fact be registerable as a care home. [44]

---

43 British Columbia's recent legislative initiative will regulate "assisted living" and other forms of supportive housing directly as housing types, but (as currently contemplated) not within a unified statute.

44 *Residential care, housing, care and support schemes and Supporting People: A Consultation Paper* (2001,

At present, sheltered housing is "regulated" through a combination of policy (in the public sector) and accreditation schemes (in the private sector) maintained by providers' organisations. An independent accreditation scheme is also maintained by the Code of Practice for Sheltered Housing developed by the Centre for Sheltered Housing Studies (CSHS located at Cornwall College). Providers of sheltered housing in either the private or public sector will be accredited under this scheme where compliance with the Code has been demonstrated. Re-accreditation is required every three years. A Code of Practice Advisor (appointed by CSHS) will provide support for organisations working towards accreditation. Participation in the CSHS is voluntary; the scheme contemplates that accreditation will make a housing development more successful (regulation through consumer choice). The CSHS Code appears to be gaining relatively wide acceptance; the government has recognised that compliance with the Code will qualify providers as "social landlords" (eligible to receive subsidy for tenants) under the "Supporting People" housing benefit regime implemented in 2003.[45]

Most rental sheltered housing is in fact provided by local councils or non-profit housing associations (Registered Social Landlords), and standards will be regulated through the internal policy of each local council authority. "Social landlords" are also subject to the Independent Housing Ombudsman (IHO) scheme established by the *Housing Act 1996* (any other landlord may join voluntarily). The scheme requires landlords to develop an internal complaints policy; outstanding disputes are resolved by the office of the IHO.

Tenants of the local council must take disputes to the Local Government Ombudsman. Advice, information and mediation services are provided to all residents of sheltered housing in England and Wales through the Advice Information and Mediation Service (AIMS), an organisation of the charity Age Concern England.

Professional associations have developed "Codes" relating to standards and consumer protection in private sector owner occupied sheltered housing. The Sheltered Housing Code developed by the National House Building Council obliges a builder/developer to provide purchasers with a Purchaser's Information Pack containing the names of the developer or management organisation, guidance on the purchaser's legal rights, a detailed breakdown of service charges, and information on resale. The Code also requires developers to ensure that residents' rights are fully protected by a legally binding management agreement between the developer and the management organisation. The Association of Retirement Housing Managers (ARHM) has developed a Code of Practice to regulate private companies and housing associations who manage sheltered or retirement housing. All management organisations who are members of the ARHM are bound by the code as a condition of their membership in the Association. The Code covers issues such as good practice in providing services, and charges for services. It also provides that management organisations should consult with residents on all significant issues, hold annual meetings and encourage residents' associations. The Code is not legally binding (unlike legislation), but provisions of the Code may be considered by a Court in the event of legal dispute.

---

45 Compliance with the Code will bring providers into conformity with the Quality Assessment Framework required by "Supporting People."

B. United States

Almost every state has some sort of system for licensing or for certifying "assisted living" facilities. Very generally, "assisted living" is the generic terminology used for supportive housing for seniors, although the definition used for the purposes of regulation varies between the states. Note, however, that any given state may define "assisted living" in a more or less restrictive way. Readers interested in the approach taken by a particular state are advised to refer to that state's legislation regarding the exact type of housing to which the statute applies.

Standards and other provisions *within* assisted living statutes are also diverse in both form and content. Mandatory minimum standards required may be more or less detailed; legislation in some states is comprehensive, in others minimal, or stated in very general terms. A state may require "registration" only (that the residence file an application and renewal form) with no standards mandated. The situation remains subject to change; in 2002 the Assisted Living Federation of America reported to the United States Senate Special Committee on Aging that the pace of change in the states' regulation of assisted living in recent years had been "nothing short of extraordinary" as the states respond to changing consumer expectations.[46]

Despite this variety, the extensive statutory regulation of assisted living in the United States allows for the comparison of provisions in a way that in not possible in the extremely diverse Canadian context. This comparative exercise is extremely helpful in terms of visualising the range of legislative approaches to key issues.[47] Note, however, that terminology varies between the states as it does between Canadian provinces. The American statutes considered in the following summary refer to "assisted living," but the meaning of that term may vary from state to state and it does not necessarily apply exclusively to supportive housing for frailer residents where personal care services are provided. States may also use housing categories such as "boarding homes" that fall within the "supportive housing" rubric used in this report (housing plus services for seniors).

1. State legislation

a. Entry and exit criteria

What conditions preclude admission to assisted living?

Nearly all states have established admission criteria for assisted living residents; a few require

---

46 *Assisted Living Re-examined: Developing Policy and Practices to Ensure Quality Care* (2002) an interim report of the Assisted living Workgroup to the United States Senate Special Committee on Aging.

47 Stephanie Edelstein and Karen Gaddy, (2000) *Assisted Living: Summary of State Statutes*, American Bar Association Commission on Legal Problems of the Elderly. See also, *Assisted Living State Regulatory Review 2003* (May 2003) National Center for Assisted Living.

only that criteria not impose unreasonable restrictions on the individual. A number of states require the facility to assess a prospective resident's health status and needs ("pre admission screening").

Criteria may be placed into five categories:

a) Health/Mental Health (chronic health conditions; communicable, contagious or infectious diseases; alcohol/drug addiction or mental illness; cognitive impairment; medical or nursing care)

b) Functional ability (unable to direct self-care; incontinent; bedfast)

c) Behavioural/Social (danger to self or others; requires physical/chemical restraint or confinement)

d) Needs exceed facility licensure

e) Other (dietary, religious or cultural regime; court determined incompetence)

When/under what circumstances can a residence require a resident to leave?

Criteria may be placed into six categories:

a) Behaviour (resident poses and imminent danger to himself or to others in the facility or has consistently failed to comply with facility policies or rules)

b) Health status (chronic health conditions; communicable, contagious or infectious diseases; alcohol/drug addiction or mental illness; cognitive impairment; medical or nursing care)

c) Nonpayment

d) Facility ceases to operate

e) Other (facility has license suspended or revoked or not renewed for example)

A number of states provide for flexibility, for example, several states require facilities to discharge a resident who is bedridden for a certain period of time (usually 7 to 30 consecutive days) unless the resident has an attendant who could assist with evacuation in an emergency.

Facilities may include additional criteria so long as not in conflict with state law. Some states also have in place requirement(s) regarding notice of discharge.

Many states provide residents with the ability to challenge a decision requiring them to move, by establishing an internal procedure or by allowing an appeal to an outside agency (usually the licensing agency); the procedure may be the same as for general resident grievances (under residential tenancy or nursing home legislation). See, Grievance procedures/dispute resolution, *infra*.

Is the residence required to develop a plan for the care of residents who are required to leave

In most states, no; some states require the residence to offer relocation assistance, including:

- notification of a resident's family and/or authorised representative
- medical evaluation
- assistance in selecting and appropriate placement
- evaluation of living arrangements and services that would meet the individual's needs and assistance in selecting an appropriate placement
- a transfer "package" (including medical records, summary of service plan, list of medications, prescription information)

b. Resident rights

Resident Bill of Rights

Many states have included a statement of a residents' bill of rights where assisted living is regulated by statute. Rights enumerated by state statutes vary but generally fall within four categories:

- freedom of choice (ie. treatment, choice of doctor)
- privacy/confidentiality
- grievance
- other:
    - accommodation of individual needs
    - participation in groups and other activities
    - examination of survey and inspection results
    - access and visitation
    - notification of services included in Medicaid or Medicare payment
    - notification of rights, rules, regulations
    - management of personal financial affairs

States may require facilities to post a copy of the bill of rights, incorporate it within the resident's contract, provide a written copy separate from the contract, and/or explain it orally to the resident. Some states require written acknowledgement from the resident; Colorado and Florida require providers to take special steps if a resident is unable to read the bill of rights.

c. Grievance procedures/dispute resolution

More than half the states have no requirements regarding grievance procedures; where no requirement is established, a statute may provide that a residence has discretion to establish an informal grievance procedure.

An internal grievance system resembling a more formal appeals system is required by some states. Procedures include:

- giving the resident and or resident's representative the right to present the grievance in either written or oral format
- allowing the resident an advocate of the resident's choice
- permitting the resident's representative, if any, to attend meetings about the grievance and
- notifying the resident in writing within time limit of facility's decision

Some states require an external grievance procedure; a number of states explicitly prohibit facilities from retaliation. Legislation in the state of Maine requires that information about the state Long Term Care Ombudsman be provided to each resident upon moving into an assisted living residence.

The table below categorises states on the basis of the approach to dispute resolution adopted: "internal (facility discretion)" means that a residence is required to have in place a procedure for dispute resolution, but is not required to follow any particular form; "internal (state mandate)" means that a residence is required to have in place a particular mechanism for dispute resolution as set out in legislation; "external state mandate)" means that an independent dispute resolution mechanism is created by legislation; and "no dispute resolution mechanism" means that the legislation is silent on the matter (and does not itself create, or require the creation of, any dispute resolution mechanism.)

Internal (Residence Discretion)	**Internal (State Mandate)**	**External (State Mandate)**	**No Dispute Resolution Mechanism**
• Arizona • Arkansas • California • Colorado • Delaware • Florida • Kentucky • Maine	• Alaska • Connecticut • Georgia • Idaho • Illinois • Iowa • Maine • Michigan	• Connecticut • Delaware • Georgia • Illinois • Maryland • Missouri • New Hampshire	• Alabama • D.C. • Hawaii • Indiana • Kansas • Louisiana • Mississippi • Nebraska

• Maryland • Massachusetts • Missouri • Montana • Nevada • Oregon • South Carolina • South Dakota • Washington • Wisconsin	• Minnesota • Nevada • South Dakota	• Washington • Wisconsin	• New Jersey • New Mexico • New York • North Carolina • North Dakota • Ohio • Oklahoma • Pennsylvania • Rhode Island • Tennessee • Texas • Utah • Vermont • Virginia • West Virginia • Wyoming

d. Contracts/disclosure

No state requires residences to use a particular document or format. Some states do require the inclusion of certain provisions and/or disclosures; some states also require residences to disclose services that are not available.

Requirements may be more or less detailed. In the state of Idaho, for example, the contract must indicate the services to be provided by the residence and the costs of those services. Illinois, on the other hand, sets out much more detailed requirements:

- services and corresponding charges
- enumerated rights of residents
- procedure for contract modification
- information regarding policy for transfer/discharge/termination of contract
- description of the facility's complaint/resolution process
- name of resident's representative, if any
- resident's obligations
- billing and payment procedures
- statement outlining a resident's freedom to receive services from persons who do not have a contractual arrangement with the residence
- statement detailing an annual on-site review process, including what documents in a residents personal file are to be reviewed under this process

Some states prohibit certain types of provisions. Contractual terms that would "violate the residents' rights under the law" are prohibited under Tennessee's statute, for example. Wisconsin prohibits "unlawful or misleading" contractual terms, and any provision purporting to

waive the rights of a resident and/or the liability of a residence. Legislation in West Virginia provides that residents are not liable for any cost not disclosed.

Required provisions regarding notice of cost increases and termination of residence vary between jurisdictions (Arizona requires 30 days, for example; Georgia and Maine 60 days; New Mexico 15 days). New York provides for an ”emergency” exception to the mandatory notice period; this may be related to cost increases (where a greater level of services is required because of suddenly increased needs).

e. Building and design

Regulations in most American states[48] refer to standards regarding building or “physical environment” quality and design. The level of detail varies significantly between jurisdictions. Regulations coming into effect in Maine in 2003 are extremely detailed, setting out standards in the following areas:

- facility design
- passable road
- heating systems
- temperature
- renting space
- general condition of the facility and surrounding premises
- toilets and bathing facilities
- handrails
- telephones available
- water temperatures
- living and dining areas
- resident rooms laundry room
- smoking area
- outside railings
- lighting

Other states (Connecticut, for example) require only that the residence conform to existing standards set by building codes, fore safety codes, and zoning ordinances.

48 32 out of 33 states for which assisted living regulations are available online- the exception being Utah.

The table given below categorises regulatory standards in this area according to level of detail.

Exceptionally Detailed	**Moderately Detailed**	**General**
• Colorado • Illinois • Maine • Oregon • South Carolina • Texas • Wisconsin	• Alabama • California • Florida • Idaho • Iowa • Maryland • Michigan • Nebraska • Nevada • New Mexico • New York • Pennsylvania • Rhode Island • South Dakota • Tennessee • West Virginia	• Alaska • Arizona • Connecticut • Delaware • Georgia • Minnesota • Ohio • Oklahoma • Virginia

f. Costs

The issue of costs is dealt with through provisions requiring disclosure of costs and imposing notice periods for increasing costs (agreements/contracts). Legislation in some states refers specifically to the availability or non-availability of Medicaid for assisted living costs (not directly relevant in a Canadian context).

The state of Wisconsin provides for the issue of long term costs, and requires that an admissions agreement include an estimate of costs over a three year period.[49] The prospective resident is then required to indicate whether he or she will have sufficient funds for more or less than 3 years (if less, how many). The residence (the "facility") may include a statement in its admissions agreement that this estimate does not constitute a contract between the residence and the prospective resident.

g. Oversight and inspection

Regulations vary considerably, from mandatory annual inspection (Illinois, Idaho, for example) to "periodic" (Texas) or "as needed" (Georgia) inspections; some state regulations make no reference to inspections (Colorado, Connecticut, for example).

---

49 Wis. Stat. Ann. §§ 46.03.50.01 et seq. *Care and Service Residential Facilities*; Wis. Admin. Code § HFS 83. *Community-Based Residential Facilities*.

h. Services

Many states have detailed regulations dealing with food services (including both frequency and quality), personnel (numbers and qualifications), and medication (administration and storage). Some are highly detailed and prescriptive (Maine, for example); others, more general (the state of Oklahoma provides that a dietician must prepare meal plans, for example, but does not provide further for what kind of meals must be provided).

i. Aging in place

"Aging in place" is the term popularly used to refer to the principle that an older person should not be required to move, if possible, as he or she ages and health needs increase. This housing principle reflects research establishing that health motivated moves have further negative impacts on the health and emotional well being of the older person. The individual who can be supported at home will do better than the individual who is moved into a care facility.

The "home not health facility" philosophy underlying assisted living as an alternative to institutional care may have an awkward interface with the aging in place principle. An assisted living residence is home not hospital and, as such, aging in place would mean the provision of increased services in that home environment as the resident's needs increase. At the same time, however, it is important to maintain the distinction between assisted living and nursing home care; residents with very significant health needs may need the greater level of protection that is provided by the relatively "heavier" regulation of the nursing home setting. Replicating that degree of regulation in assisted living would undermine assisted living as a mid way alternative.

A resident's ability to "age in place" will be directly impacted by rule and regulations that specify when and why a resident can be asked to leave.

The state of Maine recently considered the relationship between aging in place and assisted living in a Report prepared by the Commission to Study Assisted Living (December, 2001).[50] Legislation proclaimed in September 2003 reflects the conclusions of that Report. At issue was whether the legislation should recognise a right to "age in place." The Commission cited to the National Study of Assisted Living or the Frail Elderly (1999)[51] as confirming their own findings that, while most residents could remain in place as their needs progressed from relative independence to requiring assistance with bathing, dressing, and mobility, no assisted living resident could reasonably expect to remain in place until the end of life regardless of personal changes. There was a limit to the degree in which a resident could age in place and still be appropriate as a resident in that facility; for this reason the National Centre for Assisted Living discourages the use of the phase "aging in place" in assisted living materials unless accompanied by a statement of the requirement imposed either by state regulation or the rules of the facility itself.[52]

---

50 State of Maine 120th Legislature, Final Report of the Commission to Study Assisted Living, December 2001.

51 "A National Study of Assisted Living for the Frail Elderly" Catherine Hawes, Miriam Rose and Charles D. Philips, Myer Research Institute, April 1999.

52 *Ibid.* at 7.

"Commission members… determined that 'aging in place' is not an unqualified right and that appropriate placement is critical to the success of assisted living and quality care for residents."[53] The report concluded that language in the then existing assisted legislation should be revised to state that a resident's ability to remain in assisted living (to age in place") would depend on the continued match between the resident's service needs and the nature of the program. Prior legislation has required that an assisted living residence respect the "personal choices" of the resident including the choice to age in place except when that choice posed a 'direct threat to the health or safety of other individuals or would result in substantial physical damage to the property of others."[54]

No other state has, to the knowledge of the researcher, directly and explicitly addressed this important issue within the applicable legislation.

2. Recommended legislative guidelines: The Assisted Living Workgroup (Assuring Quality in Assisted Living: Guidelines for Federal and State Policy, State Regulation, and Operations)

In April 2001 the United States Special Committee on Aging asked assisted living stakeholders from across the nation (including policy makers, representatives of consumers and potential consumers of assisted living, and providers) to work together to identify best practices and develop recommendations to facilitate consistent high quality in assisted living nationwide. The Assisted Living Workgroup completed its work in April 2003; that report (Assuring Quality in Assisted Living: Guidelines for Federal and State Policy, State Regulation, and Operations) included 110 recommendations endorsed by a 2/3 majority of the working group.[55] An additional 21 recommendations did not receive the support of the 2/3 majority.

Topics addressed in the Report and its recommendations include:

a. Definition

The Senate Committee on Aging emphasised as a "primary goal" of Committee members "that the consumer know what he or she is getting when signing a contract to enter an assisted living facility." Agreeing on a definition for "assisted living" was considered the key to achieving that goal; a uniform definition would include "sufficient detail to ensure that those facilities that are not providing a minimal level of service do not receive the classification 'assisted living.'" The Assisted Living Working Group (ALWG) was to accomplish this objective through a "consumer oriented/consumer friendly" definition as opposed to a more technical definition oriented towards regulators (i.e.: the consumer would understand that "assisted living" included a certain

53 *Ibid*.
54 *Ibid*.
55 The Report of the Assisted Living Workgroup, including best practices guidelines, is available at http://www.aahsa.org/alw.htm

level of services, features, and consumer protections).

The Working Group was ultimately unable to agree on a definition that would achieve this objective. A compromise approach was agreed on that set out "elements" of a definition; working group members could then approve or not approve of each element. A majority did agree that at least two categories should be created under the assisted living umbrella based on resident level of need.

b. Long term care ombudsmen/Centre of Excellence

A majority recommended that funding be increased for the existing nationwide system of long term care ombudsmen, recognising the ombudsmen's "unique opportunity to negotiate agreements and resolve problems before the become enforcement issues." The ALWG also recommended that a National Centre for Excellence in Assisted Living be formed to develop performance measures.

c. Licensing

A majority agreed on mandatory licensing of assisted living facilities, despite the inability to come to agreement on a definition for "assisted living", complicating the licensing issue. The ALWG also came to agreement on the minimal required features of a regulatory system, to include:

- standards for licensing
- a monitoring element, including not less than annual unannounced inspections and process for the investigation of complaints
- a sanctions element
- technical assistance element
- public/resident access to regulations, rate structure, charges, and contract (including rights and move in/move out criteria)
- provision for initial assessment
- resident service plan

d. Reasons for resident transfer or move out

A majority agreed on the following as reasons for requiring a resident to leave:

- resident desire to move
- residence no longer able to provide adequate care due to physical/cognitive status or behaviour issues of the resident; where practical, the residence will have worked with the resident to avoid move out or transfer
- non-payment or other material breaches of contract after notice
- resident's behaviour or conditions presents a direct and serious threat to the well-being and safety of the other residents or staff

- residence ceases to operate

e. Move-in/screening process

A majority recommended that a residence should be required to evaluate the perspective resident's situation and needs before the resident moves in. Rate structure, charges, and move in/move out criteria must be fully disclosed at that time.

f. Palliative care

A majority agreed that a residence should provide palliative care within the scope of the services it offers, and that residents should be directed to palliative care resources. Difficult issues may arise where the resident decides to forgo treatment; in this case, treatment decisions should be driven by the choices and values of the resident. Advance directives are a primary source of information about those choices and values. Shared responsibility agreements/negotiated risk agreements may also be used to govern treatment decisions.

A residence may be uncomfortable with death occurring within the residence; the Report concludes that this issue can only be resolved through "open communication." Residents must be provided with an explanation of a residence's end of life policies.

g. Identification of cognitive impairment

A majority recommended that assisted living residences have in place procedures to increase staff awareness about this issue, including:

- staff training
- evaluation of the identified cognitive impairment's impact on a resident's needs
- appropriate revision of a resident's service plan
- a residence providing care to seniors who are unable to conduct their own care must have in place policies relating to dementia care

h. Medication management

A majority recommended that assisted living residences establish policies and procedures relating to the management and administration of medication (standards will be developed by the residence). The agreement must include a plain language explanation of that policy.

i. Food and nutrition

A majority recommended that assisted living residences have a policy in place regarding food storage and ensure that food provision corresponds to the recommended number of servings/categories of food in the USDA Food Guide Pyramid. Meals should also be provided

or co-ordinated at least 3 times a day, 7 days a week, with snacks provided 7 days per week. Menus are to be reviewed and approved by a registered dietician, and must be "attractive and palatable."

j. Contracts

A majority recommended that assisted living contracts require the following elements:

- the term of the contract
- a comprehensive description of billing and payment policies and procedures
- a comprehensive description of services provided for a basic fee
- a comprehensive description of and fee schedule for services provided on an a la carte basis (not included in the basic fee)
- the policy for changing the amount of fees
- amount of notice that will be given before the change of fees
- whether an entrance fee, security fee, or deposit is required and procedure for refund
- description of residence policy regarding temporary absence of a resident
- process for development of the service plan
- assessment requirements and procedures
- explanation of third party services
- description of move in/move out, transfer, or eviction criteria, resident's right to notice and right of appeal; relocation assistance
- description of the residence's process for resolving disputes
- list of residents rights (statute or regulations attached)

k. Staffing

A majority recommended that assisted living residences have in place the following policies regarding staffing:

- disclosure of staffing levels
- ability to communicate in English where English is the primary language of the residents
- orientation for staff required
- staff performance evaluations to be conducted annually
- staff providing direct care services (Personal Care Assistants) must complete a training program which includes knowledge about the aging process

Administrators must be qualified nursing home administrators or complete a state approved Assisted Living Residence licensure course.

C. Australia

1. Aged care homes

The *Aged Care Act 1997* brought together the regulation and administration of low level residential care (the "hostel") and high level care (the "nursing home") to create an integrated system of residential "aged care" that was intended to encourage hostels and community based home care, reserving nursing home care for the most high needs residents only. Low level or "hostel" residences offer accommodation with hospitality services such as laundry, cleaning, and meals, in addition to personal care services (help with dressing, eating, toileting, bathing, mobility) and "allied" health services such as physiotherapy, occupational therapy, recreational therapy, and podiatry.[56] High level or" nursing home" residences usually involves 24 hour nursing care together with accommodation and support services. Many homes offer a continuum of care, allowing the resident to "age in place," although separate "nursing homes" and "hostels" continue to exist (prior to 1997, nursing homes and hostels were administered separately). Under an "extra services" scheme a higher standard of accommodation, feed and services ("hospitality" services) is offered to residents who are willing and able to pay "extra" for those services.

Both forms of residential care are financed and regulated by the federal government, and provided primarily by the charitable and private sector. A small number of homes are operated by state governments with federal funding. Individuals entering a "high level" residence may be asked to pay an "accommodation charge;"[57] individuals entering low level care may be asked to pay an "accommodation bond"[58] to the residence provider. Both are means tested and all providers are required to take at least a minimum number of "concessional" (non-paying) residents for which they receive additional government funding. "Concessional" residents include means tested individuals who have not owned their home within the last 2 years and who have assets less than $28,500. The family home is not included as a family asset if it is the residence of a spouse or dependent child, or if a carer eligible for income support has lived there for two years, or if a close relative eligible for income support has been living there for at least 5 years. Only certified residences (see discussion, *infra*) can ask for consumer contributions (accommodation charges and accommodation bonds).

All residential aged care homes must undergo evaluation in accordance with the *Accreditation Grant Principles 1999*. Residences are evaluated with reference to the Accreditation Standards, which are set out in the *Quality of Care Principles 1997*.[59] The Accreditation Standards are categorised as follows:

- Standard 1: Management systems, staffing and organisational development
  Principle: Within the philosophy and level of care offered in the residential care

---

56 See, *Aged Care in Australia* (Commonwealth Department of Health and Aging, 2002)

57 To a maximum of $13.91 per day for a resident with assets of $53,886 or more at the time of entering the home; between $28,500 and $53,886 residents are charged on a sliding scale.

58 Like an interest free loan to the provider; a provider may also take, from the bond, up to $254.50 a month for up to five years.

59 The "Principles" are subordinate to the *Aged Care Act*.

service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

- Standard 2: Health and personal care
  Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

- Standard 3: Resident lifestyle
  Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and within the community.

- Standard 4: Physical environment and safe systems
  Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Under each standard are enumerated a number "matters" and "expected outcomes" to be achieved in accordance with the associated "principle" as a condition of accreditation. There are 44 "expected outcomes" in total. For example, under the Standard "Health and personal care" the matter "Sleep" is indicated, with the expected outcome "Residents are able to achieve natural sleep patterns."

The accreditation scheme is managed by the Aged Care Standards and Accreditation Agency, an independent company established by the legislation in accordance with the Accreditation Standards**.** Accreditation is a necessary condition for receipt of Commonwealth funding.

The Aged Care Standards and Accreditation Agency supervises compliance with accreditation standards through spot checks and review audits conducted by teams of registered quality assessors. Non-compliance with accreditation standards is reported by the Agency to the Department of Health and Aging, which may then impose sanctions. Residences under sanctions, and the reason for those sanctions, are published on a government website. Sanctions include withdrawal of funding for new residents for a given period of time, and withdrawal of approval unless staff receive a particular kind of training targeted to the area of non-compliance. In some cases, the residence may remain under general observation.

Certification standards apply to the physical standards of buildings in use as aged care homes, both high and low level. Certification requires that building meet minimum standards with regards to fire safety, security, access, hazards, heating, cooling and ventilation. Certification standards also include privacy and space standards for new[60] and existing[61] buildings. Only

60 1.5 residents per room; no more than two residents in each individual room; no more than three residents per toilet; no more than four residents per shower.

61 No more than four residents per room; six residents per toilet; seven residents per shower.

certified homes can ask residents to contribute to the costs of accommodation.

The Aged Care Complaints Resolution Scheme is available to residents of both nursing homes and hostels, and to any other individual wishing to make a complaint with regard to the service provider's responsibilities under the *Aged Care Act*. Complaints may be made orally or in writing, anonymously or otherwise, or through a national toll free telephone complaint line service. The scheme is overseen by an independent Commissioner for Complaints. The objective of the scheme is to resolve disputes through meditation or negotiation; in the event that resolution through these methods is not possible, a Complaints Resolution Committee will determine a resolution. As of 2003 the Complaints Resolution scheme had handled 7,000 complaints (since inception in 1997). [62]

Advocacy and information services are also available (funded by the federal government under the Aged Care program) to residents of aged care homes and to educate the wider community, providers, and residents about the rights and responsibilities of provider and residents under the *Aged Care Act*. An Aged and Community Care Information Line, also established in 1997, has received 66, 985 calls for information as of 2002-2003.[63] The federal government also funds a "community visitors scheme" for lonely and isolated residents of aged care homes.

A Charter of Residents Rights and Responsibilities is set out in Schedule 1 of the *User Rights Principles (1997)*. The Charter provides that each resident of a "residential care service" (including low level and high level homes) has the right to:

- full and effective use of his or her personal, civil and consumer rights
- quality care appropriate to his or her needs
- full information about his or her own state of health and about available treatments
- be treated with dignity and respect, and to live without exploitation, abuse or neglect
- live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation
- personal privacy
- live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction
- be treated as an individual, and to have his or her individual preferences taken into account and treated with respect
- continue his or her cultural and religious practices, and to keep the language or his or her choice, without discrimination
- select and maintain social and personal relationships with anyone else without fear, criticism or restriction
- freedom of speech
- maintain his or her personal independence

---

62 *Report on the Operation of the Aged Care Act 1997 (July 2002-July 2003)* (Australian Government: Department of Health and Aging).

63 *Ibid*.

- accept personal responsibility for his or her own actions and choices, even though these may involve an element of risk, because the resident has the right to accept the risk and not to have the risk used as a ground for preventing or restricting his or her actions and choices
- maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions
- be involved in the activities, associations and friendships of his or her choice, both with and outside the residential care service
- have access to services and activities available generally in the community
- be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service
- have access to information about his or her rights, care, accommodation and any other information that relates to the resident personally
- complain and to take action to resolve disputes
- have access to advocates and to other avenues of redress
- be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

Each resident of a residential care service has the responsibility to:

- respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole
- respect the rights of staff and the proprietor to work in an environment free from harassment
- care for his or her own health and well-being, as far as he or she is capable
- inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and current state of health

2. Retirement villages

"Retirement villages" provide another kind of supportive living environment for older adults in Australia. Unlike the former "hostels" (now officially referred to as low level aged care homes) retirement villages are not regulated or administered under the *Aged Care Act 1997*. Retirement villages are operated by the private sector on either a commercial or a not for profit basis and (under care homes for the aged) are not directly funded by the federal government.

The retirement village may be described as a community for older adults, with many possible variations under the broad umbrella label. Most retirement villages have common areas and provide a range of hospitality services, at a minimum, for residents; some offer higher levels of care at the "assisted living" end of the supportive housing range. There is also wide variety in terms of tenure arrangements, including long-term lease, long-term license, strata title (condominium), community title, company title, unit trust, manufactured home, and conventional leases.

Legislation for the regulation of retirement villages was passed in every Australian state with the exception of Tasmania between 1985 and 1995. Legislation came as a response to complaints in the 1980s from retirement village residents, particularly those who had invested in purchasing their homes or in long term lease arrangements.[64]

Despite diversity between the states' legislation three main "types" of statutory models can be identified:[65]

- A licensing model
- A co-regulation model
- A statutory requirement model

Queensland's *Retirement Villages Act* 1988 uses the "licensing model," prohibiting any person from operating a retirement village without the approval of the Registrar of Retirement Villages, contingent on meeting the conditions set out by the Registrar.[66]

No license is required as such, but the requirement for approval by the registrar creates a *de facto* license like scheme.

The "co-regulation" model combines legislation with an Industry Code of Practice created by state and industry-based agencies working together. New South Wales[67] and Western Australia[68] have adopted this model. In both states the Industry Code of Practice is set out in regulations made pursuant to fair trading legislation.[69] The division of matters between the legislation and regulatory "codes" is different in each state. In New South Wales, the *Act* deals with a limited range of issues related to tenure such as the roles of the Tenancy Commissioner and Residential Tenancy Tribunal in dispute resolution and termination of residence contracts. The New South Wales Code of Practice deals with a wide range of consumer protection issues such as disclosure of information, independent legal advice, and a "cooling off" period. Western Australia's legislation covers a wider and more detailed range of matters. Both "co-regulation" schemes are consumer protection models, speaking not to minimum standards regarding services but the rights of residents to be informed about and able to enforce the terms of his or her contract. Note also that, unlike the Canadian legislation considered which is premised on a rental relationship, the Australian regulation is explicitly concerned with protecting the financial interests of purchasers, and long term or life leasers. Provisions regarding disclosure of financial details of retirement village schemes, termination of schemes, refunds and trust requirements (as

---

64 See, N.S.W. Department of Consumer Affairs, *Report- Retirement Villages*, 1987; Aged Care Coalition, *If Only I'd Known*, Australian Consumers Association, Sydney 1986.

65 *Report on the Operation of Retirement Villages and Other Types of Older Persons Accommodation in Tasmania*, *Ibid*., at 47.

66 See, *Retirement Villages Act 1999*, s. 27.

67 *Retirement Villages Act* 1989.

68 *Retirement Villages Act* 1992.

69 N.S.W. *Fair Trading Act* 1987; NSW *Retirement Village Industry Code of Practice Regulations* 1989; WA *Fair Trading Act* 1987; WA *Fair Trading (Retirement Villages Code) Regulations* 1992.

set out in Western Australia's retirement village statute) refer directly to those concerns.

The third statutory model is a "statutory requirements model" which uses a comprehensive Act setting out minimum standards to be met by a retirement village. Failure to comply with the standards would constitute an offence. The States of Victoria and South Australia have adopted a "statutory requirements" model.[70] Note that the "minimum standards" in this model do not contain required services, but set out information that must be provided, requirements for dispute resolution procedures, requirements for cost increases, and other "consumer protection" and tenure related issues in addition to matters going directly to financial protection.

Retirement villages legislation in the states of South Australia and Victoria include "checklists," questions that consumers should go through before deciding whether to enter into an agreement with a residential village. The legislation in each state requires that potential residents be provided with a copy of the checklist.71

Regulations pursuant to the retirement villages legislation in South Australia and the Northern Territory include "Codes of Conduct" to be followed by villages within the jurisdiction.[72] The Northern territories Code sets out minimum standards relating to the operation and management of villages, the resolution of disputes, the basic rights of both residents and management, disclosure of information, a "cooling off" period, and termination of the contract. Schedule A appended to the Code includes information that must be supplied by the management of retirement villages in addition to the 'checklist" of questions for potential residents (contained in Schedule B). South Australia's "Code" is much less extensive in terms of subjects covered, referring only to standards regarding the refund of premiums, remarketing of units, preparation of a premises condition report (to provide information about the condition of the unit at the time a resident takes possession), and the obligation of the retirement village administrator to consult with residents (through a "residents' committee") regarding various aspects of village management. The Code also provides that information may be supplied to residents' about the applicable policies and procedures in the event of a dispute (without setting out what those policies and procedures should be).

The Retirement Village Association of Australia has also established a voluntary National Accreditation. Accreditation Committees created by each State Retirement Village Association, consisting of three State Association members and at least two external and impartial appointees, are responsible for managing the accreditation program. The program is administered by an independent professional in each state. Villages seeking accreditation are visited by a "survey team" who evaluates the village. The following criteria are considered essential:

---

70 *Victoria Retirement Villages Act 1986*; South Australia *Retirement Villages Act* 1987

71 The Model Village "Rules" set out in New South Wales' *Retirement Villages Regulation 2000* (Schedule 5) are available online at http://www.austlii.edu.au/au/legis/nsw/consol_reg/rvr2000308/

72 *Code of Conduct to be Observed by the Administering Authority of a Retirement Village* (South Australia) and *Retirement Villages Code of Practice* (Northern Territories), respectively.

- Emergency call system
- Arrangements for the provision of services
- Evacuation and emergency procedures
- Residents input into village affairs and budgets
- Regular maintenance of emergency equipment and lighting
- Commitment to staff training
- Compliance with all relevant legislation
- Clear and adequate disclosure statement

A village may apply to the Committee's survey team to be excused from compliance with non-essential accreditation standards where appropriate.

Tasmania is the only Australian state currently without retirement village legislation. In a 1994 Report, the Law Reform Commissioner of Tasmania[73] recommended that Tasmania adopt a more comprehensive "Older Persons' Accommodation Act," giving the following reasons:

> In my view, the area of older persons' accommodation should be treated comprehensively. Further, I consider that it is neither desirable nor logical to identify a specific type of accommodation such as residential village accommodation for separate treatment. I have earlier noted that, in any case, the expression "residential village" is not a term of precision.

The definition would exclude publicly funded "nursing homes" and "hostels" (already subject to regulation) and the provision of accommodation within private homes- friends of family members of the older adult. Otherwise, the legislation would apply to all "accommodation establishments which are provided predominantly or exclusively for older adults." This would include housing other than "supportive housing" (housing plus services). The Tasmania Report includes a "Older Person's Accommodation Bill" (the recommendations of the Report were not acted upon) and (as Schedules 1A and 1B) a very useful set of "checklists" for persons considering signing a contract for accommodation and a contract for services.

D. Summary

The "balance" sought by regulators is not an easy or intuitive one, as the range of approaches and combinations of approaches suggests; there is no one obvious right way. Nevertheless, experiences in the jurisdictions discussed in this survey do indicate the kinds of problems that policy makers need to contemplate and plan for, and offer suggestions about the forms that planning might take. For example, Australia's long and, at times, fraught experience with supportive housing purchased by consumers as "retirement villages" is instructive for Canadian policy makers at a time when that market is still very young in Canada. The work of the American Assisted Living Working Group is also very useful, in terms of anticipating problem

---

73 *Retirement Villages and Other Types of Older Persons' Accommodation,* Report No. 72 (1994: Tasmania Law Reform Commission).

issues in the Canadian context, providing models for how to deal most effectively with those issues, and creating a common language and frame of reference to allow for a sharing of experiences and information between provincial jurisdictions.

VII. RESULTS OF THE CONSULTATIONS

A two phase consultation with seniors and with professional stakeholders was held in connection with this research. The first phase consisted of assessing issues related to supportive housing. The second phase evaluated approaches to the regulation of supportive housing.

A. Assessing the Issues

The completed questionnaires contain a rich and fairly detailed level of commentary that gives a complete and nuanced picture of the range of issues arising in the supportive housing context. The collated questionnaires are in Appendix A. The responses may be briefly summarized as follows:

Issue #1: Access to Information

Access to information is crucial to the workability of supportive housing for seniors, especially when consumer choice is intended to play a significant role in market regulation.

Respondents were asked whether they would know where to find information about supportive housing, including information about project location, costs, types of services offered, entrance/exit policies, etc. All professionals would know how to access information; seniors were more likely *not* to know. The sources of information cited by average seniors indicating that they would know where to find information about supportive housing (less than half) were much more general (the telephone book, for example) and less likely to be useful. No senior mentioned health authorities or other health contacts, sources frequently mentioned by professional stakeholders. The Seniors Information Project (SHIP), a non-profit organisation providing housing information to older adults, was mentioned frequently by professional stakeholders, but only by a few respondents among seniors.

Professional stakeholders cited confusion about terminology (what is “supportive housing”? “Assisted living”? “Independent living”?) as a barrier to information for seniors. Basic information that “people need to know” was identified by one professional stakeholder as “difficult to secure except through costly FOI (Freedom of Information) requests.” That basic information would include:

- Project location
- Who owns the project

- The project budget
- The level of staffing of a project by type of discipline or qualification
- Record of non-compliance
- Criteria for referral
- Health or wellness programs or services operating within the building (i.e. meals, personal care services)
- Levels of funding
- Pricing of services or charges to customers

Participants were asked to rate the importance of issue #1 (Access to Information) on a scale of one to ten.
The following ratings were received from 13 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
			1					2	3	7

The following ratings were received from 32 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
				1	1	3	2	8	3	15

Participants were asked "Would you know where to find information about supportive housing that is available in your community (including information about features such as costs, available services, entrance/exit policies, etc.)?"

31 seniors responded as follows:

Yes: 12
No: 18
(yes and no): 1

12 professional stakeholders responded as follows:

Yes: 14
No: 0

Issue #2: Building Quality and Design Features

Participants were asked what design features they considered to be essential in a "supportive housing" environment. All respondents identified features associated with access for persons with impaired mobility as essential. Safety and security were highlighted in responses from seniors.

Participants were also asked to rate the importance of issue #2 (Building Quality and Design Features).

The following ratings were received from 12 professional stakeholders (ratings refer to the importance of the issue on a scale of one to ten):

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								5	4	3

The following ratings were received from 30 seniors (ratings refer to the importance of the issue on a scale of one to ten):

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
		1	1			3		5	5	15

Participants were asked "Are you personally aware of any examples of physically unsuitable buildings being presented as supportive housing suitable for seniors?"

39 seniors responded as follows:

Yes: 12
No: 18

21 professional stakeholders responded as follows:

Yes: 13
No: 8

Professional stakeholders emphasized aging in place, areas for meeting and socializing, and services such as hairdressers as important features.

Features most frequently mentioned by seniors were handrails and wheelchair access, and security features such as good lighting. Adaptable features that would provide for "aging in place" and reasonable proximity to shopping were also mentioned.

Issue #3: Affordability

12 professional stakeholders rated the importance of "affordability" as follows:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
							1	1	2	8

Providers of supportive housing (responding to the professional stakeholder questionnaire) were also asked about the kind of regulations they believed would improve affordability. Responses

were thoughtful and detailed, and highlighted the need to build environments with sufficient flexibility for residents' to "age in place," rather than being required to move to a new project or facility when needs increased.

> "To match capital (building) and operating (staffing) requirements with changing requirements of the people is the challenge. I believe part of the solution is to build new shelter with provision for changing circumstances of the occupants and in which staffing is tailored to the level of change, rather than people changing buildings in order to access a different level of staffing. If the latter, the capital costs are doubled, and the operating requirements over-built with a service gap between them, one of which is supported by regulation (assisted living) and the other not (supportive housing)." Other responses echoed this opinion. One respondent suggested that "affordability" was a "perception rather than a reality"- that seniors who could afford to pay for services simply did not want to or felt they should not have to, preferring to save their money for a rainy day or to leave an inheritance for others.

Professional stakeholders indicated that the following factors are also associated with affordability: economies of scale v. personal choice for consumer, expenses associated with "a la carte" (where services are purchased individually as opposed to as a package), and the regulation of costs.

Participating seniors were asked to give a yes or no answer to the following question:

"Cost is/will be the most important consideration in my choice of supportive housing"

38 seniors responded as follows:

Yes: 33
No: 5

Those seniors providing additional comments on affordability referred to limited incomes as a significant factor.

Issue #4: Marketing /Disclosure

Participants were asked to rate the importance of issue #4 (Marketing/Disclosure).

The following ratings were received from 10 professional stakeholders (ratings refer to the importance of the issue on a scale of one to ten):

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1	1		3	4	1

The following ratings were received from 24 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1					1	1	4	1	16

Participants were also asked "Do you know of any cases where there was a discrepancy between promotional material and the supportive housing actually provided?"

32 seniors responded as follows:

Yes: 6
No: 26

9 professional stakeholders answered as follows:

Yes: 4
No: 5

Professional stakeholders mentioned specifically: unexpected costs; what services were included as part of the rental contract, what services were "extra," and what those services would cost. Lack of information about exit/entry criteria was another concern; "Some residents/families are not aware that they cannot 'age in place.'"

Relatively few seniors provided comments on issue #4 (Marketing/Disclosure). Extra "surprise" costs were identified as the most common concern.

Issue #5: Contracts/Agreements

Participants were asked whether they were aware of problems associated with contracts such as vagueness, confusing language, omissions, etc. Those seniors who had seen a contract (most had not) responded that they found it straightforward and easy to understand. Professionals identified vagueness as an issue.

Professional stakeholders were asked to rate the importance of issue #5 (Contracts/Agreements) on a scale of one to ten.

The following ratings were received from 12 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1		1	3	2	5

Professional stakeholders were also asked "Have you identified problems in connection with contracts/agreements in a supportive housing (e.g. vagueness, confusing language, inconsistency, omissions, etc.)?"

The following responses were received from 9 stakeholders:

Yes: 6
No: 3

The comments received from professional stakeholders suggest that the "legalese" in supportive housing contracts caused problems of understanding. Vagueness (regarding what services that would be included as part of the rental package) was also identified as an issue.

Participating seniors were asked to rate the importance of issue #5 (contracts/agreements) on a scale of one to ten.

The following ratings were received from 19 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1				1	1		1	1	14

Seniors were also asked "Have you seen a contract or agreement for living in supportive housing?"

The following responses were received from 36 seniors:

Yes: 9
No: 27

Seniors were also asked "If yes, was the contract or agreement, in your opinion, straightforward and easy to understand?"

The following responses were received from 9 seniors:

Yes: 9
No: 0

Seniors providing additional comments indicated that they would have a third person- a lawyer, notary, family member, or other representative ("anyone I could afford")- go though the contract with them prior to signing.

Issue #6: Eligibility/ Entry and Exit Criteria

This issue concerns rules about who can move into a particular supportive housing residence and the circumstances under which a person can be asked to leave. Seniors indicated some support for having rules in place for the benefit of all people living in a residence; a system for resolving

disputes about moving in and moving out was mentioned by some seniors under this heading. Most seniors and professionals agreed that a residence should be responsible for ensuring that the senior who had been asked to leave had someplace else to go, especially where there was no family support. Professional stakeholders identified the tension between eligibility rules and an aging in place philosophy. Seniors and professionals emphasized the importance of making eligibility rules clear to individuals moving into supportive housing.

Professional stakeholders were asked to rate the importance of issue #6 (Eligibility/Entry and Exit Criteria) on a scale of one to ten.

The following responses were received from 13 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
									6	7

Professional stakeholders were also asked "In your experience, is this issue a cause of current problems?"

The following responses were received from 12 professional stakeholders:

Yes: 10
No: 2

Professional stakeholders were also asked "When a senior must leave supportive housing, is planning for future housing and care needs an important issue?"

The following responses were received from 13 professional stakeholders:

Yes: 12
No: 1

Professional stakeholders raised a number of interesting points, including the following:

"Not only is there sometimes a problem between the resident and the provider about whether to accept or evict, there can be serious issues with the Health Authority to enable a resident who is no longer capable of living independently, to find more suitable accommodation."

"It is significant in order to ensure not only the individual tenant is in the most appropriate setting but also that they are compatible for the others also living there- the individual and group's needs both require consideration since they are sharing more common space and activity than independent tenants do. It needs to be clear from the beginning what will result in "discharge.'"
" Issue is not just entry and exist, but also assessment and transfer. As a person's needs increase,

how are they identified? How are these needs met? Who monitors and protects the interests of the residents?"

"The biggest issue relates to where the resident goes if they are asked to leave supportive housing. They may be a danger to themselves and to other residents if they stay, but if the Health Authority will not refer them to a more appropriate facility, the housing provider has a dilemma."

"Tennant needs more services than they have contracted for and yet cannot afford to purchase these services- where do they go? Can the landlord evict a tenant in these circumstances? What about troublesome tenants?"

Seniors were asked to rate issue #6 (Eligibility/Entry and Exit Criteria) on a scale of one to ten.

The following responses were received from 25 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1					2	1	6		15

Seniors were also asked the following questions regarding issue #6:

1) "A supportive housing residence may have rules about who can move in, and when and why people can be asked to leave (rules about eligibility). Are you aware of rules about eligibility in supportive housing (where you are a resident, for example, or where you have looked into a residence for yourself or a friend or family member?)"

The following responses were received from 34 seniors:

Yes: 8
No: 26

2) "Where someone has been asked to leave supportive housing, do you think the residence should have to make a plan about where that person is going to go next before making them leave?"

The following responses were received from 17 seniors:

Yes: 17
No: 0

Seniors' responses were very strong on the point that a person should not be asked to leave without assistance to help that person find a more suitable place. Seniors also noted the importance of a dispute procedure (regarding rules about when a person could be asked to leave).

Issue #7: Services

- **Costs**

Participants were asked to rate the importance of costs of services provided on a scale of one to ten.

The following ratings were received from 12 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								3	2	7

Several professional stakeholders mentioned the increased costs of services provided "a la carte" as an issue. Professional stakeholders also expressed the view that the "bundling" of services might lead to less flexibility from the consumer's point of view, especially given the changing needs of supportive housing consumers.

The following ratings regarding the importance of costs of services provided were received from 33 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
						2	2	5	4	20

Many participating seniors provided additional comments on the costs of services provided, emphasizing the need to keep costs to the consumer low.

- **Quality (General)**

Participants were also asked to rate the importance of the quality of services provided.

The following ratings were received from 13 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
						1	1	4	1	6

Professional stakeholders noted a need for regulated standards.

The following ratings were received from 34 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1	1				2	2	10	5	13

Senior respondents mentioned inspection, monitoring, staffing, and cleanliness as important factors in maintaining high standards of quality.

- **Meals**

Participants were asked to rate the importance of meals provided.

The following ratings were received from 14 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1		3	1	4	5

There was some difference of opinion among professional stakeholders about the need to mandate the number of meals provided to ensure cost effectiveness (permitting high quality standards) and the need to provide consumers with choice and flexibility around meals taken. Comments stressed the need to ensure high quality in this area. Some respondents noted a need for professional dieticians/nutritionists.

The following ratings were received from 35 seniors regarding the importance of meals provided:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
						1	2	3	7	22

Seniors provided many comments regarding the importance of meals. Most comments indicated that meals should be provided frequently, with choice, variety, and freshness.

Staff

Participants were asked to rate the importance of staffing issues in supportive housing.

The following ratings were received from 11 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)

						1		1	3	6

Some professional stakeholders noted a need for RNs; other staff related factors mentioned included flexibility, cultural and sensitivity training, and the need for qualifications that included suitability for working with older clients.

The researcher concluded that seniors would need to be asked specifically about particular aspects of staffing; these different aspects of staffing would be understood by the professional stakeholder group as part of a general question about "staff." This conclusion was based on information received during the piloting of the questionnaire.

Seniors were asked to rate the importance of staffing levels, training, and qualifications as a necessary precondition of hiring for staff in supportive housing.

The following ratings were received from 32 seniors regarding staffing levels:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1						2	4	6	19

The following ratings were received from 33 seniors regarding training:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	2					2		6	2	21

The following ratings were received from 27 seniors regarding qualifications:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	2							3	6	15

Seniors expressed concerns about staff numbers in supportive housing. Seniors also mentioned the importance of providing safety training to staff, and noted the importance of a positive, friendly attitude. Several seniors commented that staff should be able to communicate in English.

- **Administration/storage of medication**

Participants were asked to rate and to comment on the importance of administration and storage of medication.

The following ratings were received from 10 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								4	1	5

Professional stakeholders indicated that medication would/should only be an issue in "assisted living" and that, in this situation, administration should be carried out by a qualified nurse knowledgeable about medication.

The following ratings were received from 31 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	2						1	3	6	19

Seniors noted that medication should be handled by staff with nursing qualifications, but did not seem to be suggesting that this should happen in "assisted living" only. Seniors also endorsed the idea that assistance with handling medications should be made available to those residents who wanted/needed it, while stressing safeguards (qualified staff).

- **Complaints procedure**

Participants were asked to rate and comment on the importance of a complaints procedure in supportive housing.

The following ratings were received from 10 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								2	2	6

Professional stakeholders noted the lack of a complaints procedure, mentioning that a mediator or ombudsman could be a suitable option to address this issue. One participant noted:

> "This issue is particularly difficult, as many frail elderly are afraid to rock the boat in case it could threaten their ongoing accommodation. Some kind of advocate or ombudsman role would be one way to deal with this. However, I think any complaints procedure should be transparent to both the resident (and their family) and the provider. It should always be required to begin at the provider level- complaints should not be anonymous, nor should they go to a higher level before they have been commenced at the place where the complaint is based."

The following ratings on the importance of a complaints procedure were received from 32 seniors:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1	3	3	2	4	19

Seniors suggested that an ombudsman-like person or a residents' council would be useful. Seniors also noted that a complaints procedure should be made clear to seniors as part of the information they receive before deciding to move into a supportive housing residence. Seniors emphasized that a complaints procedure should not be overly complicated to use.

- **Sufficiency of services available/provided (in terms of aging in place and continuity of care)**

Participants were asked to rate and comment on the importance of having sufficient services available to enable residents to age in place.

The following ratings were received from 11 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								1	5	5

Professional stakeholders noted the cost factors associated with this issue (where the resident had paid for services that did not meet increasing needs and could not afford additional services). Professional stakeholders also commented on the general effectiveness of building for "aging in place" (see discussion above under issue #2 "Building Quality and Design Features"). Professional stakeholders also noted potential liability issues for providers as residents' needs increased with age.

The following ratings were received from 33 seniors (regarding sufficiency of services to allow for "aging in place"):

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	3						2	7	3	18

Seniors were very supportive of the "aging in place" concept within supportive housing.

- **Provision of palliative/hospice care**

Participants were asked to rate and comment on the importance of the availability of palliative/hospice care services in supportive housing.

The following ratings were received from 10 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
							3	1	2	4

Comments received from professional stakeholders indicated their support for regulation or guidelines on this issue. One of the participants indicated that this matter was best left to the "individual situation" (and not regulation). Professional stakeholders also suggested that this issue should be dealt with "up front" and that seniors should be informed about any policy prior to their moving in.

The following ratings were received from 28 seniors regarding palliative/hospice care:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1	1		1	1		1	2	3	18

Seniors indicated support for allowing residents to receive palliative care wherever possible.

Issue #8: Oversight/Inspection

Participants were asked whether regular inspection and monitoring of residents' well-being was necessary to protect the interests of supportive housing residents. They were also asked who they thought should be responsible for inspection and/or monitoring. There was general support from both professional stakeholders and seniors for regular inspection and monitoring, although support was greater among seniors.

The following ratings were received from 11 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								4	3	4

Professional stakeholders were asked "Is regular inspection (occurring at regular intervals, i.e. not solely in response to complaints) of the housing unit necessary to protect the interests of older adults in a supportive housing setting?"

10 stakeholders responded as follows:

Yes: 8
No: 2

Stakeholders were also asked “Is regular monitoring of services provided/residents’ well-being (occurring at regular intervals, i.e. not solely in response to complaints) necessary to protect the interests of older adults in a supportive housing setting?”

10 stakeholders responded as follows:

Yes: 9
No: 1

Comments received from professional stakeholders indicated some support for inspections/monitoring services being carried out by an independent body or the health authority, although there was some dissent:

> “Not necessarily… if support to advocacy groups… and information on standards are available regular inspection may be unnecessary. In fact, regularly scheduled inspections can contribute to problems going undetected because unethical operators know when to make sure everything is up to standard.”

> “No! The expectation should be that the provider is providing a good service. Family and friends are involved with enough tenants to identify if a problem is occurring. Regular inspections for no reason becomes a costly bureaucratic “make work” project.”

The following ratings were received from 32 seniors on the importance of issue# 8 (Oversight/Inspection):

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								3	4	25

Seniors were also asked to answer the following two questions associated with oversight/inspection:

32 seniors responded as follows:

1) "Is regular inspection (not just in response to complaints) of the housing unit necessary to protect the interests of older adults in supportive housing?"

Yes: 32
No: 0

2) "Is regular monitoring of care provided/residents' well being (not just in response to complaints) necessary to protect the interests of older adults in supportive housing?"

31 seniors responded as follows:

Yes: 30
No: 1

Seniors' response in favour of inspection/monitoring was overwhelming. Seniors also indicated that these services should be carried out by an independent body, health or government body/figure.

Issue #9: Dispute Resolution

Participants were asked to rate and comment on the importance of having an external dispute resolution mechanism. Both professional stakeholders and seniors indicated strong support for some form of external dispute resolution mechanism other than court action. An ombudsman was mentioned by many respondents .

The following ratings were received from 11 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
							1	3	2	5

Professional stakeholders were also asked "Do you think that an independent dispute resolution mechanism is needed for supportive housing (outside of the court process)?"

11 professional stakeholders responded as follows:

Yes: 11
No: 0

The following ratings were received from 29 seniors on the importance of having an external dispute resolution mechanism in supportive housing.

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1				3	1		5	5	14

Seniors were also asked "Do you think that a third party (aside from the housing provider and the resident) should resolve disputes between supportive housing providers and residents (without one person having to take the other to court)?"

30 seniors responded as follows:

Yes: 29
No: 1

Issue #10: Special Issues Arising Where Supportive Housing is Purchased (Not Rented)

Participants were asked to rate and comment on special issues arising where supportive housing is purchased.

Relatively few participants responded to this issue. Those who responded indicated that, although they were not aware of special problems, supportive housing consumers should proceed with caution.

Professional stakeholders provided the following comments:

> "Non payment for services is remedied by a charge against title. If an owner disputes it, they have to launch legal action."

> "Problem is less the ownership of the unit, as it is dealing with potentially escalating costs of services."

"I am aware of instances when a condominium package was purchased and then one of the owners was made to move into the S/L section as their needs were too high. This was extremely expensive."

The following ratings were received from 9 professional stakeholders on the importance of issues associated with the purchase of supportive housing:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
			1				1	2	2	3

Professional stakeholders were also asked "Are you aware of special issues arising where supportive housing is purchased by consumers as part of a condominium package (where a condominium in a supportive housing complex is *bought* rather than rented)?"

10 professional stakeholders responded as follows:

Yes: 5
No: 5

The following ratings were received from 15 seniors on the importance of issues associated with the purchase of supportive housing:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1		1	1	1	1		4	1	5

Seniors were also asked "Are you aware of special issues/problems arising where supportive housing is purchased by consumers as part of a condominium package (where a condominium in a supportive housing complex is *bought* rather than rented)?"

30 seniors responded as follows:

Yes: 4
No: 26

Issue #11: Special Issues Arising Where Supportive Housing is Provided Through a Life Lease

Participants were asked to rate and comment on special issues arising where supportive housing is provided through a life lease.

Relatively few participants responded to issue #11. However, a much greater awareness of this issue was evident among professionals as compared to seniors.[74]

The following ratings were received from 9 professional stakeholders:

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
			1			1	1	1	1	4

Professional stakeholders were also asked "Are you aware of special issues arising where supportive housing is purchased through a "life lease"?"

10 professional stakeholders responded as follows:

Yes: 4
No: 6

The following ratings were received from 8 seniors on the importance of issues associated with supportive housing provided through life lease:

8 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
			1			3		1	1	2

Seniors were also asked "Are you aware of special issues arising where supportive housing is purchased through a "life lease"?"

35 seniors responded as follows:

Yes: 2
No: 33

Issue #12: Developing Regulation

Professional stakeholders were asked for their input on the process of developing a regulatory system, specifically whether the "Assisted Living Working Group" procedure recently completed in the United States was a useful model that should be followed on either a provincial (within British Columbia) or federal level.

---

74 Regarding "life lease" issues, see *Life Lease Housing in Canada: A Preliminary Exploration of Some Consumer Protection Issues*, *supra* note 4.

Professional stakeholders were asked to respond to the following questions:

> "Some of the issues associated with supportive housing and its regulation are difficult and involve *competing* interests which must be balanced- affordability/enforcement of standards, autonomy/safety and management of risk, aging in place/safe and consistent criteria for admission and discharge, for example.
>
> For this reason, other jurisdictions have undertaken a "coalition" approach to the development of guidelines and regulations, in which stakeholders have worked together to develop principles and recommendations. This process is relatively lengthy: 1-1 ½ years."

1) "In your opinion, would a similar process be necessary/beneficial in British Columbia?"

11 professional stakeholders answered as follows:

Yes:	10
No:	1

> "On the federal level in the United States, an "Assisted Living Working Group," a coalition of consumers groups, providers, policy makers and regulators is working to create national guidelines, to assist the states in developing their own policy/regulatory regimes."

2) "In your opinion, would a similar process be necessary/beneficial in Canada?"

11 professional stakeholders answered as follows:

Yes:	8
No:	3

B. Evaluating Approaches to Regulation

The second phase of consultation was much less successful than the first phase in terms of the level of response and the relevance and usefulness of the information received. The first phase provided an adequate basis for the researcher's own evaluation of possible approaches to regulation. The second phase yielded little in terms of new and insightful information.

1. Responses from seniors

The response from seniors to the second phase of consultation was much greater than

anticipated. Participating seniors may not have fully understood the kinds of distinctions they were being asked to make, however. Seniors tended to favour all kinds of regulation simultaneously for everything.

The distinctions between different kinds of regulation, and the possibilities of regulating different issues in different ways, were explained carefully at the consultation sessions but these concepts were unavoidably complex for those without background familiarity, and the responses indicate that seniors may not have understood the differences between the various regulatory approaches that were presented.

Nevertheless, the second phase of the consultation did reveal several key points of concern pertaining specifically to regulation of costs and standards (whether and how costs and standards should be regulated, or controlled by legal rules). These were:

- Whether supportive housing would be sustainable financially over time. Seniors were concerned about their options "once the money ran out;" selling the family home and moving into a quality supportive housing environment was appealing, but the money realised from the sale would pay for supportive housing for only so long. Staying on in the family home was one way of ensuring a roof over your head for life.

- Standard notice periods were not adequate for older adults. It is generally more difficult for older adults to move, compared with younger people, and more distressing. The range of suitable alternate accommodation is also likely to be more restricted.

- Many older women, widows who had lived their adult lives in traditional marriages, were completely unfamiliar with matters such as appropriate costs and the nature of contractual obligations. A consumer protection approach to regulation assumed that consumers would have some knowledge of their rights, obligations and choices, and would also understand and be able to exercise those rights and choices. That assumption was unrealistic for this group. One suggestion made during a consultation presentation at a seniors centre was that educational sessions targeted specifically to this group and dealing with such matters as housing choices, loans and guarantees, bills and taxes, etc. would be very useful.

- Seniors were concerned about access to information, which should be easy and comprehensive (a one stop shop for questions, comparative costs, complaints, etc.).[75]

Participating seniors were generally enthusiastic about a "checklist" of questions that would be distributed to all potential residents of a supportive housing residence.

---

75 Access to information is a regulatory issue in two senses. First, access to adequate information about choices is essential to the success of consumer protection as an effective approach to regulation in this area. Second, as in some American states and Australia mechanisms for providing information about supportive housing may themselves be legislated (as where a supportive housing statute creates a housing "hotline," for example, or an accreditation system that must make publicly available specified information).

In general, seniors participating in the consultation sessions were very attracted to the idea of supportive housing, but the (perceived) uncertainty about the applicable "rules" made it less likely that they would consider supportive housing as a personal option: uncertainty about costs (in terms of increases and long-term sustainability); uncertainty about when and why one might be asked to leave; and a more generalised uncertainty about what supportive housing was and how it differed from either standard rental or purchased accommodation on the one hand, and nursing home or institutional care on the other. In a standard rental apartment, by way of contrast, the rules were fairly clear; increases in rent might be unwelcome but were controlled and ascertainable, with no possibility of additional "surprise" cost increases as might be the case where services were attached to housing. A renter would be left alone, essentially, and a change in physical or mental condition would only result in the tenant being asked to leave if grounds for eviction set out in the *Residential Tenancy Act* were met (generally and colloquially understood to mean not paying your rent or disturbing other tenants). Supportive housing, on the other hand, might involve rules that would result in a tenant being asked to leave because of some objective change in health status, for example.

From the perspective of potential supportive housing consumers, therefore, "the rules" that apply to supportive housing need to be clear and easily knowable. This overall objective should inform all approaches to regulation- legislated standards, consumer protection, and accreditation.

2. Responses from professional stakeholders

Professional stakeholders provided very little feedback in the second phase of consultation (only four responses were received). This low participation rate may be attributable to a number of reasons related to specific developments in British Columbia occurring at or around the time that consultation was underway. The government in British Columbia had recently made decisions about the kind of regulatory regime that would be implemented in the province, following a period of public consultation and policy research. Individuals associated with that process may have felt uncomfortable about commenting on which approach or approaches were "better" in light of the fact that the government had already chosen a "best" approach. Other professional stakeholders who had participated in the first phase, understanding that the decision had already been made in British Columbia (with little chance for additional effective input on the choice of regulatory approach), may have concluded that participation in the second phase of consultation for this research was no longer relevant. "Consultation fatigue" on the part of professional stakeholders may also have been a factor, following the process leading up to the B.C. decision.

The more complex questionnaire (compared with the questionnaire used in phase 1) may have been perceived as cumbersome and tedious to complete. Again, the investigator attempted to make the questionnaire as straightforward as possible, but the subject matter itself is complex and the kinds of distinctions required added to the complexity of the material.

The responses from professional stakeholders may be summarised as follows:

Professional stakeholders emphasised the need to avoid reproducing the "licensing model" (entailing a large number of detailed regulations) in supportive housing. The licensing model was both expensive and unnecessary ("Clients using these services are capable of choice and comment. They are not as vulnerable as those in care facilities and do not need the protection afforded by a paternalistic model").[76] Standards should be the minimum to ensure health and safety. Any legislated standards should apply to all forms of assisted living whoever the provider ("profit orientation or government funding source have nothing to do with propensity to give good service or bad service. All providers should be subject to the same UNBIASED oversight.")[77] One respondent noted that different standards for "assisted" living and other supportive housing residences would frustrate the goal of aging in place ("it's important to maintain as much flexibility as possible to accommodate differing community needs and solutions while having key minimum standards").[78] Another respondent, identified as executive director of a non-profit private housing provider, commented that minimum standards should be legislated for assisted living only, and that the "supportive housing" category was too broad for the purposes of regulation.

One respondent expressed concern about a "complaints driven" system of oversight/inspection (the scheme contemplated by the proposed legislation in British Columbia) as insufficient for older consumers. "Most seniors I know wouldn't dream of/dare to complain for a wide variety of reasons- they don't want to bother anyone, fear of reprisals, they don't know how, etc., etc."[79]

The responses from professional stakeholders indicated some support for a "stand alone" comprehensive statute (the American approach) as relatively clear and facilitating the consumer's access to information about the "rules" ("I feel that by breaking the housing arrangement into several bits and pieces (different statutes) it is very difficult for consumers to access 'complete' information not to mention the cost of hiring a lawyer to find the information and then act on it for the client, at the client's expense.")[80] One respondent suggested that the issues listed as associated with supportive housing were best addressed within existing legislation, (marketing/disclosure should be addressed in the *Real Estate Act*; building quality/design features should be addressed in the *Building Code*; medication administration and storage, complaints, inspection, staff and dispute resolution should be addressed in the *Assisted Living Act*[81]; ownership issues should be dealt with in the *Strata Property Act*; and issues associated with life lease should be addressed in the *Real Estate Act*).

Participating professional stakeholders generally indicated approval for accreditation schemes,

---

76 Respondent identified only as working on "issue with seniors and providers."

77 Respondent identified as "development consultant and advocate for seniors and for housing providers."

78 Regional health authority housing manager.

79 Respondent identified as a housing manager for a regional health authority.

80 Respondent indicated as provider of legal information for seniors as part of a program administered by a seniors organization.

81 Referring to the *Assisted Living Act* in British Columbia, which will set regulations for "health and safety" issues within "assisted living" only.

as complimentary to legislation ("helps consumers with choice").[82] One respondent commented that empowering provider groups (the Ontario "ORCA" model) to build and maintain accreditation schemes would avoid unnecessarily cumbersome and expensive government bureaucracy; provider groups had the necessary knowledge to act in this capacity.[83] A "non profit society" was preferred by another respondent, also citing the need to keep costs in check.[84] A respondent identified as executive director of a non-profit private housing provider did not support industry self-regulation, favouring the non-profit society or government accreditation model.

VIII. CONCLUSIONS

Participants in the 1999 British Columbia Supportive Housing Review's consultations[85] expressed concern that unnecessarily high mandatory standards ("heavy" regulation) would increase the costs of supportive housing to the extent that it would become unaffordable for most people. There was also "strong agreement" that requiring supportive housing to meet care facility licensing standards would reproduce the institutional "look and feel" of those facilities so as to frustrate the objective of supportive housing- to provide seniors with an alternative to unnecessary and unwanted institutionalisation.

Participants also expressed concern, however, that "light" regulation (i.e.: no special regulation outside of generally applicable legislation such as residential tenancy statutes) was inadequate and inappropriate given the special characteristics of supportive housing for seniors (combining housing and services) and the special needs of supportive housing residents.

The task for regulators is to find a middle way between a "light" and a "heavy" approach to regulation which will facilitate supportive housing for seniors that is both appropriate and affordable. The following conclusions are, in the opinion of the researcher, justified on the basis of this research.

A. Alternate approaches to the regulation of supportive housing

Special regulation is required to improve and maintain standards in supportive housing while protecting the rights and interests of residents. A single comprehensive supportive housing statute that would combine aspects of both a consumer protection and a minimum legislated standards approach is, in the opinion of the researcher, the most effective approach to legislation in this area. A system for accreditation, as a non-legislated form of regulation, would also compliment and be compatible with a comprehensive supportive housing statute.

---

82 *Supra* note 77.
83 *Supra* note 76.
84 *Supra* note 77.
85 "Local government and community views," *Supportive Housing Review* at 8.

1. No new regulation

For the purposes of this research, "regulation" was used to mean regulation outside of currently existing mechanisms, including legislation (residential tenancy legislation, for example). Feedback received in connection with this research indicated that existing regulation was not sufficient. Special regulation of supportive housing is justified by its special nature as housing with services, and by the particular characteristics of seniors as supportive housing residents.

2. Accreditation

"Accreditation" describes a system in which governments or other authorized organisations develop standards for particular issues (i.e. physical environment, personal care services, meals, staff training), evaluate supportive housing residences with reference to those standards, and issue certificates of accreditation to residences complying with those standards.

Accreditation schemes have been embraced in a number of jurisdictions as an effective method of maintaining standards, either in place of legislated standards or as a compliment to minimum legislated standards. Proponents of accreditation maintain that accredited residences will be more attractive to consumers and therefore more successful than non-accredited residences, a form of market regulation that will over time involve most providers in accreditation schemes by making it profitable to do so.

Effective market regulation is only possible where consumers are able to exercise real and meaningful choice, however. This requires:

- Real alternatives (taking into account affordability and location) and a consumer group that has access to information about those alternatives, and;

- No special factors restricting the consumer's ability to exercise choice. A frail individual may find it difficult to vote with his or her feet; moving in itself can be a difficult, even traumatic, process for older adults.

One fear is that cost will be the dominant factor driving seniors' housing choice and that the unaccredited "rogue" will be preferred over the superior accredited provider if the cost is lower. Tying accreditation to public funding is one approach to this problem.[86]

The low level of knowledge among seniors about how to access information about supportive housing (indicated in phase 1 of the consultation) is also problematic; accreditation requires a fairly high degree of consumer input in that consumers must be aware of the scheme, and know how to access information about it. Pro-active methods of connecting consumers to information

86 See, for example, Australia's Aged Care Standards and Accreditation Agency scheme.

may be a pre-requisite for effective regulation through accreditation (see Section B, "Supplements to Regulation," below).

3. Consumer protection legislation

Consumer protection legislation protects the consumer's right to receive the type and level of services promised by the provider, without mandating what must be provided (as where minimum legislated standards apply). It is a matter for each residence to decide what kinds of services it will offer, but complete information about those services must be provided to all prospective residents, and services cannot be subsequently changed without notice. Requirements about notice periods before cost increases or other changes are examples of a consumer protection approach.

The special characteristics of supportive housing consumers might justify specific consumer protection which would clarify for both consumers and providers the nature and scope of their rights and obligations.[87] Realistic notice periods (giving older adults the opportunity to respond to impending change) may need to be longer than notice periods that would be adequate in other settings; older adults are more likely to find changing residence a more difficult process than younger persons. The question of housing choice is also relevant; the older consumer's choice of affordable, local supportive housing is likely to be much narrower than the younger consumer's housing options. If a supportive housing resident does not want to accept the change, does he or she have somewhere else to go?

The question of whether entry and exit criteria, costs, and other issues should be regulated through a consumer protection approach which would allow residences to set their own standards or whether minimum legislated standards (that would apply to all residences) should apply is a policy decision. It may be appropriate, for some or all issues, to draw distinctions between "assisted living" and other forms of supportive housing. Consumers of assisted living are less likely to be able to exercise real choice between housing alternatives. Other consumers or potential consumers may choose between supportive housing and other forms of accommodation, with home support as needed as well as between different supportive housing developments. Residents of assisted living will have much less choice, most likely limited to other assisted living developments in their area. Assisted living residents will generally be less mobile than other supportive housing residents, and less likely to move.

A model contract and consumer checklist protect consumers by helping individuals to make informed choices. If older adults are less likely to move than others if not satisfied with their housing choice, extra information input *before* that choice is made makes a positive outcome more likely.

---

87 Arguably, all consumers' rights to receive what they have purchased are already protected by the common law and by consumer protection legislation.

4. Minimum legislated standards

Legislated standards set out minimum standards that must be met by all supportive housing residences to which the law applies (the scope of application will be stated in the legislation). If a residence does not meet those standards, it will have broken the law and will be penalised (it could be shut down, or fined and give a stipulated amount of time to conform to the legislated standards, as provided for in the legislation). Legislated standards may be more or less detailed (there may be minimum standards for all issues associated with supportive housing, or for only a few).

Reproducing the institutional licensing model through comprehensive and detailed legislated standards is not a feasible alternative- supportive housing is being developed as an *alternative* to institutional living. One possible approach to regulation is to legislate minimum standards "lightly," however, on certain core issues, and regulate other issues through different means such as accreditation or a consumer protection approach. Minimum standards would ensure that residents of a "rogue" operation opting out of a voluntary accreditation scheme would enjoy a basic level of protection. Beyond those minimum standards, market regulation enforced by an informed consumer group would keep standards high.

One objective of the first phase of consultation ("Assessing the Issues") was to create a ranking that would identify those core issues. No clear hierarchy that would serve as the basis for a list of "core" issues emerged, however. The responses indicated a generally high level of concern about almost all of the issues enumerated in the questionnaire, with the exception of the "special tenure" issues and provision of palliative care. Two issues emerging as particular concerns (on the basis of comments in addition to scale rankings)- costs and information- are the least likely to be effectively regulated through legislated standards.[88]

The question of cost will depend to a great extent on policy decisions about appropriate levels of subsidy. Regulating costs directly (stating a cost formula in regulations pursuant to legislation) is a rigid approach and not conducive to the development of private sector housing. Another legislative possibility is a prohibition on "excessive" costs, as in certain American statutes. *Controlling* cost increases (the circumstances under which costs may rise), as opposed to the absolute level of costs, is most appropriately dealt with through consumer protection provisions.

Of the remaining enumerated issues "building quality and design features," "entry and exit criteria," the listed "services," and "oversight/inspection" may appropriately be subject to minimum legislated standards. "Disclosure," identified as an "information" issue and which deals with the information a provider is obliged to give to a prospective consumer is best dealt with through the model contract and/or "checklist" approaches. The "special tenure" issues should be dealt with in separate legislation or discrete parts of a comprehensive supportive

88 Although cost is, of course, intertwined with the question of regulation to the extent that housing will become more costly for the consumer (or, where the consumer's costs are subsidised, for the public) where extra costs are created by the demands of regulation.

housing statute.

Legislated minimum standards in any of these areas will impact residents' ability to "age in place," and the extent and kind of this impact must be considered. Simply put, standards regarding building features, services (including staffing), and inspection that are sufficient at the "lower end" of the supportive housing range may be less adequate at the "assisted living" level. The issue of exit criteria- when and why a resident may be asked to leave- deals directly with the question of aging in place.

Note that building quality and design features will already be subject to the minimum standards set out in the building code. The question for policy makers is whether special standards are required and, if they are, whether they belong in a building code or in the kind of "stand alone" supportive housing statute recommended below.

5. Comprehensive supportive housing statute model

A comprehensive supportive housing statute would include within one statute all regulation applying to supportive housing (including legislated standards, consumer protection provisions, and any mechanism for accreditation). A comprehensive statute would apply to all supportive housing for seniors, regardless of sector involvement (public, private for-profit, and private not-for profit). Supportive housing for seniors should be defined as housing with services that is provided specifically for older adults.

This alternative is based on the relative clarity of the single statute approach, for providers, consumers and their advocates, and for policy makers. This clarity, in turn, should promote coherent and consistent development of "the rules," both within and among Canadian jurisdictions. Coherent national development is important for two reasons. First, consistency avoids the need to constantly "reinvent the wheel" as jurisdictions are able to discuss their experiences and learn from each other's mistakes. These processes require the development of a common language around supportive housing, a development that is made more difficult where supportive issues are dealt with among multiple statutes and authorities within a single province. Second, seniors are mobile, and retirement or age related lifestyle changes may trigger a move closer to family members or to a warmer climate. The current widely divergent approaches to the regulation of supportive housing in Canada, divided between different regulatory instruments within provinces, can create a formidable information challenge for the potential consumer who wants to move from (for example) Toronto to Victoria.

A model comprehensive supportive housing statute is outlined below. The model does not specify which issues should be dealt with through legislated standards or consumer protection provisions. That choice is ultimately a policy decision.

The model statute contains nine parts:

Part I: Definitions

Part II: Rights and responsibilities of residents

- Residents council
- Residents' bill of rights

Part III: Rental accommodation (tenure issues, including):

- Permitted rent increases
- Conditions under which a manager may enter a resident's unit
- Permitted grounds for eviction
- Dispute resolution

Legislation may provide that general residential tenancy legislation will apply, or set out rules that will apply only to supportive housing.

Special provisions under this Part that may apply to "assisted living" only, as defined under Part I, above ("Definitions").

Part IV: Supportive housing where purchased as a condominium (tenure issues).

Legislation may provide that general strata or condominium legislation will apply as is, or set out special rules that will apply only to supportive housing with regards to specific issues such as (for example):

- Restriction of rentals
- Eviction by strata council
- Dispute resolution
- Permitted costs and fee increases

Special provisions under this Part that may apply to "assisted living" only, as defined under Part I, above ("Definitions").

Part V: Supportive housing where provided through a life lease (tenure issues)

Legislation may provide that general life lease legislation (where applicable) will apply as is, or set out special rules that will apply only to supportive housing with regards to specific issues.

Special provisions under this Part that may apply to "assisted living" only, as defined under Part I, above ("Definitions").

Part VI: Mandatory standards (general)

Provisions to apply whether unit rented, leased or purchased as a condominium.

Could apply to:

- Building standards and features
- "Exit" criteria (permitted reasons for asking a resident to leave) and responsibilities of housing provider to arrange for alternate housing
- Inspections
- Services (meals, housekeeping)
- Staffing
- Complaints procedures
- Dispute resolution

Part VII: Mandatory standards (assisted living)

Assisted living, as defined in Part I, is likely to include special services such as personal care. The kinds of services provided in "assisted living" may be defined with reference to the service itself (for example, assistance with medication), or with reference to the intensity of the service received, which will reflect the level of frailty of the resident.[89]

Part VII would regulate services provided in assisted living only, and may also include legislated standards that would apply in assisted living only. For example, the policy decision may be to enact legislated standards with regards to staffing ratios in assisted living only, and not in supportive housing generally, or (where a ratio is legislated for supportive housing generally) a higher ratio in an assisted living setting. It may be considered desirable to require an assisted living provider to arrange alternate accommodation for a resident who has been legitimately asked to leave, but policy makers may conclude that providers of supportive housing generally should not be required to do so.

This structure allows for the most appropriate regulation, recognising special needs of the assisted living population. Meals may be properly classed as a "hospitality service" for residents of other kinds of supportive housing, but have important health implications for frailer assisted living residents. Legislative standards may be unnecessary and overly cumbersome in the first context, a necessary protection in the second.

Part VIII. Information to be provided to resident

89 The approach being taken in British Columbia.

A prospective resident (tenant, purchaser or lessee) must be provided with an "information kit" detailing services that:

1. must be purchased as a condition of tenancy, leasehold or ownership
2. optional services that may be purchased
3. costs of each service
4. period of notice required to increase costs of a mandatory or optional service (minimum three months)
5. any existing "house rules"
6. information about staffing policy (number/ratio of staff; training or qualifications required, if any) and period of notice required to reduce staff ratios or remove training/qualifications requirements (minimum three months).
7. number of meals available daily, period of notice required to alter number of meals available daily (minimum three months)
8. internal complaints procedure
9. how to access external complaints procedure (if resident is dissatisfied with or feels uncomfortable using internal complaints procedure)
10. policy of residence regarding receipt of home care, including level of care; period of notice required to alter policy (minimum one year)

The information kit must also include information about any legislated standards applying to services provided (i.e. content and quality of meals, requirements regarding staffing ratios, complaints/dispute resolution procedure established by statute, etc.).

Part VIII: A checklist of questions to be provided to prospective residents must include the following:

- Have I fully discussed my decision to enter a supportive housing residence with my family, friends, physician, or a public advice body? Are other options possible, i.e. home care, meals-on-wheels, community social services?
- What discussions have I had with residents of the supportive housing residence I have chosen? How did they rate the quality of services and accommodation?
- Will the lifestyle of the residence (including social activities and religion) suit me?
- What are the rules with regard to visitors and live-in guests?
- How will I have to adapt and alter my existing lifestyle to comply with the regulations and restrictions of the residence (about smoking or pets, for example?)
- What system is in place for the resolution of disputes?
- Are the residents actively involved in making "house rules"?

- Have I sought advice on the documents relating to the supportive housing residence I have chosen from an appropriate source (a lawyer or legal advice clinic)?

- Under what circumstances can I be moved to a different part of the residence? Do I know and agree with the procedure?

- How can the provider terminate my occupancy? Do I agree with the procedure and what are my rights?

- Is my long term occupancy at the residence secure?
- What protection do I have if the residence is sold to another organisation?
- Am I aware of and can I afford to pay all regular costs and any extraordinary costs which can be imposed on me? What arrangements can be made if I can't meet future costs?

- How do the terms and costs of the supportive housing residence I have chosen compare with other assisted living residences?

- Will the unit, building and site be accessible if I become disabled and need a wheelchair or walking aid? If not, can modifications be made easily?

- What services specially designed for older people does the residence provide, e.g. nursing care, access to nursing care, an emergency call system? Do these services meet my present needs and what I expect will be my future needs? Are the precise services that I require and their cost clearly described and included in the contract? Are additional services that I might need in the future clearly described, including their costs, in the contract? Is the method for cost increases clearly explained and provided for in the contract?

- What financial and accommodation alternatives do I have if I become too frail to live in the supportive housing residence I have chosen?

- What type of public and/or private transport is available?
- Are pets permitted?
- How accessible are the local shops to my present and future needs?
- [if purchased as a condominium] Are the residents actively involved in decisions concerning the level of maintenance and services provided, their cost, and how those costs are to be varied in the future?

- [if purchased as a condominium] What are the restrictions on the sale of my unit?
- [if purchased as a life lease] What are the restrictions on the sale of my unit?

- [if provided through a life lease] Do I understand the meaning of "life lease"? Do I understand how a life lease differs from an ordinary condominium purchase?

Part IX: Scheme for Accreditation

This section would describe any scheme for accreditation adopted, and the body or bodies responsible for implementing it. Accreditation should be a prerequisite for receipt of government funding (government funding also becomes an incentive for accreditation).

B. Supplemental approaches to regulation

Four supplemental approaches to the regulation of supportive housing for seniors[90] emerged through the course of this research. These supplemental approaches would enhance each of the approaches to regulation listed above (i.e.: accreditation, consumer protection legislation, minimum legislated standards, the comprehensive supportive housing statute, and no new regulation).

1. National best practices guidelines

A National Working Group on Supportive Housing made up of stakeholders at the national level, both with and outside of government, would be established to create "best practices" guidelines. The Group could be modelled on the Assisted Living Workgroup created by the United States Special Committee on Aging.

As provinces across Canada consider the question of regulation, a National Working Group would facilitate the sharing of experiences and avoid the unnecessary duplication of steps. It is currently difficult to make inter-provincial comparisons, in part because of divergent terminologies, in part because of different approaches taken with regards to responsibility (the question of which government department or body is responsible for the development of supportive housing, including the issue of regulation). The question of responsibility is further complicated where responsibility is divided between departments or bodies; while this may make sense from the administrative perspective of a particular province, it does make collation and comparison of information more difficult.

2. Supportive Housing "Centre of Excellence"

A Supportive Housing Centre of Excellence with responsibility for organising research in this area and creating practice models could serve as an information resource for all provinces,

---

90 Initiatives which cannot be described as "regulation" but which nevertheless would improve the quality of supportive housing and the access of consumers to information.

avoiding unnecessary duplication of effort.

A university based "centre of excellence" (the Centre for Sheltered Housing Studies in the UK provides one model) would build on the work of the National Working Group described above in item 1. The Centre would create a model "Code of Practice" for accreditation. Policy makers could then choose to incorporate the model Code into a provincial accreditation scheme or to use elements of the Code as the basis for a provincial scheme. The Centre could also serve as a focal point for the continuing exchange of information and experiences across Canadian jurisdictions.

Although regulation of supportive housing is a provincial and territorial responsibility, the issues and concerns raised in each jurisdiction are substantially the same. A Centre of Excellence could play a useful role in helping to develop models, guidelines, and best practices that could be applied in all jurisdictions. The Centre of Excellence would follow on and develop the initial findings of the National Working Group (development of a National Centre for Excellence in Assisted Living was recommended by the Assisted Living Workgroup in the United States).

3. Elder ombudsman

Each province could appoint an "elder ombudsman" with responsibility for seniors housing issues and also, possibly, with a mandate to hear and respond to other concerns. The objective is to create a "one stop shop" easy to access source of information and contact point for making complaints, and resolving disputes and other kinds of problems. If economically feasible, a system of seniors' advocates could operate out of an ombudsman's office. This approach to complaints and dispute resolution could also take these matters outside of a legislated standards approach (although the ombudsman's office may be created within a comprehensive supportive housing statute).

Considerable support for an elder ombudsman system was expressed by professional stakeholders and seniors during the consultation carried out as part of this research. An elder ombudsman system currently exists in the United States.

4. Information database and seniors' hotline

Information- how to find out about supportive housing options, and the rules that apply- was identified as a significant concern for the seniors consulted. The requirement that information be easily accessible cannot be overemphasised. Existing services providing excellent resources were well known among the professional stakeholders, but much less well known by seniors participating in the consultation.

A central information database could be established, building on existing resources such as the Seniors Housing Information Project in British Columbia. The information database should be accessible through the internet and a seniors housing "hotline." Seniors would be able to access

immediate information on supportive housing available in their area of interest, including general information about costs and suitability (including any rules about conditions of residency). Information must be easy to access. Potential residents of supportive housing would also need to be aware of how and where to find the information they need (through advertising, for example).

C. Conclusion

Regulation applying to supportive housing for seniors must be as clear as possible. Seniors need to understand what rules apply, and how those rules are implemented and enforced.

This research indicated significant confusion, especially among seniors, about the supportive housing alternative. How was supportive housing different from "nursing homes"? How was supportive housing different, if at all, from "ordinary" housing? Did supportive housing refer only to publicly funded housing, or to housing provided by the public and the private sectors? Many seniors expressed an interest in the idea of supportive housing, but needed more information and were at a loss about how to obtain it.

This research also encountered many, confusing differences between Canadian jurisdictions that made the process of comparison a difficult one. Policy makers require greater clarity in this area in order to share information and learn from developments in other provinces.

Affordability was a key concern for many seniors participating in the consultation associated with this research. Some senior participants had dismissed supportive housing as a viable alternative for them because of a perception that its costs would be unaffordable. Further development of supportive housing will be frustrated if the costs associated with regulation limit the ability of the public and non-profit sector to provide supportive housing, and make it unprofitable for the private sector to do so without charging very high prices.

Less costly forms of regulation that rely on market forces (the ability of consumers to vote with their feet by choosing accredited residences, for example, or choosing to move after receiving notice of cost increases) must be accompanied by information initiatives such as the database and hotline described above, and a commitment to providing a reasonable quantity of supportive housing for seniors. The market is illusory where uninformed consumers are unable to choose between housing options; more and higher legislated standards are then required to protect the rights and interests of supportive housing consumers, especially those in assisted living.

BIBLIOGRAPHY

A. Legislation

Australia

Aged Care Act 1997 (Cth), no. 112.

Fair Trading Act 1987 (NSW), no. 68.

Fair Trading Act 1987 (WA), no. 108.

Fair Trading (Retirement Villages Code) Regulations 1992 (WA).

Retirement Villages Act 1999 (Qld).

Retirement Villages Act 1999 (NSW), no. 81.

Retirement Villages Act 1987 (SA), no. 46.

Retirement Villages Act 1992 (WA), no. 34.

Retirement Villages Act 1986 (Vic), no. 126.

Retirement Villages Industry Code of Practice Regulations 1989 (NSW).

Retirement Villages Regulations (NT), no. 35, 1995, Schedule 2 (Retirement Villages Code of Practice).

Retirement Villages Regulations 2002 (SA), no. 7, Schedule 3 (Code of Conduct to be Observed by the Administering Authority of a Retirement Village).

Canada

Act respecting health services and social services, R.S.Q., c.C-12.

Charitable Institutions Act, R.S.O. 1990, c. 9.

Charitable Institutions Regulation (General), R.R.O. Reg. 69.

Civil Code of Quebec, C.c.Q.

Community Care and Assisted Living Act, S.B.C. 2002, c. 75.

Community Care Facilities and Nursing Homes Act, R.S.P.E.I. 1988, c. C-13.

Community Care Facilities and Nursing Homes Regulation, P.E.I. Reg. EC391/84.

Health and Community Services Act, S.N.L. 1995, c. P-37.1.

Health Services and Social Services, An Act Respecting, R.S.Q. S-4.2.

Homes for the Aged and Rest Homes Act, R.S.O. 1990, c. H-13.

Homes for the Aged and Rest Homes Regulation (General), R.R.O. 1990 Reg. 637.

Housing and Special-care Homes Act, R.S.S. 1978, c. H-13.

Housing and Special-care Homes Regulations, Sask. Reg. 34/66.

Personal Care Home Regulations, N.L.R. 15/01.

Personal Care Homes Act, S.S. 1989-90, c. P-6.01.

Personal Care Homes Regulations 1996, R.R.S., c. P-6.01, Reg. 2.

Private-service Home Regulations, R.R.S., c. R-21.2, Reg. 2.

Residential-service Facilities Regulations, R.R.S., c. R-21.2. Reg. 1.

Residential Care Facilities Licensing Regulations, Man. Reg. 484/88R.

Residential Services Act, S.S. 1984-85-86, c. R-21.2.

Residential Tenancies Act, C.C.S.M. c. R119.

Residential Tenancies Act, R.S.S. 1978, c. R-22.

Residential Tenancy Act, S.B.C. 2002, c. 78.

Social Housing Accommodation Regulations, Alta. Reg. 244/1994.

Tenant Protection Act, S.O. 1997, c. 24.

United Kingdom

Housing Act 1996 (U.K.), 1996, c. 52.
Care Standards Act 2000 (UK), 2000, c. 14.

United States

Alabama

Ala. Admin. Code § 420-5-4.01 et seq. (1998). Assisted Living Facilities.

Ala Code § 22-21-20 et seq. (1998). *Licensing of Hospitals, Nursing Homes, & Other Healthcare Institutions.*

Alaska

Alaska Stat. § 47.33.005 et seq. (1962-1999). *Assisted Living Home*.

Alaska Admin Code, Tit. 2, § 42.010 et seq. (April 1999). *Administration: Assisted Living Homes.*

Alaska Admin Code, Tit. 7, § 75.010 et seq. (January 1999). *Health & Social Services: Assisted Living Homes.*

Arizona

1998 Ariz. Legis. Serv. Ch. 178 (S.B. 1237). Assisted Living Facilities.

Ariz. Admin. R. & Regs. § § R9-10-1501 et seq. (West 1998). Supportive Residential Living Centers.

Ariz. Rev. Stat. Ann. § § 36-401 et seq. (1998). *Health Care Institutions.*

Arkansas

1999 Ark. Act 1181 (Approved 4/7/99). *Protection- Long Term Care Facility Residents.*

Ark. Code. Ann. § § 20-10-101 et seq. (1987-1997). *Long Term Care Facilities & Services.*

California

Cal. Code of Regs., Tit. 22, § § 87100 et seq. (West 1998). *Residential Care Facilities for the Elderly.*

Cal. Health & Safety Code § § 1569.1 et seq. (1997-1998). *Residential Care Facilities for the Elderly*.

Colorado

6 Colo. Code Regs. § § 1011-1 et seq. (1999). *Residential Care Facilities.*

Colo. Rev. Stat. § § 25-27-101 to – 112 (1998). *Personal Care Boarding Homes.*

Connecticut

Conn. Agency Regs. § § 19-13-D105 et seq. *Coordination, Assessment, and Monitoring Agency Licensure Regulations.*

Conn. Gen. Stat. § § 19a-490 to –560 (West 1998). *Health Care Institutions.*

Delaware

Del Code, Tit. 16, § § 1101 et seq. (1998). *Nursing Facilities & Similar Facilities- Licensing by the State.*

Del. Reg. § § 63.1 et seq. (1998). *Assisted Living Agencies.*

District of Columbia

22 D.C. Municipal Reg. § § 3400 to 3442. *Community Residence Facilities.*

D.C. Code Ann. § § 32-1301 to – 1462 (West 1999). *Healthcare & Community Residence Facility, Hospice and Home Care Licensure.*

Florida

Fla. Admin. Code. Ann. § § R58A-5 et seq. (1999). *Assisted Living Facilities.*

Fla. Stat. Ann. § § 400.401 et seq. (1998). *Assisted Living Facilities.*

Georgia

Ga. Code Ann. § § 31-7-1 et seq. (1982-1998). *Regulation & Construction of Hospitals & Other Health Care*.

Ga. Code Ann. § § 31-8-130 to –139 (1982-1998). *Remedies for Residents of Personal Care Homes Act*.

Ga. Comp. R. & Regs. § § 290-5-35.01 to 35.32 (1998). *Personal Care Homes.*

Hawaii

Haw. Admin. Rules § § 11-90-1 et seq. (1997; not published). *Assisted Living Facilities.*

Haw. Admin. Rules § § 11-101-1 et seq. (1997; not published). *Adult Residential Care Homes*.

Haw. Rev. Stat. Ann. § § 321.15.1 to –15.62 (West 1999). *Dept. of Health: General and Administrative Provisions*.

Idaho

Idaho Admin. Code § § 16.03.22.000 et seq. (West 1999). *Licensed Facilities/Certified Homes*.

Idaho Code § § 39-3301 et seq. (West 1999). *Idaho Board and Care Act*.

Idaho Code § § 39-3501 et seq. (Wet 1999). *Residential Care for the Elderly*.

Illinois

1999 Ill. H.B. 427 (Passed 5/27/99). *Assisted Living & Shared Housing Act.*

Ill. Admin. Code, Tit. 77, § § 330.110 et seq. (1999). *Sheltered Care Facilities.*

Ill. Rev. Stat. Ch. 210 § § 35/1 et seq. (West 1999). *Community Living Facilities Licensing Act.*

Ill. Rev. Stat. Ch. 210 § § 45/1 –101 to /3A-101 (West's Smith-Hurd 1998). *Nursing Home Care Act, amended* 1999 by the *Assisted Living & Shared Housing Act*.

Indiana

Ind. Admin. Code § § 410:16.2-5-1 et seq. (1999). *Residential Care Facilities.*

Ind. Code Ann. § § 16-28-2-1 et seq. (West 1999). *Licensure of Health Facilities.*

Iowa

321 Iowa Admin. Code § § 27.1- .13 (West 2000). *Assisted Living Programs.*

Iowa Code § § 231C.1-.5 (West 2000). *Assisted Living Programs*.

Kansas

Kan. Admin. Regs. § § 2839-144 to 2839-174 (1999). *Licensure of Adult Care Homes.*

Kan. Stat. Ann. § § 39-923 to –953b (1999). *Adult Care Homes Licensure.*

Kentucky

900 Ky. Admin. Regs. § 2:050 (not published).

900 Ky. Admin. Regs. § § 20:008, :031, :036, :041 (not published).

Ky. Rev. Stat. Ann. § § 216-510 to –593 (1998). *Health Facilities & Services- Long Term Care Facilities.*

Ky. Rev. Stat. Ann. § § 216-610 to –780 (1998). *Health Facilities & Services – Housing for the Elderly*.

Louisiana

La. Admin. Code, Tit. 48, § § 7901-7933.

La. Rev. Stat. Ann. § § 2151-2163 (1998). *Adult Residential Care Licensing Law.*

La. Rev. Stat. Ann. § § 2171-2175 (1998). *Medicaid Funded Adult Residential Assisted Living Pilot Project.*

Maine

Code Me. R. § § 10-144-113-500 to 10-144-113-5140.3 (1999). *Licensing & Functioning of Assisted Living Facilities.*

Me. Rev. Stat. Ann., Tit. 22, § § 7801-8005 (1999). *Facilities for Children & Adults.*

Maryland

Md. Code Ann., Health-Gen. § § 1-101 (1978-1998). *Definitions.*

Md. Code Ann., Health-Gen. § § 19-1801 et seq. (1978-1998). *Assisted Living Programs.*

Md. Regs. Code, Tit. 10, § 7.14 (1999). *Assisted Living Programs.*

Massachusetts

Mass. Gen. Laws Ann. ch. 19D, § § 1-18 (West 1999). *Assisted Living.*

Mass. Regs. Code, Tit. 651, § 12. *Assisted Living Residence Application and Certification Procedures and Standards for Assisted Living Residences.*

Michigan

Mich. Admin. Code § § r400.1401- .2567 (1999). *Adult Foster Care Licensing Rules.*

Mich. Admin. Code § § r325.1801et seq. *Homes for the Aged.*

Mich. Comp. Laws Ann. § § 400.701 et seq. (West 1999). *Adult Foster Care Facility Licensing Act.*

Mich. Comp. Laws Ann. § § 333.20106(3); 333.21301-.21333 (1998). *General Provisions-Homes for the Aged.*

Minnesota

Minn. Stat. Ann. § 144D.01 et seq. (West 1998). *Housing with Services Establishment.*

Minn. R. § § 4655.0090- .9900 (West 1999). *Boarding Care Homes: Operation.*

Mississippi

Miss. Code Ann. § § 43-11-1 to 43-11-27 (West 1999). *Institutions for the Aged or Infirm.*

Miss. Reg. § § 1201.1 et seq.

Missouri

Mo. Code Regs., Tit. 13, § § 15-15.012 to .052 (1991; not published).

Mo. Code Regs., Tit. 13, § § 15-18.010 to .020 (1995; not published).

Vernon's Ann. Mo. Stat. § § 198.003 to .186 (West 1999). *Omnibus Nursing Home Act.*

Montana

Mont. Admin. R. § § 16.32.902 to .922 (1995; not published).

Mont. Code Ann. § § 50-5-101 to –1107 (1993). *Hospitals & Related Facilities.*

Nebraska

Neb. Admin. R. & Regs. § § 175-4.001 et seq. (1999). *Regulations Governing Licensure of Assisted Living Facilities.*

Neb. Rev. Stat. § § 71-20, 115 to 71-20,117 (1998). *Assisted Living Facilities.*

Nevada

Nev. Admin. Code § § 449.156- .276. *Residential Facility for Groups.*

Nev. Rev. Stat. § § 449.700 - .730. *Medical & Other Related Facilities.*

New Hampshire

N.H. Code Admin. R. He-P § § 805.01 et seq. (not published). *Supported Residential Care Facilities.*

N.H. Rev. Stat. Ann. § § 151:1 et seq. (1995). *Residential Care & Health Facility Licensing.*

New Jersey

NJ Admin. Code, Tit. 8, § § 43-1.1 to –2.2 (West 1999). *Standards for Licensure of Residential Health Care Facilities.*

NJ Stat. Ann. § § 30:11A-1 to –14 (West 1999). *Residential Health Care Facilities.*

New Mexico

N.M. Admin Code, Tit. 7, ch. 8, part 2 (not published). *Adult Residential Care.*

N.M. Stat. Ann. § § 24-1-1 to –22 *Public Health Act.*

New York

N.Y. Comp. Codes R. & Regs., Tit. 18, § § 485-495. *Adult Care Facilities.*

N.Y. Soc. Serv. Law § § 2, 460 – 462-b. *Residential Programs for Adults.*

North Carolina

NC Gen. Stat. § § 131D-2 to –4.3, 131D-19 to –34 (1994-1999).

North Dakota

N.D. Admin. Code § § 33-03-24.1 (not published).

N.D. Cent. Code § § 23-09.3-01 et seq. *Basic Care Facilities.*

Ohio

Ohio Admin. Code § § 3701-20-01 et seq. *Licensing of Adult Care Facilities.*

Ohio Rev. Code Ann. § § 3721.01 et seq. *Adult Care Facilities.*

Oklahoma

Okla. Admin. Regs. § § 310:663-1-1 et seq. (1998). *Continuum of Care & Assisted Living Rules.*

Okla. Stat., Tit. 63, § § 1-890 et seq. (1998). *Continuum of Care & Assisted Living Act.*

Oregon

Or. Admin. R. § § 411-56-0000 to –0090 (1999). *Assisted Living Facilities.*

Or. Rev. Stat. § § 443.400 - .640, .880 - .991. *Home Health Agencies; Residential Facilities; Hospice Programs.*

Pennsylvania

62 Pa. Cons. Stat. § § 101-1053. *Public Welfare Code.*

55 Pa. Code § 2620.1 et seq. *Personal Care Home Licensing.*

Rhode Island

R.I. Gen. Laws § § 23-17.4-1 et seq. *Residential Care & Assisted Living Facility Act.*

R.I. Rules § § R23.17.4-SCF et seq. (not published). *Residential Care & Assisted Living Facility.*

South Carolina

S.C. Code Ann. § § 44-7-110 et seq. (1998). *State Certification of Need and Health Facility Licensure Act.*

S.C. Code Ann. § § 41-81-10 et seq. (1998). *Bill of Rights for Residents of Long-Term Care Facilities.*

S.C. Code Regs. 61-84 (1998). *Standards for Licensing Community Residential Care Facilities.*

South Dakota

S.D. Admin. R. § § 44:04:01 et seq. *Medical Facilities.*

S.D. Cod. Laws § § 34-12-1 et seq. *Regulation of Hospitals & Related Institutions.*

Tennessee

Tenn. Admin. Code§ § 1200-8-9.01 to .13 (1999). *Standards for Assisted-Care Living Facilities.*

Tenn. Code Ann. § § 68-11-201 to –253. *Health Facilities & Resources.*

Texas

Tex. Admin. Code, Tit. 40, § § 92.2 et seq. (1998). *Personal Care Facilities.*

Tex. Admin. Code, Tit. 40, § § 46.1 et seq. (1998). *Licensed Personal Care Facilities Contracting with the Texas Department of Human Services to Provide.*

Tex. Health & Safety Code Ann. § § 274.001 et seq. (1997). *Personal Care Facilities Licensing Act.*

Utah

Utah Admin. R. § § 432-270-1 et seq. (1999). *Healthy Facility Licensure.*

Utah Code Ann. § § 26-21-1 et seq. (1953-1998). *Health Care Facility Licensing and Inspection Act.*

Vermont

Vt. Stat. Ann., Tit. 33, ch. 71 § §7101 et seq. *Licensing of Nursing Homes.*

Virginia

Va. Admin. Code, Tit. 22, § § 40-71-10 to –700. *Standards for Regulations for Licensed Adult Care Residences.*

Va. Code Ann. § § 63.1-172 to –182.1. *Licensing of Homes for Aged, Infirm, or Disabled Adults.*

Washington

Wash. Admin. Code § 246-316-001 et seq. *Boarding Homes.*

Wash. Rev. Code Ann. § § 70.129.000 et seq. *Long-Term Care Resident Rights.*

West Virginia

W. Va. Admin. Code § § 64-14-1 to –10 (not published).

W. Va. Code § § 16-5D et seq. *Personal Care Homes.*

Wisconsin

Wis. Admin. Code § § HFS 83. *Community-Based Residential Facilities.*

Wis. Stat. Ann. § § 46.03.50.01 et seq. *Care & Service Residential Facilities.*

Wyoming

Department of Health, Health Facilities. (1994; uncodified). *Rules & Regulations for Licensure of Assisted Living Facilities.*

Wyo. Stat. § § 35-2-901 to –910. *Licensing & Operations.*

B. Secondary Materials

Aged Care Coalition, *If Only I'd Known* (Sydney: Australian Consumers Association, 1986).

Aged Care in Australia (Australian Government Department of Health and Aging, 2002).

Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002-2012 (Alberta: Alberta Health and Wellness/Alberta Seniors, 2002).

Assisted Living… creating choices for life: A Guide to Developing Assisted Living Programs (Vancouver, B.C.: Fraser Health Authority, 2002).

Assisted Living Federation of America (statement to the Senate Special Committee on Aging), *Assisted Living Re-examined: Developing Policy and Practices to Ensure Quality of Care* (Wash., D.C.: Assisted Living Federation of America, 2002).

Assisted Living Re-examined: Developing Policy and Practices to Ensure Quality of Care, hearing before the Special Committee on Aging, United States Senate, 107th Congress, 2nd session (Wash., D.C.: April 16, 2002, Serial No. 107-24).

Assisted Living Registry Project Consultation (Victoria, B.C.: BC Health Services, 2003).

Assisted Living State Regulatory Review 2003 (Washington, D.C.: National Center for Assisted Living, 2003).

Assisted Living Workgroup, *Assisted Living Re-examined: Developing Policy and Practices to Ensure Quality of Care*, (Interim Report to the United States Senate Special Committee on Aging on April 16, 2002) (Washington, D.C.: U.S. Government Printing Office, 2002).

Charpentier, M., *The Law and the Relationships of Dependency Experienced by Seniors: The Case of Privately Operated Homes for the Aged* (Ottawa: Law Commission of Canada, 1999).

Consumer Consortium on Assisted Living, Choosing an Assisted Living Facility: Considerations for Making the Right Decision, 2d ed. (USA: Consumer Consortium on Assisted Living,

Department of Health, *Residential Care, housing, care and support schemes and "Supporting People": A Consultation Paper* (London, UK: 2001).

Edelstein, Stephanie and Gaddy, Karen, *Assisted Living: Summary of State Statutes* (American Bar Association Commission on Legal Problems of the Elderly) (Public Policy Institute, 2000).

Hawes, Catherine, Rose, Miriam and Philips, Charles D., *A National Study of Assisted Living for the Frail Elderly: Results of a National Study of Facilities Executive Summary* (Myer Research Institute, April 1999).

Lightman, Ernest S., *A Community of Interests: The Report of the Commission into Unregulated Accommodation* (Toronto: Queen's Printer, 1992).

Mancer, Kate, *Life Lease Housing in Canada: A Preliminary Exploration of Some Consumer Protection Issues* (Ottawa: CHMC External Research Program, 2003).

Mollica, R.L. and Jenkens, R., *State Assisted Living Practices and Options: A Guide for State Policy Makers* (USA:, Robert Wood Johnson Foundation, 2001).

Murray, C., *Supportive Housing for Seniors: The Elements and Issues for a Canadian Model* (Ottawa: CMHC External Research Program, 1988).

Mandatory Standards for Member Retirement Homes online: Ontario Residential Care Association <http://www.orca-homes.com/Mandatory_Standards.PDF>.

National Academy of Elder Law Attorneys, *White Paper on Assisted Living* (USA: National Academy of Elder Law Attorneys, Public Policy Committee, 2001).

National Advisory Council on Aging, *The NACA Position on Supportive Housing for Seniors* (Ottawa: Gov't. of Canada, 2002).

National Centre for Assisted Living, *Assisted Living State Regulatory Review 2003* (Wash., D.C.: National Centre for Assisted Living, 2003).

Report on the Operation of the Aged Care Act 1997 (Australian Government Department of Health and Aging, July 2002-July 2003).

Report on the Operation of Retirement Villages and Other Types of Older Persons Accommodation in Tasmania (Hobart, Tasmania: Law Reform Commissioner of Tasmania, Government Printer, 1994).

Report- Retirement Villages, 1987 (New South Wales Department of Consumer Affairs, 1987).

Residential Care, housing, care and support schemes and Supporting People: A Consultation Paper (London: Department of Health, 2001).

Social Data Research Inc., *Supportive Housing for Seniors* (Ottawa: CHMC External Research Program, 2000).

Spencer, Charmaine, *Assisted Living Agreements: A Brief Review of Terms and Other Considerations* (Vancouver, B.C.: Gerontology Research Centre, Simon Fraser University, 2000).

Spencer, Charmaine, *Consultation Paper on the Modernization of Residential Tenancy Legislation in British Columbia* (Vancouver, B.C.: Gerontology Research Centre, Simon Fraser University, 2002).

State of Maine, 120th Legislature, *Final Report of the Commission to Study Assisted Living* (December 2001).

Toronto District Health Council, *Building on a Framework of Support and Supportive Housing in Toronto: Supportive Housing Services for Seniors* (Toronto: Toronto District Health Council, September 2002).

With Respect to Old Age: Long-term Care – Rights and Responsibilities, A Report by the Royal Commission on Long Term Care (London, UK: 1999).

A LEGAL FRAMEWORK FOR SUPPORTIVE HOUSING FOR SENIORS: OPTIONS FOR CANADIAN POLICY MAKERS

Volume II: Appendices

Prepared for:
Canada Mortgage and Housing Corporation
External Research Program
Project Manager: Luis Rodriguez

Prepared by:
Canadian Centre for Elder Law Studies
1822 East Mall
Vancouver, B.C.
V6T 1Z1
Principal Investigator: Margaret Isabel Hall, LLB., LLM.

March, 2005

This project was funded by Canada Mortgage and Housing Corporation (CMHC) under the terms of the External Research Program, but the views expressed are the personal views of the author and do not represent the official views of CMHC.

A LEGAL FRAMEWORK FOR SUPPORTIVE HOUSING FOR SENIORS: OPTIONS FOR CANADIAN POLICY MAKERS

Appendix A

Assessing the Issues
(questionnaires with responses)

APPENDIX A: Assessing the Issues (questionnaire with responses)

Professional stakeholders

1. Access to information

13 ratings received (ratings refer to importance of issue on scale of one to ten)

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
			1					2	3	7

Would you know where to find information about supportive housing that is available in your community (including information about features such as costs, available services, entrance/exit policies, etc.)?

Yes: 14
No: 0

If your answer was yes, please explain:

- Contact seniors organizations and local government but would have to do some legwork on my own

- Responsible for program area. Writing policies and procedures, promotional materials

- I would probably contact the Seniors Housing Information Program. But I believe that the information is very difficult to come by, in particular how one goes about getting into a supportive housing development

- In my professional position and in my volunteer board position, I have access to the information on non-profit housing. Additionally, I am quite familiar with S.H.I.P. who provide excellent information. What I am not familiar with are the for-profit housing and their accountability to whom?

- Generally through published material. i.e., NPHA, CMHC BC Housing. However attempts to gain information outside lower mainland very frustrated by the cost of securing detailed information, ownership, operating budgets, income and expense, staffing, level of supported services when I have attempted to secure it through Health Regions. The CMHO's decline to provide, citing FOI &Privacy Act. Even when successful, charges to be imposed block access i.e., up to 2500 to get list of projects and ownership within a health region. Little appreciation by Health Regions of the need to provide published information on projects, their features, level of service, staff qualifications, etc.

- The first place to look for any kind of information on housing for seniors is the SHIP directory/website

- Entrance and exit policies not yet entirely clear. Significance: important both for the tenant and the landlord

- Seniors' One-Stop information service. Seniors' advocacy groups. Municipal social planners

- Use of government websites; BCNPHA; housing contacts & networks like Lower Mainland Network for Affordable Housing; regional & municipal websites & contacts

- Seniors Housing Information organization in Burnaby or inquire from Fraser Health Authority

- HCC assessors would be my starting point, as they have information about a variety of services and facilities

- By contacting the local health unit. Seeking assistance from a social worker. SHIP - Richmond Seniors Advisory Committee - Housing Subgroup. BC Housing Website

- Yes. Through SHIP and the SHH Coalition

Can you identify other issues associated with access to information about supportive housing?

- Lack of common terms for types of housing. No comprehensive source of information on all supportive housing within the region

- Information becomes somewhat confusing as the program continues to evolve within Ministry of Health Services as it is being implemented in the community

- There is no central database. Authorities do not have information on the available affordable options, as far as I know

- For-profit is what is seen in the media and newspapers. This is about marketing and sale not necessarily about quality environments and caring

- CMHO's within the regions do not see their job as providing information, but blocking it. Very little appreciation about the public's/consumers need to know. In most cases, information is not even compiled in a way that is helpful to consumers. Responses to requests by CMHO's, likely to individual client orientated biases, with public health considerations given minimal priority. When requesting information about any specific services, Health Regions refer to the

"process" for intake, to which the consumer is subject, but not to the information informed consumers require. While characterized by the Regions as a "client centered" approach, the approach is patronizing and uninformative to consumers or providers. Basic things people need to know that are difficult to secure except through costly FOI requests:

1. project location
2. who owns the project
3. the project budget
4. the level of staffing of a project by type of discipline or qualification
5. record of non-compliance
6. criteria for referral
7. Health or wellness programs or services operating within a building i.e., meals, personal care services
8. levels of funding
9. pricing of services or charges to consumers

Generally written requests for such information on not responded to altogether. When they are the information is denied, or deemed to require a formal FOI request. When the request pursuant to FOI is made, the charges vary Considerably, but are generally beyond reach of consumers or non-profit societies

- As with all issues related to access to information, the most difficult hurdle for people who need the info is starting; knowing where to start and getting enough help, encouragement, information to proceed

- The public is not yet clear what settings qualify for this label. The legislation limits the services to 2 "skills" which will create flexibility problems, especially for someone who can direct their own care, but is very physically limited

- Family of seniors may not live in the community and may, therefore, have trouble locating the above sources. Also may rely on advertising by private operators

- Connections and impacts related to the health side of supportive housing and the lack of protection for residents under the Residential Tenancy Act

- The art of aggressive marketing, the lack of provincial regulations and standards, Act calls for: promote health, safety and dignity of tenant - this seems to be standard requirements for rental facilities generally. Regulations and standards are set by a patchwork of jurisdictional differences so one would have to go to several places to get the full picture (no identifying information)

- If not regulated, how will consumers and health care professionals know about them or be able to recommend them. Lack of clarity / confusing terminology / enormous potential for misinformation

- Access to information about housing choices is very important, people need to make good choices. Information provided should be complete with range of services provided, cost, exit policies. In other words full disclosure to enable the consumer to make wide choices

2. Building quality and design features

12 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								5	4	3

What design features, if any, do you consider to be essential in a supportive housing setting (barrier-free access, ramps or grab bars, for example)?

- Must accommodate people with mobility needs (walkers, wheelchairs), sight and hearing impairments. Privacy and control of own space. Room size and layout sufficient to be comfortable for spending ½ to 3/4 of the day in

- Barrier-free, completely accessible for persons with disabilities; social and amenity space, storage, scooter parking space, access to outdoor gardening space

- Grab bars, barrier-free, common amenity space, areas for services to be brought in (such as a hairdresser, foot doctor, public health nurse for flu shots etc.), kitchen (at least ability to prepare light meal, tea coffee, keep snack food available), bathroom, in-suite storage and additional storage

- PROFESSIONALLY regulated design where the correct health professional provides the FINAL word on basic safety features. Having seen a "consultant" being the final word and the resulting potentially dangerous outcome for the placement of the bathroom grab bars for the bath and toilet, it is imperative that the correct health care professional be the last word. Regulatory standardization of what must be within the apartment for safety reasons should have been developed. This would include non-slip bath tub surfaces, type of flooring, drop-arm grab bars for the toilet, temperature of the hot water, lever-type faucets and door handles, height adjustable toilets (hydraulic or electrical), walk-in bath tub with seat, delay sensor in watt lighting. These are just examples based upon the literature and what needs to be provided for ageing in place

- 1. Good quality kitchen and sufficient eating area to provide for future "aging in place" opportunities for residents.
  2. Fire safety features, i.e. sprinklers, clear signage for exits, visual and auditory alarms, in building and suites.

3. Stationary grab bars in bathrooms with solid/plywood backing to joists. Swing grab bars at toilet.
4. Wheelchair turning radius in all rooms, particularly kitchens and baths.
5. Swing out pocket doors in bath to avoid blockage if occupant falls.
6. Flush thresholds (1/4") at thresholds to unit patios, all outside areas.
7. Wiring in place for later installation of automatic door opening devices in suites / building to allow accessibility for mobility impaired.
8. Door illumination at unit door entries for visual identification of entry.
9. Levered handles at doors to units; panic hardware at public doors for ease of access/egress
10. Card reader releases for hardware at suite entries, (face read, not inserted)
11. Bathroom design so that showers/tubs have accessible, easy to operate controls that can be manipulated from outside wet area without other appliances blocking access.
12. Adaptability in kitchen design., i.e. space for side opening fridge; wiring for stove top and wall oven, pantry for storage.
13. All doors need to accommodate wheelchairs.
14. Elevator needs to accommodate emergency crew and gurney.
15. Friction and visual demarcation strips on stairs.
16. Barrier-free flooring materials, ie glue down low level loop carpet or hard surface flooring
17. By-pass doors for closets for ease of opening rather than bi-folds
It is extremely important to design features that encourage and support casual mingling of the residents. The National Building Code and other regulations can take care of the physical barriers and safety requirements but mutual help and support among/between residents is critical

- Enough space in dining rooms, lounges etc. for people to gather including guests and with the expectation of walkers and wheelchairs not just chairs. These spaces need to be part of the “residential” component. It also means it can be a resource for a neighbourhood. Significance: Enough space for changes over time

- All those noted in the example, plus outdoor access, privacy, common space, wheelchair showers & accessible tubs, non-mobility accessibility provisions

- Barrier-free access, ramps and grab bars, obstacle (step over) to shower, beds away from walls for easy access and making, level hallways and good lighting

- Wide corridors, barrier-free access re. mobility aids, fire sprinkler systems and smoke detectors, non-slip flooring, grab-bars and elevators

- All of the above: Large bathroom suitable for wheelchair (aging in place), shower for wheelchair, safe flooring, good lighting, allowing pets, emergency contact system, communal space, planned space for scooters/ wheelchairs, height adjusted counters. As outlined by the Richmond Guideline Report.

- Barrier free access regions, grab bars, ability to turn wheelchair around in bathrooms and in other areas. Wider hallways, large enough well lit elevators for multiple users in walkers. Good lighting alarms, good security systems. Must have a well designed and practical evaluation plan

- Universal/adaptable design, barrier-free (including lobby and common area not just apartment units)

Are you personally aware of any examples of physically unsuitable buildings being presented as supportive housing suitable for seniors?

Yes 13
No 8

If your answer is yes, please explain how and why the building was unsuitable

- Unsuitable ceramic floor front entrances that become a slipping surface when wet. Poor lighting and in fact dark. No room in the bathroom to turn. There are other features, but I am not at liberty to reveal

- Most commonly encountered problems: Sidewalk curbs with pedestrian cuts at compound angles, tipping wheelchairs. Sidewalk barriers, i.e. breaks in concrete causing tripping, lighting stands on walkways, sign posts on walkways, planters on walkways. Ramps too steep; absence of flat resting/turning areas at intersections of walkways or turns in walkways. Absence of accessible garbage areas or accessible containers. Riders at door entry threshold making unit outdoor space or balconies inaccessible. Absence of serviceable kitchen. Absence of visual and auditory emergency (fire) systems and elevator control systems which do not provide sounds for floors. Absence of (accessible) automatic door openers at building entries. Side-mounted cooktops, or back-mounted for stoves, causing occupant to reach across hot surfaces for regulating appliances. Inappropriate flooring material i.e., plush carpet resulting in tripping and/or wheelchair inaccessibility. Toilet often located blocking water controls to tubs without having to get into the tub to use controls. (Prefer barrier-free showers to tubs, although there is a string user preference for combo units.) Freezers at top of fridges inaccessible from wheelchair. Lack of vertical cabinetry (pantry) leaves food/storage inaccessible. Cabinets doors with small knobs or no pulls rather than D-pull handles. Lack of pull out cabinet shelving, leving lower cabinets inaccessible

- Building in Victoria was utilized and not accessible. No sprinkler system and heating units at bed height with bed shoved up against heating unit. Addition to house had been added without building permit. Demented residents, no secure entry/exit

- A planning application with bathrooms not wheelchair accessible was presented to the RSAC and was not endorsed

- There was some buildings with poor lighting, small elevators, old building tend not to be barrier free. Elevators won't fit stretcher. Also no colour variation on different floors

3. Affordability

12 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
							1	1	2	8

If you are a provider, what *kind* of regulations (regarding meals, staffing, or building design, for example) do you believe would compromise your ability to provide an affordable product?

- The greatest area initially seems to be cost of the building so that "compromises" or cuts are done to meet this first

- "Affordability" is relative to who benefits and who pays. If affordability is a function of income and you have low income then any cost reduces affordability. As a provider, if income is sufficient to cover costs, then the product is affordable. As a provider there are only two sources of income: the individual and government.

- There are two components to development: Capital and operating. Capital is retired over time, and in a non-market environment is reduced. Operating is a function of who is served over time, and that changes. The question for policy makers is: Do you want to build (any pay for) the same thing twice; or, do you want to something once that can adapt to the changing circumstances of the occupants. The distinction between supported and assisted living creates two categories of buildings with different operating requirements: assisted and supportive housing. This requires people to move when their circumstances change, and requires two separate (capital) building programs serving the same population. This is the major impediment to "affordability" for the society resulting in a shortage of appropriate shelter when required for an ageing population group. On the operating side, the spilt results in a regulatory and administrative gap. Housing authorities provide housing. Health authorities provide staffing for the in situ population; and results in a regulatory (staffing) environment for assisted living projects inappropriate for a mix of occupants. The consequence is that many "seniors" projects have occupants who do not live in a physical environment capable of sustaining them i.e., no provision for common

kitchen, or services, and cannot move because there is no place to go appropriate for changing needs except an assisted facility, for which the level of assistance is higher (by regulation) than may be necessary for that person. I am aware of existing supported developments in which 30-50% of the resident population is in this circumstance, and new developments which will be in that situation in 10 years.

- To match capital (building) and operating (staffing) requirements with changing requirements of people is the challenge. I believe part of the solution is to build new shelter with provision for changing circumstances of the occupants and in which the staffing is tailored to the level of change, rather than people changing buildings in order to access a different order of staffing. If the latter, the capital costs are doubled, and the operating requirements over-built with a service gap between them, one of which is supported by regulation (assisted living and the other not (supported housing).

- This suggests that investment should be greater in capital facilities at the outset for supported living to achieve the building infrastructure suitable for a high level of assisted support so that it can adapt to the ageing requirements, with provision for the physical service requirements. Staffing should then be geared and adjusted to the level of support needed by assessment of those changes. This requires a deft regulatory approach both in initial building requirements and the level and qualifications for staffing and the mechanism for adjustment. This also means that the building agency for non-market (BCH) should reposition itself to serve as the vehicle for all health related shelter product. The Health Authority will need to adjust its delivery to a more flexible approach to staffing and space requirements as well,, in consultation with providers, and show some flexibility in terms of provision of physical space for various functions. The “licensing” approach can serve as an appropriate mechanism

- The more prescriptive the program, the more it can become onerous. The other issue is if the program is expected to be all things to all people. So the variety per meal has to be too diverse; the activity programming has to meet too many different types of tenants’ needs etc. The tenants are supposed to be able to “direct their own care” so should have choices in these areas - not prescriptive plans. Significance: Funded settings will have fixed budgets - expectations have to relate to that

- Lack of appropriate housing subsidy and lack of protection of housing tenure. The thin line between “frail elderly” and the need for health and other care services. Since the least expensive supportive living situation I have seen is $1,500, it does not meet the needs for seniors with low income and a need to home care and home maker services

- Regulations describing standards that call for a level of care to endure the health, safety and dignity of people in care. No protection for extra billing for extra care

needed in times of health problems - multiple demands in cases like flu require extra staff of caregivers and tenant cannot pay for this help

- Unionized staffing, lack of flexibility among staff (inability to multi-task), installation costs - special diets. Capital equipment - special equipment. Funding and maintenance of equipment. Compulsory full board (all meals) too restrictive

Can you identify other issues associated with affordability?

- The need for providers to meet economics of scale vs. the desire of residents to consume only the services they want

- There is an issue of the cost of supportive housing as compared to the other settings that provide care or assistance with daily living. It should not be less expensive to reside in a long term care facility than in supportive housing

- Development cost charges of municipalities do not recognize the public interest of housing/health related facilities, resulting in charges that are up to 20% of a units capital cost

- Flexibility is an important element to build in to the facility - people need the flexibility to purchase the supports they need and believe to be priorities

- Seniors may view themselves as unable to pay because they are still saving for a future that has now arrived or to leave an inheritance for others rather than use it for their own health and social needs. So "affordability" can be a perception rather than a reality. The tenants may object to paying for a component of service when they actually can afford to do so

- Other issues include: kicking seniors out on the street when their money runs out, government subsidies that do not keep up with the cost of providing services, skewing health assessments to fit income rather than need, "unbundling services" and attempting to blackmail families for money, overcharging for services, charging for services not delivered, substituting services eg. blenders instead of false teeth

- No disposable income!

- No stipulation in Act about subsidy if person cannot pay the going rates. 30% of income on rent plus a set amount for meals. There should be regulations on costs that can be charged over and above the contracted services. The person in care is a tenant who must take care of all other need

- Choice - consumers making own decision about suitability of housing. Conformity not necessary - people need choices

- Affordability is the key determinant when choosing housing. Affordability must be considered for moderate income seniors as well as low/modest income. The question of how assets will impact eligibility too must be considered. All seniors must have access according to ability to pay

- Stay away from a la carte. Service prices should be subject to the same limitations as rent increase (ie once a year, 90 days notice, explanation for price increase)

4. Marketing/Disclosure

10 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1	1		3	4	1

Do you know of any cases where there was a discrepancy between promotional material and the supportive housing actually provided? Please provide details [if yes].

- Some services advertised have not been provided, or withdrawn later. Extra charges withheld when resident leaves. Life lease projects offer guaranteed buybacks but can't honour the promise

- Only in market developments, by observation

- Yes some marketing material was sketchy in the services provided. In an interview with a manager of a facility many questions could not be answered about what was part of the rental contract and what had to be paid for example laundry, extra baths, etc. and what extras provided in facility would cost

- Yes. residents/families have occasionally called to complain and are very surprised at all of the extra fees they must pay

- Optional private caregiver and nursing devices were supposed to be available and were not for a period of time. Often do not tell the whole story not enough info provide ie. Cost/extra costs etc.

Do you know of any cases where promotional material omitted important information? Please provide details [if yes].

- They usually don't mention the conditions under which a resident can be required to leave

- Yes. Level and qualification of staffing
- You will note that the ads, brochures almost never explain the exact cost. They sell the sizzle, not the price. Companies do not "advertise" their records in places (Colorado) where nursing homes are "rated"
- Some promotional materials omit cost. Or extra charges for extra service
- Not personally but several second hand incidents

Can you identify other issues associated with marketing and disclosure?

- Promotional materials cannot be expected to disclose every aspect - there must be full disclosure in any agreements that are signed between the resident and the management
- The central issue is who regulates. The Sup. of finance would not be my candidate. The Health authority would be, and they don't currently do a very good job at it for non-market developments on any front
- It would be important to be as explicit as possible so there are no unrealistic expectations by either tenants or their families especially in terms of what is funded by health, by BC housing and by tenant. Significance: Big
- There needs to be more protection for people who need some support in daily living as they can easily be deceived or given poor or insufficient information. Moving from an independent living in community and into a supportive situation brings stress and inability to protect oneself
- Entry/exit criteria may not be clear. Some residents/families are not aware that they cannot "age in place"
- Insufficient information, difficulty with writing contracts. Loop holes for hidden costs. Costs.

5. Contracts/Agreements

12 ratings received (total)

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1		1	3	2	5

Have you identified problems in connection with contracts/agreements in a supportive housing (eg. vagueness, confusing language, inconsistency, omissions, etc.)?

Yes 6
No 3

If your answer is yes, please explain

- Written largely in favour of the operator; residents' rights not given much consideration

- I am not personally aware of this issue, but have certainly heard about it from others

- Too many different definitions and interpretations as to what this type of housing is. Unclear expectations on both sides. If this is to truly be their home, then query reason for not including ability to have a pet

- Most seniors are like most people, incapable of understanding legalese and the fine print. Agreements are signed on the basis of presumed trust, not legal examination

- There is no protection of housing tenure and other tenant issues as seniors who live in supportive housing are not covered under the *RTA*
- Vagueness - in an interview with a manager could not get a clear description of what was included in the rent

- Too vague

- Increases in service charges are not usually mentioned in agreements and this can be a problem, and yes they are often vague and confusing and very lengthy. Legaleze is often used and they are often inconsistent and omit important information.

- Still too new. We are working to ensure stability of tenure. If a resident's needs increase beyond the assisted living level, then there should be protection from eviction until appropriate care is available. In the interim the health Authorities MUST provide the ADDED CARE

6. Eligibility/Entry and Exit Criteria

13 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
									6	7

In your experience, is this issue a cause of current problems?

Yes 10
No 2

If your answer is yes, please explain

- Don't think most contracts spell this out clearly enough or that providers make a point of explaining it

- Not only is there sometimes a problem between the resident and the provider about whether to accept or evict, there can be serious issues with the Health Authority to enable a resident who no longer is capable of living independently, to find more suitable accommodation

- They are renters; therefore, there needs to be VERY clear reasons for exclusion and removal

- See above, the absence of representation agreements means a loss of ability to arrange the appropriate care in consultation with an individuals selected "trustees"

- "Aging in place" and how to accommodate it has been a perennial issue. We need to be more flexible and creative in working with people to identify housing solutions that work for them

- It is significant in order to ensure not only the individual tenant is in the most appropriate setting but also that they are compatible for the others also living there - the individual and group's needs both require consideration since they are sharing more common space and activity than independent tenants do. It needs to be clear from the beginning what will result in "discharge"

- Issue is not just entry and exit, but also assessment and transfer. As a person's needs increase, how are they identified? How are these needs met? Who monitors and protects the interests of the residents?

- No protection for the resident. Opportunity for "provider" to be selective based on amount of care required, mental capabilities, amount of money the "client" has

- Assisted living is advertised as "aging in place". There is nothing in the Act about the tenants ability to "live independently". What recourse does a landlord/tenant have in a situation like this. Very often the tenant is reluctant to

move and prefers to remain in place in spite of difficulties. Landlord is still responsible to provide facility for health, safety and dignity of person

- Field staff report that there are inconsistencies of practice in who gets admitted and some supportive housing may take in residents that are high needs. Others discharge residents

- Lack of community services, home care, nursing, meals-on-wheels etc.. It is currently difficult for clients with high needs to find placement including those on continuous oxygen or e.g. "difficult" personality

- People can be evicted from supportive housing for vague reasons although their health may require them to have that type of housing

- VERY SIGNIFICANT

Can you identify particular issues associated with entry criteria?

- I have heard of cases where the applicant can convince a case manager that they can live independently, but the family, friends or previous landlord would suggest otherwise

- Admission based on need to fill rather than services that are provided actually are suitable for the person. Too high a care level; however, with the closing of LT care beds and facilities, this population has few choices

- For supported housing projects the entry criteria is established by BC Housing's point score system dealing with housing need. Health needs are not the focus of the criteria

- They seem to be both rigid and vague - designed to suit the provider much more than the consumer

- Difficult to determine the ability of applicant to live independently. The provincial system for caring for those that cannot function independently (in the past there was long-term care provided by the health care system) now many have been closed and dependence is on private capital to provide. If the person cannot afford private facilities the pressure is to put them in Assisted Living

- Entry criteria may vary depending on whether a residence is funded by HCC to provide Assisted Living or is strictly private pay

- Discrimination against some individuals: smokers, pet owners, obese etc. Housing providers might accept clients who do not suit the buildings - services just to fill vacancies. Financial criteria should be required so that residents are not forced to leave because they cannot afford to stay

- Health, smoking, pets. Inconsistent or inappropriate screening tools. Process not enabling, too much cherry picking. Process should be more inclusive

Can you identify particular issues associated with exit criteria?

- Finding a place for residents with heavier care needs to go and minimizing the stress of relocation

- The biggest issue relates to where the resident goes if they are asked to leave supportive housing. They may be a danger to themselves or other residents if they stay, but if the Health Authority will not refer them to a more appropriate facility, the housing provider has a dilemma

- The ability to adequately consult with others requires an agreement between the occupant and the provider to nominate a reference group, or to provide a representation agreement to assure fair treatment and advice. This should be built into the entry agreements

- Exit criteria relates to the ability to meet a tenant's needs in the setting - regarding frequency, cost, risk, level of professional involvement, etc. As well as compatibility with fellow tenants - excessive noise or hostile behaviour for example will result in an inability to preserve peace between neighbours

- Tenant needs more services than they have contracted for and yet cannot afford to purchase these services - where do they go? Can the landlord evict a tenant in these circumstances? What about troublesome tenants? The Act Section 34 (5) says a fee can be charged for filing an appeal - this could be a deterrent

- Exit criteria will vary from operator to operator, as there are no regulations regarding this issue

- Exit criteria may be subjective: two examples: A person was evicted from a facility while in the hospital in anticipation of incoming care needs and costs. A man was evicted because he entertained a visitor from an escort agency. The current appeal process is cumbersome. The current appeal process focuses on clients

- Smoking behaviours. Inability to manage with limited services offered ie. Why should people need to move from supported to assisted. More promotion of aging in place

When a senior must leave supportive housing, is planning for future housing and care needs an important issue?

Yes 12

No 1

If your answer is yes, please explain

- Residents usually have to leave because their care requirements have increased. They usually need help and understanding with the transition

- There would need to be a coordinated effort to ensure someone had a place to go to either in residential care or living independently in a community location if that was person's choice

- Need to have priority in a pre-selected facility as opposed to going into hospital to wait. Re-location stress can actually shorten the person's life

- The uncertainty associated with not knowing where you will be living is a significant barrier to achieving optimum health

- If not done there is a blockage in the system that affects those waiting for a supportive housing place, those waiting a higher skilled setting and impacts on those living with the person needing what the setting can't provide effectively

- Ability to know where you will be going and the need to remain in the community in which you have family/friends. The right to personal preference as to where you live and from whom you receive health and social services

- What happens to that senior? Who is there to help if no relatives or friends? No provision made for affordable long term care - long term care not included in the Act

- Yes, unless the person is returning to their original home, they will need new housing and care to be arranged

- High % of cognitive impairment in this population - residents may not have family support. Care must be available before the resident is asked to leave. Recognition of the trauma associated with re-location stress in this population. Inappropriate hospital admission

- The senior needs to know they have somewhere to go and will not just be evicted onto the street. There must be appropriate housing for seniors/adults who cannot be managed in supportive housing.

7. Services

A number of sub-issues arise within this general category. Please comment on any problems that you have identified or experienced arising under the following headings:

Costs
12 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								3	2	7

Comments

- Residents may find costs increase too high. Residents must pay for a bindle of services, some of which they may not use

- Cost expectations are fairly clear in MOH policies. Variations will occur among service providers and health authority contracts

- Needs for services change, leading to a great deal of uncertainty for both the resident and the provider, if charges relate to services consumed. For example, paying for meals in advance, regardless of whether they are consumed. This is reasonable from the point of view of the provider, but could not be perceived as unfair to the resident

- Additional costs for services like laundry at $10.00 per load. Continence products, wound care products, etc, are at the expense of the tenant whereas is they were in a care facility this is paid

- Problem is that operating agreements with the health authority are not assured, i.e., are annually renewed with the provider, making it difficult to plan on resources being available. Operating agreements with the housing authority are for the life of the project, but only for capital considerations. Health agreements should be provided for, say a 20 year period, both for continuity of planning and leveraging financing

- Costs are frequently not in control of the provider - taxes, insurance, gas, hydro, inflation for supply costs etc. Wages and benefits may be legislated as for home support that result in provider inability to pay without funding adjustment. Significance: Huge if the funding is “fixed”

- If care is broken up into small segments (unbundled) it will dramatically reduce the quality of service and care, increase the cost of administration, provide a way of increasing profits and creating a tiered system of “hotels”. Instead of treating individual human beings, you treat them as a typewriter and only push certain

keys. A number of recent US studies show that those dependent upon welfare health programs get greatly inferior care. The same could well turn out to be true in supportive/assisted living

- Truly low-income and welfare income seniors are not able to be accommodated

- Assisted Living accommodation is either for profit or run by a non-profit society. Private investors are looking for maximum profit so there will be a tendency to cut costs. The way to cut costs is to cut the number and quality of services. Hire untrained lower paid caregivers. Society has demonstrated that they undervalue well trained and educated caregivers. Act only says facility will engage people of good character (a value judgement that can differ widely) who meet the standard for employees specified in the regulations. The question is: whose regulations?

- In the private market, there are no restrictions on costs

- Labour cost high. Paying for individual services will result in very high costs. Cost may be beyond the reach of the average citizen. Unfairness and means testing

- Costs are increasing at an unregulated rate. Costs are for extra services. Lack of appropriate options for seniors. Promote aging in place

- Require protection from residents being "nickel and dimes" to death. Must be affordable (rent + services) (seniors' advocate etc.)

Quality (General)
13 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
						1	1	4	1	6

Comments

- Quality or frequency of services may deteriorate over time

- Quality improvement will be an expectation of service providers by H.A's

- Judging the quality of service can be very subjective, so it will be critical to have some clear standards against which all providers, both private and non-profit can be evaluated

- As project age adequate replacement reserves are required. Replacement planning, using BCH criteria does not take into account major things like piping

which are a substantial single cost that are not within inadequate maintenance budgets

- Even with the right philosophy and good intentions, constraints exist - quality has to be realistic in the expectations of the public
- This is clearly what the emerging policies and regulations seek
- All supportive housing may not be equitable or equal and may deteriorate based on ability of resident to pay
- Quality is not guaranteed in the Act- food can be poor, untrained caregivers etc.
- There are no regulations or enforcement mechanisms to address issues of quality
- Emphasis should be on quality staff and the care being given. Measurable indicators to identify support charges
- Keeping building renovated and up to date with carpenting and paint etc.
- We are concerned that quality monitoring is deficient. Government wants providers to police themselves. Require mandatory accreditation by government body similar to WCB to ensure resident protection.

Meals
14 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1		3	1	4	5

Re frequency

Comments

- Regulations specify 2 meals per day will be provided
- Seems this would be based upon what the resident signed up for. In supportive housing, one hot meal a day could be adequate, whereas in assisted living there would need to be 3 meals plus snacks
- Should have at least a dietitian consultant to review menus
- Need to mandate the number of meals required to be included to make a meal service affordable. If 2 meals a day are needed to be purchased to ensure

adequate options, then the requirement needs to be included. Variety can't be as wide if usage is very limited

- Quality. Provincial cutbacks have already resulted in inferior diets. They are watering the orange juice for example

- Experience is that the schedule of meals may not meet the needs of individuals. Also, a need for unscheduled snacks and beverages is not offered.

- Should be clearly specified in the contract about how and when meals will be served

- No standards/regulations are in place. Food services is one area in which operators can really cut back and this has a huge impact on residents' health. Some facilities may offer only 1 meal per day and charge residents for other meals and snacks

- Option for self-catering menu choices including acceptable choices for ethnic and cultural preferences. Breakfast essential. Choice of no meals. Package deals for food services

- When residents do not have the option of cooking in their rooms meals need to be frequent and flexible

- At least one major meal (not counting sandwiches, snacks) (seniors' advocate etc.)

Re quality

- Nutritional value would be the most important aspect of quality, however it will be important to have tasty and attractive food to ensure that residents eat it

- Should have at least a dietician consultant to review menus

- The per diems set by health authorities for supported projects are not sufficient to provide basic meals. They also vary from authority to authority, with volunteers expected to make up the difference resulting in inadequate funds to deliver. Seniors' projects have generally averred providing meals for this reason, or do so only on an occasional basis

- Quality of food service is crucial - it will be a highlight of the day and a major socialization component

- Generally, good, but takes away the personal preferences of the individual. As well, special needs that are not health related may not be offered i.e. religious

- Meals should be designed by a nutritionist and prepared by certified food handlers and trained cooks

- Nutrition very important. Simple and wholesome food. Pleasant environment. Good staff attitude. Opportunities for socializing

- Residents need to have input into the menus and activities and decisions about their quality of life

- Provision of nutritious food to maintain health and energy. Sufficient quantities to meet daily vitamin requirement

Staff
11 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
						1		1	3	6

Re levels

Comments

- Site Coordinator. Supportive Living Staff. Cook / dietary aids / housekeepers / maintenance workers. Recreation staff / Rehab Staff

- This would also depend on whether it was supportive housing or assisted living. More staff would be required in the latter

- No RN staff for a vulnerable population that requires the knowledge and skill set of this professional to maintain basic health needs. LPN's may be able to do the motor skill however, the knowledge set is far too low for this population. In the interest of saving money, I believe that this has increased the risk for tenants. Recent literature within care facilities and hospital has clearly demonstrated that there is an increase in morbidity and mortality when there is not RN presence

- This seems to be a grey area. Older seniors projects are not receiving staffing except through Health authority community programs, where requested by the sponsor and resulting in sporadic or insufficient service

- Must suit the population of the building

- Needs to be adequate to respond flexibly and not become too routinized because the time lines are too tight. Very significant

- Demoralized, underpaid staff are (amazing!) less likely to provide good care. Families complain that staff turn-over means that no one knows how mom or dad is doing. No continuity of care

- One must assume that staff meets the requirements for their position, but suitability for a care and social employment position is often not part of the requirements. Frequently language and cultural issues and differences are not addressed properly

- Needs to be provincial standards developed

- There are no mandatory staffing levels established through regulations or standards

- Qualified experiences, pleasant, friendly - good attitude. Staffing matched to the needs of the residents. On going education monitoring is essential

- Concern that resident staff ratio adequate to prevent injuries and provide quality care

Re training (for employees)

- Curriculum is being developed and expectation for ongoing education to be arranged

- I think this is a critical aspect for any kind of supportive housing living environment - but not medical training. More important is cultural and psychological sensitivity, as well as the ability to judge when some kind of medical intervention might be required, and who to refer the resident to in such a case

- LPNs functioning beyond their licensed scope of practice because there is nobody to stop this

- Is critical for success

- Need to have personal care attendant training - in a program that has an advisory committee based on the work setting - designed with philosophy of supportive living front and centre

- Sensitivity training is lacking now in seniors care and housing facilities

- Needs to be in regulations - have completed a recognized training program in caregiving and hygiene = qualified nurses and/or LPN

- No mandatory training for staff. Some staff will not even have 1st Aid certificates. No mandatory on-going training in the industry

- Recognized program. Including human relations - understanding of psychological needs like freedom and choice. On going education with funding culturally sensitive education

- Ensure employees properly trained for first aid, lifts/transfers, personal care

Re qualification (as condition of hire)

- Qualified staff replaced by less qualified individuals

- In my mind, this relates to the question of training. Any training program should have to meet certain standards and result in certification or other qualification for the trainee

- Needs to be defined, looked at carefully so that people who are suitable but perhaps only marginally qualified are not eliminated, and likewise, that people who appear to be well qualified but not perhaps suitable do not get all the available jobs

- A must

- What are the standards for positions? This is not addressed properly. What prevents provider from hiring the least qualified for the least salary, rather than the best qualified for the fairest wage?

- No mandatory qualifications

- Essential - experience and/or training with seniors. Set criteria for hiring. Strong / healthy / mentally stable. Criminal record check. Good attitude and approach towards people that need assistance and care

- Have LTC Care-Aide certificate and current first aide certificate

Administration/storage of medication
10 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								4	1	5

Comments

- Covered under separate legislation
- This should only apply in assisted living environments
- Giving the pill is not the issue, it is having the knowledge to know that this is the right drug for this person and to know when to send them back to the primary care provider. 3-5 years of education for an RN vs. 1 year for an LPN does not equate to having the prerequisite knowledge nor skill set
- Not applicable to most supported projects
- "Direct own care" - storage should be in suite. If trying to meet specialized needs such as dementia, need to think out what to do and how. The more centralized the system, the more a "care facility" it becomes and the higher the skill set requires of the staff
- When the medicine cart has medicine for 160 patients rather than 60, and is being administered by someone who started work two days ago, it is probable that more people will get the wrong medicine. But this is cost efficient
- There needs to be a way to ensure that the facility is not simply run as a business, but rather as someone's home. To my knowledge, medication would be stored according to some health board regulations
- Should be administered by qualified nurse or LPN with required training
- Clearly defined accountability - match to client needs - who provides service / cost of service blister packs. Clients encouraged to remain independent as long as possible. Care for those with cognitive deficits
- Properly trained nurse to monitor meds (seniors' advocate etc.)

Complaints procedure
10 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								2	2	6

Comments

- No independent arbiter
- Regional H.A. Complaints policies

- This issue is particularly difficult, as many frail elderly are afraid to rock the boat in case it could threaten their ongoing accommodation. Some kind of advocate or ombudsman role would be one way to deal with this. However, I think any complaints procedure should be transparent to both the resident (and their family) and the provider. It should always be required to begin at the provider level - complaints should not be anonymous, nor should they go to a higher level before they have been commenced at the place where the complaint is based

- To whom does somebody complain? Who has the "teeth" to do something?

- Mediator and ombudsperson preferred because seniors find arbitration an intimidating method of conflict resolution.

- Is there one? No coverage or protection under the Residential Tenancy Act. No choice of care-giver. No choice of where you will live. No ombudsman-like system in the Health Board system. Nothing to deal with disputes between residents. No program for family decision-making or medication

- Protection for persons who report a complaint "if the report is made in good faith" this could lead to endless dispute discouraging others from reporting. Charging a fee (Section 34 (4)©) could be a deterrent

- There is no complaints procedure that is mandatory for supportive housing

- Clearly laid out procedure. Easy to understand and to access. Contract with provider clear, concise and measurable. Accountability of service provider / funder and client must be clear. Process for client advocacy

- Easy access, easy to understand. Timely response

Sufficiency of services available/provided (in terms of aging in place and continuity of care)
11 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								1	5	5

Comments

- Continuum of community care. Services available to everyone in SLP sites

- This is one of the trickiest issues - it involves not just the resident and the provider, but the Health Authority as well. There are cost issues that would either affect the resident or the government, depending on the income level of the

resident. Provider liability will be an issue, whether the provider has the capacity to provide the needed service in the absence of on-site professional staff, and the dilemma of not providing any service when it is clearly needed.

- See above comments on unresponsiveness of current system
- Requires adequate funding and for one or two tenants, it may not be cost effective to continue to increase the service on site. Equipment is also needed is people become frailer
- It appears to me that aging in place is not a reality. The supportive living I have seen is more self-contained oriented rather than providing services that will allow for health deterioration
- This is not dealt with in the Act. Consider the problem of a tenant who cannot pay for extra services and they can only get what is in the contract. What recourse do they have?
- There are no mandatory standards regarding this issue
- Inflexible system. Insufficient funding for contemporary standards of care. Separation of couples. Eviction to a different level of care
- Services when resident requires them not to suit the scheduling needs of managers

Provision of palliative care
10 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
							3	1	2	4

Comments

- Appropriate for regulation - it is a form of health care
- Would be available through Community Health. (public, government, health, RHA)
- Both palliative and hospice care seem to me to require professional staff and as such should be regulated
- Needs to be spelled out from the beginning in the agreement of understanding between the tenant and the facility

- Lack of money for these services, and palliative care should not be available only for aged. Most palliative facilities are seniors' residences, leaving younger people without a place to die in dignity, or for their families to stay with them

- It is important to lay out principles and provide guidelines

- Best left to individual situation and not regulation - same as if in one's own home

- Yes

- Frail elderly should not be placed in palliative/ hospice facilities just because they can no longer live independently. Palliative/hospice care facilities are for people who are dying of incurable illness. The frail elderly are not strictly in this category

- Yes, persons in these situations are extremely vulnerable, and need the protection of the state

- Reality is that people die in place all the time. Supports are needed. Conflict of interest related to standard of care versus cost. Yes, needs regulation

8. Oversight/Inspection

11 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
								4	3	4

Is regular inspection (occurring at regular intervals, ie. not solely in response to complaints) of the housing unit necessary to protect the interests of older adults in a supportive housing setting?

Yes 8
No 2

Comments

- I cannot get information from health authorities for this type of information, including results of inspections, notices issued, frequency etc. (private non-profit, housing provider)

- Not necessarily - if support to advocacy groups, e.g. Advocates for Care Reform, 411 Seniors Centre, etc., and information on standards are available regular

inspections may be unnecessary. In fact, regularly scheduled inspections can contribute to problems going undetected because unethical operators know when to make sure everything is up to standard

- No! The expectation should be that the provider is providing a good service. Family and friends are involved with enough tenants to identify if a problem is occurring. Regular inspections for no reason becomes a costly bureaucratic "make work" project

- Definitely. Requires surprise inspections

How often should inspection take place?

- Every 6 months

- Yearly

- At least quarterly

- At least once per year and more often if poorer conditions found to exist

- At least annually (public, government, health, provincial)

- Suggestions were: semi-monthly, annually and random

Who should carry it out?

- Health authority contact management Program staff

- Team of professional providers that are able to inspect for safety within each of their own realm of practice

- Health authority. Should be government inspectors with powers. Should be based on provincial standards (so that avoid a patchwork). Note: some jurisdictions do grant this role to municipalities, e.g. Sweden, but they have resources (e.g. income tax)

- Independent body

- There should be provincial inspectors working with provincial regulations.

- An independent party - not a provider, there should also be unannounced drop-ins by inspectors

- An independent body set up by the ministry of health, health inspectors, fire and safety inspection. Designated trained individuals. Self-regulation (ie. written self report questionnaires) in response to complaint

Is regular monitoring of services provided/residents' well-being (occurring at regular intervals, ie. not solely in response to complaints) necessary to protect the interests of older adults in a supportive housing setting?

Yes	9
No	1

Comments

- Regular monitoring of performance against agreed on objectives is always a good idea. Residents, family members, other stakeholders must all be involved

- No! Same reason as above. These tenants are supposed to be able to direct their own care and be living in their own suite - just like their own apartment. If they need that much surveillance by outsiders, they should be in a care facility

If yes, how often should monitoring take place?

- Annually or biannually

- Ongoing with incident reporting

- Again, quarterly

- At least annually

- Every three months

Who should carry it out?

- Community health staff who visit tenants at the SLP sites

- Health Authority or proposed registrar

- Licensing body

- Monitoring should have multiple sources: Health Authority. Advocacy groups. Family groups. Resident groups. Professional groups (college of Physicians, etc.)

- Independent body with family member input

- An independent party - not a service provider or peer

- As above. Imperative for seniors who do not have family serving the role of advocate. For review of needs-based funding

9. Dispute Resolution

11 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
							1	3	2	5

Do you think that an independent dispute resolution mechanism is needed for supportive housing examples (outside of the court process)?

Yes: 11
No: 0

Comments

- This is important and needs to be clarified in contract of Service Provider as well as in Tenancy Agreements

- Yes, this should definitely be separate from the court process

- If there was a licensing body, then this would keep it out of the courts

- Only after all mediation and ombudsperson roles have been exhausted

- Absolutely! Along with mediation

- Yes, a process such as a complaints line or an ombudsman style service would be helpful. Maybe an advocacy office

- Yes. Tenant associations to prevent and deal with disputes

10. Special issues arising where supportive housing is purchased by consumers as part of a condominium package

9 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)

			1				1	2	2	3

Are you aware of special issues arising where supportive housing is purchased by consumers as part of a condominium package (where a condominium in a supportive housing complex is *bought* rather than rented)?

Yes 5
No 5

Comments

- Non payment for services is remedied by a charge against the title. If an owner disputes it, they have to launch legal action
- Have heard about this along with the horror stories related to "it is not my responsibility" when the roof leaks because you own it
- Problem is less the ownership of the unit , as it is dealing with potentially escalating costs of services. A large number of seniors living at home are rich in real estate assets, but poor in income. Private operators are likely to try to re-create scams like the "fractionalized interest" housing that will entice gullible seniors (or their families) into parting with their assets
- Strata Councils can make rules that allow for only wealthy members and less frail seniors. They can even create strata rules that discriminate
- People who can afford it buy condominiums that offer the provision of many services that they require in order to live independently
- I am aware of instances where a condominium package was purchased (CPAC) and then one of the owners was made to move into the S/L section as their needs were too high. This was extremely expensive

11. Special issues arising where supportive housing is purchased through a life lease

9 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
			1			1	1	1	1	4

Are you aware of special issues arising where supportive housing is purchased through a "life lease"?

Yes 4
No 6

Comments

- Residents unable to recover their entrance fees. Significant portions of fees held by owner when resident leaves. Residents have no say or control over services fees

- There are some issues related to life leases as a form of tenure, however I do not know of any that are related specifically to supportive housing life leases. The major issue with this form of tenure seems to be the ability of owners to recover their investment from the sponsoring group, especially in downturns in the real estate market

- Private care agreement

- Same as above. Plus, the life lease has no compensation for short term tenure, i.e. the senior dies shortly after moving in and their "estate" is lost to their beneficiary

- The Act provides some protection for prepayments

12. Developing a regulatory system

On the federal level in the United States, an "Assisted Living Working Group," a coalition of consumers groups, providers, policy makers and regulators is working to create national guidelines, to assist the states in developing their own policy/regulatory regimes.

In your opinion, would a similar process be necessary/beneficial in British Columbia?

Yes 11
No 1

Comments

- Both parties get a chance to address their issues and hear those of the other

- BC is undertaking a consultation process to develop regulations

- Yes, it's the only way to go as far as I'm concerned

- No, too long to gain consensus and meanwhile horrors continue to happen

- The coalition should be formed by providers and others outside of government, as was done in Alberta, then a process of negotiation. Otherwise the process will not be done in several years and will be frustrated by government

- As I have expressed above, flexibility and the input of the consumer are critical. These take time to negotiate

- This question is either naive or purposely deceptive. "A coalition" is made up of like minded people (e.g. George Bush/Tony Blair), a "stakeholder group" is made up of different minded people who may or may not be able to reach a compromise on a common issue. What are you talking about? The first question about "stakeholder groups" is who determines who is a stakeholder? The current situation is not propitious for provincial government appointed "stakeholder" groups. Ultimately any effective regulations must be government regulations. Guidelines, accreditation, horoscopes, etc are too dangerous. Suggest examining the current mess in New York State which adopted a plan for self-regulating, profit making, supportive living homes for the mentally ill. Now it is a criminal and financial scandal of major proportions

- The need for a cross jurisdictional and independent body that includes seniors and their families is obvious

- Stakeholders and advocates should be involved to ensure that the Act and regulations provide a good system of care for people who need it. This process should not take much longer than if the government alone produces guidelines and regulations. It would be much quicker than the process described in the Act that has several agencies developing their own

- I think that there are very polarized views on these issues and that a coalition that represents a diversity of interests would be a good mechanism to work towards consensus

- Essential - feedback from a diverse group. Timely local regulations

- Need stakeholder input

In your opinion, would a similar process be necessary/beneficial in Canada?

Yes 9
No 3

Comments

- Common standards are a methodical way of ensuring that a minimum level of protection is being provided to consumers

- I think it would be beneficial, but probably highly impractical, considering the patchwork of approaches currently in practice among the provinces

- Answer was no. Keep the regulators outside of the process except for information, otherwise the process will fail. The US approach to regulation is more consumer oriented, historically and the regulatory approach here lacks accountability / oversight and is not transparent

- It could be helpful as long as the process was not used as a delay mechanism

- Anything that creates a system that works as well as the U.S. should be useful as a negative example. Their care of the elderly is scandalous

- This process would have the benefit of the experience and knowledge of people closely connected with the problems

- Unforseen Problems - standards. Monitoring standards. Guidelines that provide for a safe and effective service

13. Please identify and discuss any outstanding issues not referred to above.

- The government and ministries have instituted this program without any, much less appropriate considerations. It appears to simply be about spending the least amount of money, saving health care dollars and eliminating an overall subsidized housing program.

- The cumbersome process of developing regulations - health regions, direct decision making to local health authorities, public health inspector (extra case load), local governments taking on extra responsibility of shifting of cost from provincial to local tax collectors could compromise service and quality. Affordability is not taken into consideration. No provision for subsidy. Contracting procedure not defined. Why the provision for classes of supportive housing and the discretion on licensing. Needy seniors are no longer the responsibility of the health care system = health services are a la carte for facility residences. This Act deals in the main with the care of children. It appears that not a great deal of thought was put into the protection of the elderly in need of some care. This is not a model for a continuum of care for people as they progress in the aging process. There is no process for a smooth transfer from one type of care to another. It seems that the whole shift from the health care model to a landlord / tenant relationship is a backward step that can lead to additional health problems due to stress and uncertainty

- Balance between the regulations that ensure safe quality care versus escalating costs unrealistically. (public, senior living elsewhere, seniors organisation)

Supportive Housing: Rating the Issues

Seniors Focus Groups

1. Access to information

32 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
				1	1	3	2	8	3	15

Would you know where to find information about supportive housing that is available in your community (including information about features such as costs, available services, entrance/exit policies, etc.)?

Yes: 12
No: 18
(yes and no): 1

Comments

- Yellow pages, booklets put out by the government, City hall. Prices however are not mentioned. Newspapers also advertise [this person answered "yes and no" to the question above]

- I don't need it yet, but in future availability will be very important- level access to front door; near shopping and services; Lionsview Seniors planning society; municipal health services; long term care; local housing advocacy groups

- Member of Lionsview Seniors Planning Society Housing Committee - we have been dealing with these issues

- Would check with health region continuing care staff, blue pages, Citizen's Advice Bureau, phone and likely visit facilities

- I have been involved in action attempting to get New West city actively engaged in creating non-profit housing and am associated with 'Affordable Housing Societies'

- My future may include supportive housing

- I would approach the Seniors Housing Information Program and my local health department

- I never could find any collective information on housing. It took me three years to accumulate the information I now have
- I have no idea - need cost, equipment and services explained; need access to an office or place to inquire
- Newspapers; phonebook; doctor's office; friends etc
- SHIP (Seniors Housing Information Service)
- Community centre, phone directory, friends, individual housing, government offices
- I would contact S.H.I.P. for the list of available developments, and make appointment to visit those in the area of interest.
- Perhaps at a CH seniors centre of library - would like to think that is where one could get info.
- "Burnaby Seniors Outreach" are very helpful with any questions
- I am familiar with the term however housing for seniors is in transition - "Seniors Housing Information Programme" is the closest to solid information
- Senior centres, seniors information agencies, BC Housing
- Ask someone at Renco
- Belong to the seniors centre in my area
- Renfrew Collingwood
- I have 6 information packages
- Information available at seniors centre

2. Building quality and design features

30 ratings received (total)

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
		1	1			3		5	5	15

What building features (handrails in the bathroom, for example) do you think are absolutely necessary for supportive housing?

- Raised toilet seats, railings (washable), tub assists, linoleum floors for wheelchairs, no mats (tripping), separate room thermostats, good lighting, elevator, wheelchair accessible

- Rails in bathroom; wide doorways; lower shelves

- The building should have adaptability - ie. backing in bathrooms to put on rails as needed. Level access to front entrance. Situated within two to three level blocks or stores, transportation, library, doctors'/dentist's offices, elevator, space in apartment for scooter/wheelchair, live-in manager, good lighting in corridors

- Handrails (doors, bathroom/showers); kitchen appliances specially designed for wheelchairs; handrails for bathtub

- It should be built for aging in place, with railings and other safety features, so that the person is and feels to be safe. Baths should have non-slip bottoms, there should be a rail by the toilet and tub. This does not have to be institutional, could be as simple as a well-attached soap dish. Corridors should be well lit, and there should be a change of texture in the floor covering to let people with visual impairment know that they are approaching, for example, a door to the outside

- I think structures should be built in the simplest way with extra features capable of being added as needed. This would be much more economical to build

- Wheelchair accessibility (wide hallways etc) and handrails in bathroom

- No stairs, handrails, wide doorways, space for wheelchair turning, pocket doors

- "All" - including handrails, wheelchair access, scooter access

- Wheelchair accessible sites; walker accessible; wider doorways; handrails in all bathrooms; call buttons in most rooms , for emergency purposes

- Safe, quiet, clean, enough privacy, comfortable, convenient for shopping, reasonable price

- Handrails, elevators

- 24 hour security; emergency contact with office; good lighting; elevators and wheel chair access

- Handrails in bathrooms; some housekeeping; access to at least one meal a day; elevators if needed; activities among residents or access to community activities

- The building and services should have a code to follow
- Handrails; lack of steps; good lighting; security
- Non slippery floor services; areas to sit in showers
- Because I have arthritis, an hand rail in the bath tub would be invaluable both from possible slipping as well as being able to use my arms to get out of a tub
- Safety no.1; cleanliness no.2
- High toilets, grab bars, individual thermostats in apartment, at least one bedroom (not studio apartment)
- Handrails in bathroom, good lighting, round and easy to grasp handrails, handrails in stairways, good running elevators
- Safety, good lighting, facility pet, handrails readily available everywhere, proper heating and ventilation, gardens for walking
- The building design should be such that modifications can easily be made to suit the needs of individual occupants. Needs to the soundly constructed, (no leaks!) With adequate lighting, heat, ventilation, non-glossy surfaces, elevators, security needs met adequately
- Handrails whenever required, bathtub or shower poles and grab bars - wheelchair and walker walkway and near toilet (raised seats), higher cupboards lowered, grab handles for arthritis fingers (on doors of cupboards wherever), security on door entrances, windows also have to have bars on for safety - very important for security, perhaps many more as it unfolds, some outdoor small verandas (as none exist in some of the housing). Have laundry facilities adequate for many folk very important. One bedroom should also be considered and in shared rooms, separate heat control thermostat! Shower or bathtub with shower in every unit for one person or a couple. Properly insulated walls, no noise or next door activities that interfere with one's space below/above/beside. Prefer up to 3-4 stories high, do not like to get a high rise. Option of steps or safe elevator for 3 or 4 floors units
- Easily accessible elevators; well-lit corridors; sturdy door locks; a feeling of security is very important, and the knowledge our building is being kept strictly for seniors
- Light through your front door into hallway for emergency exit; wide doors; cupboards low enough; we have handrails in bathroom; we have rails in hallways and bench halfway up the hall

- Handicap friendly; non-slip handrails; non-slip tub; large elevators
- Handrails along hallways, ample lighting
- Handrails
- Yes very much so. Seniors sometimes have trouble with balance
- Good lighting, handrails, non-slip flooring
- Non-slip surfaces, safe area, roomy hallways, good lighting
- Handrails in hallways and beside toilets. Handgrips in bathtubs and/or walk-in showers. Ramps or elevators between floors
- Seat in shower, handrail in the bathroom, non skid floor in the shower, level drop off entrance, suite near the elevator, concrete building, security at entrance, scooter parking

Are you personally aware of a building being used for supportive housing that was not, in your opinion, suitable?

Yes: 4
No: 35

If your answer is yes, please explain how and why the building was unsuitable (what things about the building did you not like- too many stairs, for example?)

- Steps up/down to front entrance, no elevator, poor corridor lighting, no resident manager
- This was some years ago - doors not wide enough; difficult for wheelchairs; no grab bars in bathtub, etc.
- [X] in Coquitlam was built in the 1960s and intended to last. It is solid concrete. Although best efforts have been used to update it, the rooms are too small, doors too narrow, storage space inadequate etc. The care provided, room and board, personal and light intermediate is good. It is not called supportive housing, although it is close to it for some of its residents
- Ledges at doorways, small kitchens
- I have visited only 2 places and one was quite up to desired standard, a subsidized unit, although very tiny had a bedroom so all the rest fine only 3 stories counting the basement. Had a very well-equipped laundry room also a

small social room to use as tenant like to use for self - group of about 10 to 12, or family

- No drop off, no 2 bedroom suite, too much walking (RC)

3. Affordability

"Cost is/will be the most important consideration in my choice of supportive housing"

Yes: 33
No: 5

Comments

- Independence for as long as possible is very important to me and supportive housing should enable me to maintain this for as long as my mental state permits me. Hopefully I can afford to pay for routine cleaning when needed. Medical needs from Home Base available when and if required

- What our budget can afford for the type of care we would <u>like</u> to have!

- Cost would be one important factor, but location, reputation, staffing, activities etc. are also important factors

- I will be forced to make this the most important factor because of my own limited resources

- Quality of care most important

- Rent annually increased is a worry. What does one do if money runs out? My rent increased after the first year by 40$ per month ($480 per year) for 5 years. It has now gone up by 45$ a month each year, and I'm told this will happen as long as I stay here. I've gone from $1330 per month to $1535 per month in my 6th year, and will increase as years go by. Also there is no painting of the unit or up-grading so long as I stay in this unit

- Limited by pension income

- It is true that it is important, but so is location, facility and options for meals, recreation, transportation, medical care etc

- There is a requirement for public housing so all people can get the kind of care they require. Those with their own money can move into private buildings with more frills

- I do not have a substantial money reserve so this item is very important to me
- Should be government subsidized
- It is no help to anyone if it is not affordable
- Affordability for needs, continuity of needs change, needs met stress-free for client and family, availability of facility
- I volunteer at a seniors' centre and cost is the first thing that is questioned in decisions on housing
- Well we want (middle class care) so whatever it takes to have less or more than one needs and to pay more $. So I feel we can determine if (middle road is fine). If any less than that one should have a choice to upgrade maybe in another complex and therefore be more money
- If the rents become prohibitive, I may have no choice but to move
- Very limited income - subsidized housing is essential
- Because I am a low - income senior
- Cost, of course, what a person's income is, also well built, clean, professionals, elevators, well equipped
- Many other features also

4. Marketing/Disclosure (Advertising)

24 ratings received (total)

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1					1	1	4	1	16

Do you know of any cases where what was provided in a supportive housing was, in your opinion, different than what was advertised or described in other ways?

Yes: 6
No: 26

Comments

- Person found added costs after moving into housing. "Everything was an added cost". Person may not have done enough research before moving into the complex. Seniors need family to assist in selecting any market supportive housing and check any contracts before signing!!

- Glowing terms that don't tell the whole story

- A friend moved from one facility to another because it was less costly. He found out that in a short time the additional expenses of upkeep etc. was more than he expected bringing up his cost in his new facility equal to that of the nicer placed he moved from . It is possible that the place that he moved from had to raise its cost to the guest. He did not know if it was so

- My own agreement says "if the rent should go up" when they knew full well that that was the practice all along. The first increase came 3 months later to start in the 9th month. Paphlets glorify living here. The word "staff" in at least one instance is one (on night duty for 133 suites? I really don't think we have enough staff)

- Government unpredictable

- I have not seen a lot of advertising of "supportive housing". I have only been hearing this term used in the last year

- Have not been involved in any ads or even visits (new to this). Just hear of a few

- Haven't talked to anyone who is a resident in a supportive housing place

- Yes I know this happens

Do you know of any cases where someone asking about a supportive housing was not told things about the residence that you think the person should have been told about (about costs, for example, or number of staff)? Please provide details.

- Person moved in but due to added costs, had to leave within 14 months. Real estate agent was later charged with misrepresentation

- Yes, through misleading advertisements and brochures

- Yes, over run with mice. Not told until the moving day. There was a notice on the fridge on what to do re: mouse sighting

- I know people who had to move because rents were raised and they could not afford the increase

- I'm sure that happens, but this should not be ignored and be checked out in every case. Even if all looks super good. There are guidelines for this and I'm not the expert, but I have some reservations about the private ones trying to cut costs etc. The ending of ones life on earth should be as pleasant and content as possible for good health and enjoy life what everyone of us has worked for and hoped for

- One can only go by word of mouth or reputation

- Everyone should be told about costs, staff etc.

- Yes this is a common occurrence

5. Contracts/Agreements

19 ratings received (total)

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1				1	1		1	1	14

Have you seen a contract or agreement for living in supportive housing?

Yes: 9
No: 27

If yes, was the contract or agreement, in your opinion, straightforward and easy to understand?

Yes: 9
No: 0

If you are the person who was thinking about moving in (or if you did move in) did someone help you with the contract or agreement? Please provide details.

- Future residents may not be able to comprehend it, but it is <u>vital</u> that a family member or friend is able to grasp all the details

- If I were moving in myself, I would probably have the agreement examined by a lawyer prior to signing

- I would have some representative check this out, perhaps anyone I could afford. Notary or a very kind, affordable lawyer to help. Have family members involved also and hopefully we can non stressfully advance to a better life, sharing together

in a congenial residence. Depends how well all this is planned. I'd hope this all be as clear as possible to not have too many or any loopholes for us older folk!

- Property manager interviewed and informed us
- No, I am independent yet
- My son paid the down payment for me as I was living 40 miles away. I did not see the contract until the office secretary called me to the office to sign. I asked to take it to my apartment to read it first. I had one inquiry about an item on it, got a satisfactory answer and then signed it. It was supposed to be a non smoking building but there have been violations by several residents. I'm of the opinion that violations e at times overlooked to keep suites rented! Also animals are now being allowed. Contract says no pets. The manager said the ruled were amended. How can you amend something when there is no law to amend?

6. Eligibility/Entry and Exit Criteria (Getting into and leaving supportive housing)

25 ratings received (total)

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1					2	1	6		15

A supportive housing residence may have rules about who can move in, and when and why people can be asked to leave (rules about eligibility).

Are you aware of rules about eligibility in supportive housing (where you are a resident, for example, or where you have looked into a residence for yourself or a friend or family member?)

Yes: 8
No: 26

If your answer is yes, please explain

- Government rules unclear and constantly changing
- A deal is a deal!
- I am aware that there are rules of eligibility but I do not know what the rules are
- People moving in relatives for friends without permission and staff not acting on complaints

- Need more information about how it operates now
- Every residence requires rules and a means of settling disputes
- Common sense
- Never lived in one - nor known anyone who has
- I had a list given to me by the authority I had to go through (I was long term care at the time) and when I chose several places I wanted to look at I was told by this case worker I did not qualify, that I was not sick enough. I eventually found this place which is near my three children, so it turned out ok I was living 40 miles away at the time
- Just regards to the eligibility to move in is sensible and necessary and why asked to leave? Serious situation of course, hopefully there are not too many. All situations change as one lives and ages with health and medical aspects. May change many things, understanding each case is a challenge, but may be necessary after evaluation
- But it was left to us to play the game and see this building remain for seniors only. It's often abused though, making it very uncomfortable for the other residents
- Been in BC for more than a year (for subsidy)
- Rules concern behaviours, noise, cleanliness, and obeyed rules give all clients comfort and security

Please explain what problems (if any) you feel might be caused by these rules

- The resident and family members should know and understand in advance what these rules are
- Most seniors require help
- I had had a bad stroke and then four years later, the sudden death of my husband. I suffered and still do with anxiety and panic attacks and found everything frustrating. Things are better now, five years later. It was necessary for me to come to a facility that could help me, but they are so expensive
- There will always be difference of opinion so there must be a dispute procedure
- Director of facility rigid and no individual circumstances taken into account

- Not too many, if the rules are flexible enough. There will always be problems and one size does not fit all here. I'm certain the experts in their field will work it out to be quite compatible and acceptable to mist healthy minds. Just hopeful this is a wish for seniors' needs of compassion and support

- Rules cause fear and stress and often ill health

Where someone has been asked to leave supportive housing, do you think the residence should have to make a plan about where that person is going to go next before making them leave?

Yes: 17
No: 0

Comments

- Help in such planning, or contact with a trained social worker willing to work on the situation is important

- Someone should, but not necessarily the operators

- Yes, but this could be very difficult with a difficult client or due to bed shortages in other facilities

- I think that the residence should assist the person asked to leave if there are no other people (family etc) to help him or her. We must remember that in some instances the person asked to leave has no resources to fall back on and many who live in these places lose touch with the outside world

- Debatable depending on circumstances

- Assistance would be helpful with the residents approval if possible, so maybe they could be near family and friends. When you are sick, you need assistance at this time.

- They can't be thrown onto the street. Someone should have a plan - either the resident or the family or the supportive housing staff. Preferably the three working together

- Yes! For certain, just think one is insecure, old, weak, frail, confused and not able to help oneself so why not, help them if need be.

- Yes. You cannot desert them altogether no matter how disruptive. Example would be a person suffering from dementia

- Depends on the reason they are asked to leave

- No experience of this - anyone leaving up to now has been usually not able to pay the rent

- It depends on why they are asked to leave

- Yes. They should make sure they have another place for them to go. Very upsetting

- Yes- its terrible to just put people out into the street. There must be a suitable, just plan in place.

7. Services

Supportive housing is housing with some combination of services provided. Services may include housekeeping, meals, personal care (bathing, for example), and some health services (in "assisted living"). Please comment on any of the following issues that are related to services.

Costs
33 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
						2	2	5	4	20

Comments

- Congruent meals available several times a week could be available at nominal extra cost; help with bathing, laundry and home making service available on income assessment basis from outside sources

- Costs are important in convincing builders to put these things in when doing construction. North Vancouver district is working on "adaptable design housing guidelines" now. Vancouver city has passed legislation on this

- I am in favour of supportive housing that is affordable for all. I have a friend who was in a private facility (Parkwood Manor) who was very happy there, but was also very worried that her money would run out

- I think management charges extra for assisted living where I live. There is no credit here for a missed meal or a disappointing meal. Housekeeping can be disappointing at times. Depends on the housekeeper.

- For people on modest/fixed income, cost is basic. For the independently wealthy, this is of no concern. Since most people do not have unlimited income, this is a major concern

- There must be some affordable units in most facilities for low income seniors

- Very important as do not have lots of money

- Should be explained and be a solid contract and regulated the same or similar to rent

- Not just for "those in the know"; benefits for all

- Needs more flexibility in assessing costs. Availability of assistance when living on your own

- I have pensions but I cannot guess if they will be pared down nor do I have any idea of the possibility of care costs rising. Either factor could be greater than my ability of meeting them

- Hairdresser; craft activities; games etc would all be nice. Outings, ie. busrides, shopping, podiatrist etc

- 85% of income for complete range too high; should be no more than 75%

- Needs to be within the income of many seniors living only on CPP and CAP

- Slightly less than incoming monies, suitable for each individual, affordable and reasonable

- Must be affordable for medium and lower income people. Services should be available <u>when needed</u>. Requirement for entry should not be that all services are required by all occupants at all times. Cost is probably the single most important factor

- Affordable to mist under $20000 annual incomes. After that one could be categorized to pay a bit more. Have small fridges in unit for self help, one could progress to more care as time goes i.e. if one requires all meals or in part or even none. So some oneself. Bathing or any nurse care, medical monitoring. Also bus trips or, depending on what category one is in, handicapped wholly or partially or any imbalance either temporary or permanent. Require evaluation of each person being admitted or qualified to live in A.h

- I understand that it will be 70% of my income
- Limit of how much of your income they can take
- Could be less costly (has none of the above services)
- All of the above
- Yes
- May be prohibitive
- Extremely important that costs be kept at a level Seniors on the Supplement can afford
- Cost too much. Additional cost for personal care, no inflation control built in
- Must be reasonable cost; must be affordable

Quality (General)
34 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1	1				2	2	10	5	13

Comments

- Weekly laundry and house cleaning; meals (evening or midday could be contracted by outside café and brought to common area on specified day and time
- Important for seniors who have left their homes for many years and are used to a certain standard
- I think it is more important to have well chosen staff than fancy decorating features
- Quality is not necessarily equated with cost. The private sector, unregulated, will charge whatever the market will bear and often increase profits by decreasing quality
- Frozen meat patties have filler in them. Too much frozen meat and fish with breading. Overcooked vegetables and food at time cold.

- I would expect standard to excellent quality depending on cost
- High standards should be maintained as seniors are very vulnerable
- Should follow a standard set out by government or hospital regulations
- Continued inspection; input important
- Should be carefully monitored
- I am not used to luxurious living but I have always had a respectable home with all the comforts that common folk have. The single room with a bath at the end of a hall would be unacceptable unless I had no other choice. A residence with a bath and kitchenette as well as a living area large enough to accommodate not more than three visitors at one time. Also some storage would be my wish
- Major complaints are only 1 bath per week. Pts are use to taking one bath or shower daily including myself
- Well trained, qualified, reliable trustworthy employees (should have criminal record check)
- Necessary to allow seniors to live with dignity and some privacy
- Suitable and stress-free
- Basics should be sound, but "extras" could be deleted. E.g. - nutritious, but less expensive menus
- We all want good quality of everything. This should be a priority, seniors are mature and very sensitive to for i.e. badly overcooked or spiced or not too palatable food. Smaller quantity better than huge meals and more often (optional). Good grade of building material to be used. Also, unit to be water proof and warm heating system rather than compromise
- We need basic housekeeping and one hot food meal per day. Cafeteria has been developed in care home for us to use
- Hopefully, it would be good quality, with happy people. Not using unqualified people or materials
- Seniors homes should be good quality, reasonable in what a person can pay, depending on their income. Reliable, professional people should be looking after them

- It has to be very clean and meals very well done
- Should be clean and cheery
- As high as possible. Most seniors have worked hard and been an asset to the country. They have raised responsible children who now contribute heavily to the tax-base. Seniors deserve to spend their last years in comfort
- Clean, well organized, treated with respect, confidentiality protected. (RC)
- Comfortable, clean, safe

Meals
35 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
						1	2	3	7	22

Comments

Re frequency (how often?)

- Once per day or as contracted by residents
- Lunch and dinner
- Depends on people's needs. 1 or 2 meals or all meals
- Meals should be as close to home times as possible, rather than to suit the convenience of staff. Snacks, especially fluids, should be available between meals. Frequency of meals, at this level, can probably be three times a day. If possible, residents should have an option to prepare their own meals, or some of them as long as safely possible
- Independent [living]- twice daily. Breakfast not provided. I love making my own except supplies in this area are expensive.
- Once per day
- Three times per day
- Good to offer at least one hot meal per day
- Twice a day

- As needed - some seniors can manage to fix their own meals and some do not have this ability. Men are sometimes more in the latter
- Three meals plus snacks, changed accordingly
- Matter of individual choice
- Available at my discretion
- Two meals per day and snacks provided in between
- Because I suffer from diabetes snacking becomes a part of my life. Two meals would suffice aside from light snacks
- three meals and three snacks daily. No junk food
- By choice and need, allow for light meals or cooking in suite
- Three meals per day
- Readily available, palatable, available only if needed
- At least one per day
- Three main meals of desired - but should be optional. Some people prefer to cook some or all of their own meals and this should be allowed / encouraged
- Either 4 ½ smaller ones throughout day i.e small breakfast, lunch about 1pm, then mid PM, a good snack (fruit, crackers, cheese, tea and beverages), then dinner 5-6pm, then a snack later (before bedtime). Or if a small fridge is in the unit one could handle the extras and just 2 meals okay. All the needs of each person S/B tallied at time of registration for some (unit) and go from there. General needs S/B quite basic with a few extras which are affordable - too many or not
- Once a week
- One hot meal per day
- I think that one hot meal a day would be good
- 2 meals a day - Breakfast left to individual since people rise at different hours
- 3 times a day, snacks in between

- 3 meals a day plus 3 snacks. Morning, noon and dinner time; snacks midmorning, afternoon and bedtime

- Three times a day

- Small meals, closer together and snack time (am, pm and bedtime)

- This should be flexible. Many elderly people have small appetites and are better nourished if they can have several small meals rather then 2 or 3 large ones. On the other hand, some, particularly large-framed men need big meals

- 3 meals a day

Re Quality (what kind of meal? requirements about meat, fruit, for example?)

- A menu as in a small restaurant - vegetarian dishes available as well as meat and fish

- Well balanced

- Must attempt to provide according to Canada's Food Guide. Some seniors will not change their lifelong habits, but with some creativity a balanced diet may be achieved. Attempts should be made to offer choices, and personal preferences when possible. Special diets may be required, and help from a consultant nutritionalist may be needed to plan for them

- Not enough fresh fruit. Store bought pastries and pies and [high fat] deserts, ice cream, yogurt not good for a low fat diet [for person with high cholesterol

- To be determined by individual needs

- Fresh fruit and vegetable

- This would be a problem for me. I am a vegetarian, non-dairy, non-wheat diet
- nutritionally monitored

- Low fat, low red meat etc.

- Hot meals. A few options at each meal ie. a vegetarian, fish, poultry and meat, meals catering to diabetics

- Lots of fruit and vegetables; good tea

- Balanced menus

- Quality and regulated by dieticians and restaurant rules
- Nutritious, adequate, interesting, varied, cleanliness essential
- Variety of choices
- Must provide a balanced diet
- Snacks could be very light such as a slice of bread and a cup of hot chocolate or a fruit juice. Other meals can be the usual fare common to everyone
- 4 oz meat or poultry daily; 3-4 eggs weekly; 2-3 times yoghourt each week; fresh assorted fruit 3 times daily; 1% milk 2-3 times daily
- As per Canada food guide for elderly - balanced, suitable for health conditions like diabetes
- Need to follow Canada's food guide
- Wholesome food, cater to needs of diabetics etc, variety, proper temperature, state of food adequate ie. can people chew it, see it etc
- Healthy, plain-diet
- Meals provided should be planned using Canada's Food Guide i.e. well-balanced
- One could make a menu and submit to the proper committee and could be varied like C.H. centre at present has also another Centre has once a day for any one, very affordable and delicious (Confederation Centre). Soup is also good to have with sandwiches freshly made in A.M.
- A well-rounded meal: meat, veggies and desert
- Usual basic staples
- Following Canada's Food Rules - 5 groups at every meal
- All foods that a person should have, whether on a diet or not, breakfast, lunch and dinner
- Fruits and vegetables
- Meat should be made easy to chew
- Good protein, variety and vegetarian meals

- Freshness, some raw, tenderness of meat, variety, cooked vegetables not overcooked

- Meals should be planned by a nutritionist to ensure they provide a well balanced diet. Consideration should also be given to the food preferences of different ethnic groups

- Follow Canada's Food Guide

- Nourishing, very clean standards

Staff

Re levels (how many?)

32 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1						2	4	6	19

Comments

- One meal a day - midday or evening - to be arranged with residents

- Depends on needs of people in the residence

- Staff should be chosen for their interest in caring for the elderly , and their ability to communicate with them. Food, fun and fellowship are all important at this level

- Depends upon individual's needs. At a minimum, an in-house manager

- Appropriate to owner requirements

- Depends a lot on the number of units - would be great to have a 24 hour RN at larger sites

- Coverage 24 hours a day

- Don't all need university education but college or schools to keep costs reasonable

- Adequate, kind, friendly and honest, easily understood (language)

- Adequate pertaining to the location
- Will vary in number of people involved and at what level. Safety very important as well as quality care
- Aside from the usual housekeeping and food preparation I wouldn't need more than a person capable of handling an emergency situation
- As required. Well trained with friendly disposition. Clean and helpful. Well organized. Understanding of people's needs
- One worker assigned to no more than 10 clients; regular supervision
- Besides the cook, office, cleaners need to have 24 nursing staff available if needed
- Adequate for needs, at least some training, pleasant, understanding suitable for work (screened)
- Variety of skills needed; housekeeping staff, care-giving, building maintenance, recreation, and supervisory, and business management
- As many as can be afforded, we should not overwork them or combine various jobs on one person. Many health care workers, cooks or chefs are available and S/B well screened for health purposes for themselves and the residents. These issues S/B discussed very thoroughly and not make too many errors. I'm not sure about levels
- Building housekeeper as usual - include in rent light housekeeping for my apartment (I will pay) Done by separate person
- Three: maintenance, housekeeping and medicinal
- Professional doctors nurses, good housekeeping etc.
- One to every 5 to 10 depending on the care needed by seniors
- Depending on clients
- Depends
- 1 staff member for every 10 residents
- No staff overload, overworked- becoming a danger and health risk to seniors

Re training (for staff)

33 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	2					2		6	2	21

Comments

- Care giving training through community college curriculum; home making license in municipality
- Dependant upon each residence - certain advance requirements will be necessary but “in service training” is needed on ongoing basis
- Understanding the needs of seniors, including their need for independence, when possible. Acceptance, recognition of the changes that may occur during the aging process, respect for each individual. Oversight by an RN is helpful in anticipating problems before they happen or in the early stages
- Depending on area, training can be minimum to maximum. However, all personnel should be trained to work with elderly people
- Recognized quality training
- Everyone should have basic first aid, CPR and other training appropriate for the job
- Training should definitely be mandatory
- Some training or previous experience
- Essential, updated training
- Adequate for the level contracted for
- Must have some training and be evaluated in performance on regular basis
- Aside from the usual requirements of housekeeping skills and diet knowledge the only other skills needed would be a person capable of handling emergency situations
- Safety, security, first aid

- Geriatric, in-service training
- Background checks before hiring in regards to sexual or physical abuse
- More the better; at least overseeing at work; adequate for needs of facility
- In-service training as needed
- Yes, lots of training for ones who are very new and refresher for others (young or older). But I'm sure the designated person will use their expertise also wisdom in selecting staff and trainers
- Union of course - it's difficult to keep a building up to standard without a well-trained work force
- All staff should have training in dealing with seniors. Also teaching them patience
- Full courses, people with good qualifications, any jobs today should be well checked, good staff is what is needed
- Must have first aid
- A most training
- Well trained important
- Quality cook
- Staff require training to be able to deal properly with seniors

  Re qualification (training required before staff is hired)

27 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	2							3	6	15

Comments

- Qualified staff required before license issued to supportive housing agency
- Certain staff would need pre-hiring training eg. food (nutritionalist); housecleaning, recreation and social

- Certainly before the home opens all staff should be trained, so that basic needs are set as the standard
- Should be St John's Ambulance in case of falls, etc.
- Good training, both technical and human relations; health care certification
- Must have experience working with the elderly
- Adequate to speak fluent English (or whatever is the language of the residents); some first aid, instructions in cleanliness and patience to deal with the seniors
- Tidy appearance; how to clean and make beds properly; taught how to assist older people (patience and understanding)
- Must be trained in areas stipulated for that particular job description
- Personality of staff must be kind, considerate, with compassion
- Nursing ability would be a must. Other staff should be selected using qualified criteria which has been certified as being suitable for the tasks they would be expected to carry out
- English speaking and appropriate education for each position
- Certificate from Community college minimum; verbal skills (ie ESL)
- Adequate for needs of facility
- Supervisory staff should have certificate in gerontology. Other members should include ed. preparation in nursing and recreation and business admin
- Yes, should be trained (if its financed) before coming in to be hired. There are prep schools (BCIT or VCC) or other places for chefs. I'm not sure where, I'm not on committee, someone else will decide I'm sure
- High standards - yes
- Training or have personal knowledge of dealing with seniors
- Yes, before anyone is hired they should be well trained
- Must be able to deal with most situations and be pleasant in their duties

- Yes
- Intern not to be counted in ratio (of 1 staff: 10 residents)

Administration/storage of medication (who takes care of medicine? Does staff help people with taking medicine?)

31 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	2						1	3	6	19

Comments

- Depends upon the individual's need - this will have to be clarified when resident first comes into the housing
- If some residents or staff feel that this is necessary, the staff person doing it should be properly trained
- Reminders may be necessary. Get the cooperation of the pharmacist re packaging, refills etc. Involve family members. If the resident is unable to manage, he/she may need a higher level of care. Regular medication is important to maintain the resident's health level
- If necessary. Bonded, qualified people for handling medication
- a no-brainer - only well-qualified staff should do this
- As needed. These decisions need to be made on a person to person basis. We want people to be as independent and responsible as possible. If they are cogitatively able and willing, then get them to handle their own medications. If not able or not willing, then have drugs administered and/or stored by staff
- Staff should help if the person is no longer able to deal with their own medication
- Some training - ie. health care worker
- This totally depends on the assessment of that particular individual
- In many instances, supervision of medicine is important, but must allow someone capable of taking it to do so on their own

- The staff should administer the medicine since old folk commonly forget to attend to this important task. It is not uncommon to note that the taking of medicine can be excessive or completely neglected when the duty is handled by the old person

- Nurse in charge is responsible for all medication. Other staff members may help people with medication

- As required by health care provides (physician); in general, yes, supervise taking medication, prepare daily needs for client between visits

- Medication locked at all times and administered by nursing staff

- I don't know [regarding present living environment] There is a nurse in am daily giving out medicine in little brown envelopes. I lived in [another facility] before coming here that out all our pills in a small paper cup on the breakfast table for us to take on our own. There were always pills on the floor. No one made sure if you swallowed them. Poor!

- Depends on mental capacity of client; adequate trained staff to store and dispense meds if necessary

- Yes, when <u>needed</u>

- I do not feel I want the medication handled by staff, unless its an RN. At my I'd then decide about another person being in charge. Eventually one needs to trust someone, however if we have so many levels of Health Care workers doing this and not properly trained, I have my reservations. I'm certain this area is very very important. Person should have some family / friend or spousal support. Also one's own GP family doctor, living will or guardianship representation arrangement

- Only through health services or family

- Trained staff could help with medication but dispensed by qualified medical help or blister packed. Preferably medical trained staff

- Nurses should take care of medication

- The nurse because it would be easy to overdose

- I think they should

- It is essential that staff look after medication. Seniors tend to forget whether or not they have taken their pills, and so many take a double dose or fail to take any at all

- Only if requested by residents or family

- Yes staff should be responsible to help if needed

Complaints procedure

32 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
					1	3	3	2	4	19

Comments

- Seniors feel intimidated if complaint is given to resident manager - need ombudsmen or independent person to advocate for the senior

- A well-stated, clear and concise procedure is necessary where people will not feel threatened (eg. by eviction) if they complain

- There should be a policy for this. It could be spelled out in the brochure given to residents and their families on admission. Efforts need to be made to ensure that everybody has someone that they have confidence in and that they can take their concerns to. This could be a staff person, family or community visitor. At this level of care residents should be able to care for themselves , but the safeguards need to be there

- Some sort of independent individual or agency should be available on a regular and if possible face to face basis. Such procedures could also cover suggestions and compliments

- Need independent monitoring group or ombudsperson

- [regarding present living environment] Tell the management! I had a problem "with" the management and had to take it to arbitration, $50 +, my cost. I had a hearing that told me I was not covered by the Landlord Tenancy Act as this was congregate housing and the judge could not adjudicate as there was no law governing congregate living. I got nowhere. We had been informed at a resident meeting that we were covered under the Landlord Tenancy Act. I had a copy of the minutes to prove the manager's statement. Nothing was done.

- Written reports encouraged by staff; remove owner fears about eviction; ombudsmen preferred

- Should have regular landlord/tenants rights plus have ability to direct complaints to administration. Other tenants have rights to safety, cleanliness and appropriate noise levels. How can we get rid of inappropriate tenants? This is a problem. One 'bad apple' can make a lot of other tenants very unhappy

- more supervision and action on complaints; always putting you off complaining; ombudsperson needed

- Someone should be able to deal with complaints and gauge their validity and deal with the matters as they arise

- A counsel or government board to complain

- Ombudsperson

- There should be a board selected to attend to complaints. This board should not be selected by the proprietors of the establishment nor from the tenants but should be impartial and not answerable to either party but should have the power to resolve the complaint so that harmony of the whole be maintained

- Are directed to nurse in charge or director of building

- 1. regular interviews with supervisor; 2. outside arbitrator

- Should be an ombudsperson (outside the facility) to handle complaints

- Someone to go with complaints; someone to deal with real complaints; trust in person; satisfaction with dealings; procedure should be stress-free

- Don't know procedure

- Needs to be a residents' council to discuss issues with the housing administration. Disputes to be settled by some outside group or grievance committee if needed

- Harmony and love each other. Have some group once a month on stress management, Forgiveness and kindness. Should not be too complicated, too strict or too cruel, or lacking compassion in any situation. Surely we have so much knowledge of psychology 101, compassion level - peer counsellors - not forcefully, also option of being moved to a different unit in same complex or another. Any smokers or alcoholic drinkers should be based on each drug case I think

- We call the office - they are very efficient and add to our felling of security

- Usually through property's staff

- There should be someone to represent tenants. Someone between them and management
- Everyone should be treated equally and if they have a complaint they should be heard
- Should have board
- There should be someone on staff who is easily approachable so that seniors are not afraid to voice their complaints; but that person should also be able to deal firmly with frivolous complaints
- Upon moving in should receive and agree to a written process
- A counsellor is needed, one who is trustful and pleasant and not blaming and causing more stress

Sufficiency of services available/provided (are enough services provided to enable people to stay in one place as they get older?)

33 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	3						2	7	3	18

Comments

- At present - varies from place to place. Municipalities are becoming more aware of seniors' needs and are responding, slowly. There are associations that have services to help people "age in place", but there is lots of room for improvement!
- Aging in place is good if space/number of staff etc are flexible enough to do it properly. The properly trained staff component is important here
- Keeping people in one environment and answering their needs as they grow is most efficient, economical and life-sustaining
- NO - need to be very well staffed
- A spectrum of services that can increase and decrease as abilities change is an excellent model
- Different buildings will have different levels of service which you determine before moving in and these agreed services must be maintained

- It should not be necessary for old folk to have to move to another facility unless the7y cannot be attended to in the one establishment. Health (bed care) should be available either in the original dwelling or some other facility which is designed for the required care of the old person. If the original facility is inadequate in this respect it shou7ld not be condemned because of this reason. The facilities provided should depend on the price that the senior citizen can afford and was selected on the basis of affordability

- Older is not a problem, however people's condition is important and so is his or her diagnosis

- Promote "aging in place" facilities; elderly do not respond well to change

- One facility - first step to live independently with own cooking and some light housecleaning; second - meals cooked and served in a central dining room; third - complete care

- Suitable services should be provided to enable client to remain in one place comfortably and stress-free

- Don't know

- Supportive housing residents need to be allowed to age "in place". That is, if the residents abilities improve, they are allowed to stay and become more independent. If their abilities decrease, the necessary services can be delivered either provided by the residence OR brought in from the community e.g. home are or hospice or palliative care

- Yes, be quite desirable to advance to all above in one place and not be uprooted, however, there are a number of levels on peoples' ageing or health. So the stronger could be in one accommodation and another in a more assisted place, or near each other, so one could pay more to get all the care, rather then combine them and really not so attractive or feasible or healthy to have the 2 or 3 levels together - S/B separate accordingly with choices made by several bodies. Staff and family doctor and representation member present if necessary or needed

- I am not familiar with this yet

- Not here [referring to current living environment] depends on our physical condition. Some residents who have broken a hip etc. have to go elsewhere when their hospital care is finished

- Depends on the philosophy of the society or ownership; whether for profit or non-profit

- Something would have to be worked out between care workers, nurses and doctors

- No

- When people get older and they are in a home it's best they stay in one place, moving them around too much is upsetting. Services should be provided

- There should be

- Ideally a graduated level of care should be provided to meet the needs of people as they become more frail. It is devastating to elderly people to leave old friends and a familiar environment

- Progressive levels of care are important

- Yes, very important not to be moved against a senior's wishes

Provision of palliative care

10 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1	1		1	1		1	2	3	18

Should people living in supportive living housing have access to palliative/hospice care (care while dying) in that residence? Should the residence be able to decide that palliative/hospice care is not appropriate?

Comments

- It could be very expensive to provide palliative care. If facility is willing to do it, it should be properly inspected. It is probably beyond the range of most facilities. If done, do it properly

- If their condition is relatively stable, and their presence does not add an extra burden on staff and residents, if family or friends are able to provide necessary comfort and care, or caregivers can be brought into help staff, and if physician care is available as needed it would be great for the person to remain in their home. If other residents are negatively impacted management may have the right to ask for other arrangements

- Depends on the situation - this may be feasible for some people and not appropriate in other circumstances. Presumably people are smart enough to decide as long as the situation is flexible enough

- Yes it should be available; no, residence should not be able to decide

- I say yes for palliative care. I really don't know whose decision it is, as many doctors don't visit these places. When you are at that stage you are too ill to go to the doctor's office. I would like to think it would be my decision, and the doctor's

- No

- Yes. This option should be set forth and clarified before the person becomes a tenant

- No [in response to part one]; Yes [in response to part two]

- People should have access to hospice care if they want

- No

- Hospice is a separate issue from housing in general

- If person wishes to remain in an area during illness then it is good for them to remain in the area, until they cannot be cared for any longer

- If the care required was greater than the facility could supply then other solutions should be sought by either health authorities or the families involved. The available service and the required attention should be reviewed by the residence and family if there is a family. The decision should be submitted to a suitable provincial authority if necessary and their decision acted upon for the benefit of the ailing victim

- People maybe incapable to decide this issue. Palliative care should be available in each building

- Palliative care should be accessible to all

- Left alone in the original residence if enough medical assistance is available

- Rules should be in place on entering residence concerning this matter

- I feel that this should be decided on an individual basis, depending on whether the individual resident wants it and the staff and other residents are agreeable.

Hopefully supportive housing units will be small enough to allow this degree of flexibility and NOT become warehouses for wrinkles!!

- Yes, I think people should have access to the palliative/hospice care outside of the supportive residence. I agree with the latter part and I think the dying should not be there with the healthier ones. Separate please

- I think this is a decision that should be made according to the nature of the illness, the residence and the patient's family

- Should be the choice of the tenant. There is a service available through Fraser Health: a palliative team who visit. It cannot work too well however unless a family member stays overnight. Neighbours should not be expected to seriously participate

- People should be, if possible, given the choice of dying at home versus an unknown place ie. a hospital

- The residence should know and be able to decide which is best for them. This is where professionals come into the picture

- Yes

- Keeping a person in the same location until death is a good idea (RC)

- I think this is a separate issue for a separate facility

8. Oversight/Inspection

"Is regular inspection (not just in response to complaints) of the housing unit necessary to protect the interests of older adults in supportive housing?"

Yes: 32
No: 0

If so, how often should inspection take place?

- Annually (6 replies)

- Depends on thoroughness - at least 2 times per year

- Every 6 months (3 replies)

- Don't know

- Twice a year
- 1 time per year minimum
- Once a month (3 replies)
- Every three months
- Every 2 years or so
- As often as possible, surprise, dedicated to this service
- Often and unannounced
- Anytime without notice
- Two times a year
- Once a week
- Once a month
- Every two months
- Daily
- Every 3 months
- Semi-annual or quarterly
- Depends on what is being inspected

Who should carry it out?

- municipality
- Some specifically recognized agency, independent from the residence
- An agency independent from facility owner
- Not management.
- Provincial government (2 replies)
- An independent body

- Professional management company
- Government body or professional/union/agency body
- Staff and janitor
- Provincial body
- Independent body - not government
- Government controlled
- Some outside body of accreditation
- Should be in my opinion non-biased and different folk, non friends of all concerned. Actual health and welfare personnel, different ones or even, if acceptable, a representative. Otherwise, various government-appointed personnel
- Individual who has no affiliation with facility or persons running complex
- Health inspectors - maybe an outside group of seniors who volunteer looking for signs of abuse
- Housing provider accompanied by volunteer
- The people working as staff here
- Management - they have it well set up
- Management and if that doesn't work out satisfactorily for a resident, go to the rental board
- The authorities and security, whoever is in charge of these inspections
- Health Inspectors
- Board
- Outside agents
- An honest trustworthy person appointed to have the older adult tenant's best interest in mind

Is regular monitoring of care provided/residents' well being (not just in response to complaints) necessary to protect the interests of older adults in supportive housing?

Yes: 30
No: 1

If so, how often should monitoring take place?

- Quarterly
- not less than 2 times per year
- Depends - yearly unless residents' condition demands more
- Once a month (2 replies)
- Every 6 months
- At random
- This should be part of accreditation
- Every week or even more
- Constantly
- Anytime without notice
- Three times a year
- Every day
- Every morning
- As often as should be, under the circumstances
- Every few months
- Every 3 months
- Monthly
- Every two months

Who should carry it out?

- ·Maybe an overseeing association of supportive housing providers responsible for standards of care
- Provide ombudsmen on request
- An independent group
- An ombudsman
- Manager. A survey paper with questions to answer is a suggestion. At a residents' meeting you don't like to finger someone because you make bad friends with the workers or you might be afraid to speak up
- Some people are very private and would resent this as an intrusion. Certainly most seniors could benefit from a monthly or bi-annual check up or visit
- Staff
- Ombudsmen type arbitrator independent from either party
- Provincial body
- Health, safety and cleanliness authorities
- The same outside body - part of the same review process
- Appointed health workers, vary them so no favourites are formed (or biases)
- Someone in charge of staff and facility
- Health inspectors
- Community agency like Seniors Outreach or CEAS; independent volunteers (trained) to ensure fair assessments
- The tenants
- Each floor – fellow tenants to rotate monthly doing it. Anyone who has been seriously ill knows the comfort of someone checking on them every day
- Whoever is in charge
- Board

- Employees
- An honest trustworthy person appointed to have the older adult tenant's best interest in mind

9. Dispute Resolution

29 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1				3	1		5	5	14

Do you think that a third party (aside from the housing provider and the resident) should resolve disputes between supportive housing providers and residents (without one person having to take the other to court)?

Yes: 29
No: 1

If your answer is yes, please explain (who should resolve disputes, and how?)

- Seniors often feel intimidated and fearful of being 'chased out' if they complain, so a 'third party' that can advocate for residents would be ideal
- If rules are fair on both sides, hopefully, all will go well. Perhaps a third party along with the residents and housing provider. If I was the resident I would like to present my problem in my own way.
- An ombudsmen or family members, or friends if no family members are available
- Appoint an ombudsmen
- A knowledgeable body
- A volunteer board of directors, possibly made up of residents, family members, staff
- Social worker
- Local health care representative
- Ombudsmen

- Residents' council
- A competent person and should have alternating staff for this, not certain who, but a very fine plan to get 3rd or 4th party to intervene - a reliable honest one!
- Uninterested party - issue should be addressed in contract how to deal with such a situation
- A government ombudsmen
- Community agency, ie. SHIP, contracted by ministry
- A rentalsman has been usually accepted as an impartial person
- Saves a lot of money that could be put to better use
- It should be resolved without going to court or a third party, depending on the dispute
- Board, family doctor
- Outsider, listen to both sides, assess the situation and offer possible solution
- Not qualified to make this decision

10. Special issues arising where supportive housing is purchased by consumers as part of a condominium package

15 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
	1		1	1	1	1		4	1	5

Are you aware of special issues/problems arising where supportive housing is purchased by consumers as part of a condominium package (where a condominium in a supportive housing complex is *bought* rather than rented)?

Yes: 4
No: 26

If your answer is yes, please explain

- Quite pricey. "X" in "Y" changed some of its initial rules eg. minimum number of meals per month

- Conflicts between state council and individual

- You must make it so the person can move to other levels of care as they grow older

- Unaware of such a situation

- However, rentals should be just that. If one owns a unit and one rents one - may be problematic in the sense of owner does not comply with rules. And would be more difficult to move them to other units. However, there are 2 sides to this coin (dilemma) not sure if rentals and owners are best combo!

- I would sooner buy than rent. But I would have to look into before going ahead with it.

- I am aware that this arrangement certainly would nurture some seniors issues/problems! Beware!

11. Special issues arising where supportive housing is purchased through a "life lease"

8 ratings received

Rating	1 (least)	2	3	4	5	6	7	8	9	10 (greatest)
			1			3		1	1	2

Are you aware of special issues arising where supportive housing is purchased through a "life lease"?

Yes: 2
No: 33

If your answer is yes, please explain

- Not personally, but clear understanding before purchase is necessary eg. it is not a "profit making" situation

- Unaware that it existed

- Not sure of meaning of some

12. Do you have any other comments/opinions about supportive housing?

- I think we need more supportive housing units for seniors who are healthy and capable but on limited incomes; that is, the majority of seniors. That the provincial government is moving away from this is a cause for alarm. We are headed towards a crisis of catastrophic proportions in cost on a tax level to the provincial budget and to people who will be faced with homelessness or be reduced to living and dying in abysmal conditions

- Must be able to continue to get help as the individual ages, so they can remain in their familiar surroundings. Moving is a very traumatic experience the older you get and it is much harder to make new friends

- Thoroughly responsible survey - opening problems of which the supportive housing were not really recognizing

- The most important need is for affordable supportive housing

- Needs to be close to a bus stop. Many seniors don't drive but still like to get out to visit friends etc. The same goes for visitors and they need enough parking

- As far as we are concerned we're very lucky to be living in such comfort

- This is all new ground to us all - we really haven't a clue what is going to hit us. We greatly appreciate your caring enough to warn us, and few have yet realized what is going to happen. Thank heavens I live in a place that still has the philosophy of caring. I hope we can hold on to it

- I realize that there is not enough care homes for low income people and that "aging in place" is a fact of life. Most of the seniors that I know do not seem to understand the problems of getting a program going to avoid panic when it becomes a reality. There is very little about this subject so seniors do not know this is happening and when you try to discuss it they think you are an alarmist. But it is the way supportive housing for seniors is going. There must be guidelines in place soon

- I think I have made enough comments for the moment. When the time comes I'll let you know. Privatization is not the answer. Should be run by the government and at a reasonable cost. Taking away from the seniors is wrong and also the young people what's wrong with the politicians today (greed)

- Not yet. I need more study- more info

- The rent increases annually are too high. Thus type of living is necessary when you need help but is very costly. Residents are at the whims of private owned facilities. At the present time, there is no law to protect resident renters. It would be helpful if we could claim our rent on our income tax. This was possible when I was in a care home in X. It had independent, intermediate, and long term care. I was in intermediate. This was really helpful.

A LEGAL FRAMEWORK FOR SUPPORTIVE HOUSING FOR SENIORS: OPTIONS FOR CANADIAN POLICY MAKERS

Appendix B

Sample Checklist

APPENDIX B: Questions to ask before moving in ("Checklist")

- Have I fully discussed my decision to enter an assisted living residence with my family, friends, physician, or a public advice body? Are other options possible, i.e. home care, meals-on-wheels, community social services?

- What discussions have I had with residents of the assisted living residence I have chosen? How did they rate the quality of services and accommodation?

- Will the lifestyle of the residence (including social activities and religion) suit me?

- What are the rules with regard to visitors and live-in guests?
- How will I have to adapt and alter my existing lifestyle to comply with the regulations and restrictions of the residence (about smoking, for example?)

- What system is in place for the resolution of disputes?
- Are the residents actively involved in making "house rules"/
- Have I sought advice on the documents relating to the assisted living residence I have chosen from an appropriate source (a lawyer or legal advice clinic)?

- Under what circumstances can I be moved to a different part of the residence? Do I know and agree with the procedure?

- How can the provider terminate my occupancy? Do I agree with the procedure and what are my rights?

- Is my long term occupancy at the residence secure?
- What protection do I have if the residence is sold to another organisation?

- Am I aware of and can I afford to pay all regular costs and any extraordinary costs which can be imposed on me? What arrangements can be made if I can't meet future costs?

- How do the terms and costs of the assisted living residence I have chosen compare with other assisted living residences?

- Will the unit, building and site be accessible if I become disabled and need a wheelchair or walking aid? If not, can modifications be made easily?

- What services specially designed for older people does the residence provide, e.g. nursing care, access to nursing care, an emergency call system? Do these services meet my present needs and what I expect will be my future needs? Are the precise services that I require and their cost clearly described and included in the contract? Are additional services that I might need in the future clearly described, including their costs, in the contract? Is the method for cost increases clearly explained and provided for in the contract?

- What financial and accommodation alternatives do I have if I become too frail to live in the assisted living residence I have chosen?

- What type of public and/or private transport is available?
- Are pets permitted?
- How accessible are the local shops to my present and future needs?
- [if purchased as a condominium] Are the residents actively involved in decisions concerning the level of maintenance and services provided, their cost, and how those costs are to be varied in the future?

- [if purchased as a condominium] What are the restrictions on the sale of my unit?

- [if life lease] What are the restrictions on the sale of my unit?

Visit our home page at www.cmhc.ca