

**SHELTER AND SERVICES FOR THE
SMALL TOWN ELDERLY: THE
ROLE OF ASSISTED
HOUSING**

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The Role of Assisted Housing**

**by
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A Report to
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Abstract

Programs for publicly assisted housing for senior citizens are making it increasingly possible for the elderly to reside in towns and villages. A study of senior citizen apartments in nine small towns in Eastern Ontario affords an opportunity to evaluate the effectiveness with which this facet of social housing policy meets the needs of the elderly. Interviews with residents show the array of services most frequently used, the location where they are obtained, and the means of transportation. Appraisals of physical facilities and of the availability and access to community services reveal many shortfalls from safety features to location of projects.

An examination of personal, community, and social support services required by elderly residents shows it to comprise a system of health care, transportation, small services, and companionship. The bulk of this support is provided by non-professionals: family, friends, volunteers, and community helpers. There are almost no linkages between the housing providers and the service providers.

The provision of senior citizen apartments in small towns raises several issues: (1) the responsibility over the physical outcome of the building and its location; (2) the integration of shelter and other support needs of the residents; and (3) the planning of such projects, which affect the growth prospects of small towns, in conjunction with community planning efforts.

Dedicated To

Rita Dinner and
Sandra Mark
and all the residents
who participated in
this survey.

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CHAPTER 1

Context and Concepts for the Study

A. The Elderly in Small Towns

It is now well-documented that Canada's population is maturing. The proportion of the elderly has been increasing steadily since 1951, and the prospects for the next thirty years is for little or no diminution of that tendency (cf., Canada, 1984). These broad tendencies of demographic maturation are, at the same time, affecting the various kinds of Canadian habitats in significantly different ways. The proportion of the elderly living on farms and in the countryside, for example, shows almost no growth in the 1951-1981 period (Table 1.1)*. This same table shows that the proportion of elderly is growing substantially in all other types of habitat, but most dramatically in small towns.

Towns and villages stand out as distinctive habitats of the elderly, and this national pattern is evident in the array of settlements in almost all provinces of Canada (Hodge and Qadeer, 1983). One Ontario study of rural senior citizens notes that rural areas and small communities already display the mature age structures that are forecast for all of Canada in 2001 (Ontario, 1980). Even as early as the 1971 and 1976 censuses, towns and villages were assuming distinctive tendencies in regard to their elderly inhabitants. As compared to the elderly in

*Tables are placed at the end of each chapter.

larger centres, their households were headed by greater proportions of persons over 65 years of age, were smaller on the average, and lived on smaller family incomes. In terms of their housing, senior citizens in small communities tend to live in owner-occupied dwellings that are older on the average and have fewer than the average array of amenities and appliances (see Table 1.2 and Ontario, 1980).

Given that today's towns and villages in Canada exhibit the highest concentrations of the elderly, the future seems to promise an intensification of this condition. The elderly from the farm and countryside evidently retire to hamlets, villages, and small towns, elderly small towners tend to stay there, and there is also the movement of some elderly from cities to retire in small communities. But beyond the broad tendencies and preliminary projections we know very little about the living environments of the elderly in small communities.

There is, however, a very clear sense of the need to provide a wider array of housing opportunities for the elderly in non-metropolitan areas, as the expansion of social housing in the past decade or so shows. Shelter opportunities for elderly rural Canadians are now greatly enlarged by new senior citizen apartments and nursing homes. Almost universally, the latter facilities are built in the small towns of rural areas. In turn, this is contributing to the attractiveness of small towns for the elderly who can now find housing appropriate to the needs of their later years without leaving the rural area.

The environments of small towns, we suspect, are being shaped by the new shelter opportunities for the elderly. In some of the communities studied here, the publicly-assisted senior citizen apartments constitute as much as 10-20 percent of the entire housing stock. This is much higher than would be the case in cities or even in very large towns. Yet the situation of towns and villages clearly differs from that of larger centres. The two dominant characteristics of rural regions -- low density

of population and long distances between population groupings -- are also reflected in the composition and array of commercial and social services of these regions. Social and individual needs of rural and small town residents must be met within a context of fewer services that are sparsely distributed, often having to be obtained in several communities.

This less elaborate context is the one in which the small town elderly must function. It is true that rural contexts have always been much this way. A crucial difference today is that much higher numbers of the elderly are choosing to reside there. Assisted housing facilitates this process and thereby raises the question of whether small town environments are equal to these new demands. The fact is that there is a veritable desert of data and knowledge regarding the rural elderly and their environments. Answers to this question will be cogent for senior citizens, for housing providers, and for host communities. In the sections that follow, an attempt is made to describe and assess the social and physical communities of the elderly residing in assisted housing in small towns in rural Eastern Ontario.

B. Communities of the Small Town Elderly

All people, whether living in rural or urban settings, participate in several communities. And this is true for all age groups. They share experience and obtain satisfaction of needs from a variety of social and physical settings. Activities of kinship, socializing, recreation, worship, shopping, education, and health care, to name the most common, each involve a person with different configurations of people in different locations.

In a city the density of people and facilities is such as to allow the communities of any individual to be formed within relative proximity of one another. In a rural area this is not the case, and the communities of people are usually much less

elaborate (because of fewer services and facilities) and are spatially extended. This has implications not only for the range of choice available to rural and small town residents but also for the means of travel in exercising their choices. In the case of the small town elderly with their needs for specialized support services and their generally lesser mobility, it can be seen that rural milieu pose special questions.

There is another facet of community for the elderly who choose to live in shelter care facilities.* This concerns the community within, say, the senior citizen apartment building. For the shelter care facility concentrates a relatively large number of similarly aged people in a setting that is different from that of, for example, a regular apartment building or a house on a neighbourhood street. Further, it is a setting which is visibly and functionally different in the small town context.

The senior citizen apartments provided in small towns must be seen within a community context that is different than that for similar facilities in cities. That is, the small town elderly in assisted housing are likely to have fewer services and activities from which to choose within reasonable proximity as well as having to travel greater distances to those that are available. This is not to say that present conditions are inadequate. But, the fact is we simply know very little about the communities in which small town elderly participate. This requires that we know their needs for commercial, social and personal support as well as for the shelter we are already providing.

A basic thrust of the research reported here is to illuminate the various communities of senior citizens residing in shelter care facilities in small towns. The aim is to determine the linkages that exist between shelter and services for elderly residents. These are examined from the point of view of both the elderly "consumer" and the service providers. There is little to suggest that the basic needs of the rural and urban

* "Shelter care facility" is a term used in the gerontological literature to refer to any socially-provided form of shelter from independent apartments through congregate housing, nursing homes, and chronic care hospitals. Assisted housing for the elderly is, thus, a shelter care facility.

elderly differ (Powers, et al., 1975). But the ability of small communities to respond to the expectations and preferences of senior citizens may prove stressful to the elderly and to the small town.

The objectives which guided the research are:

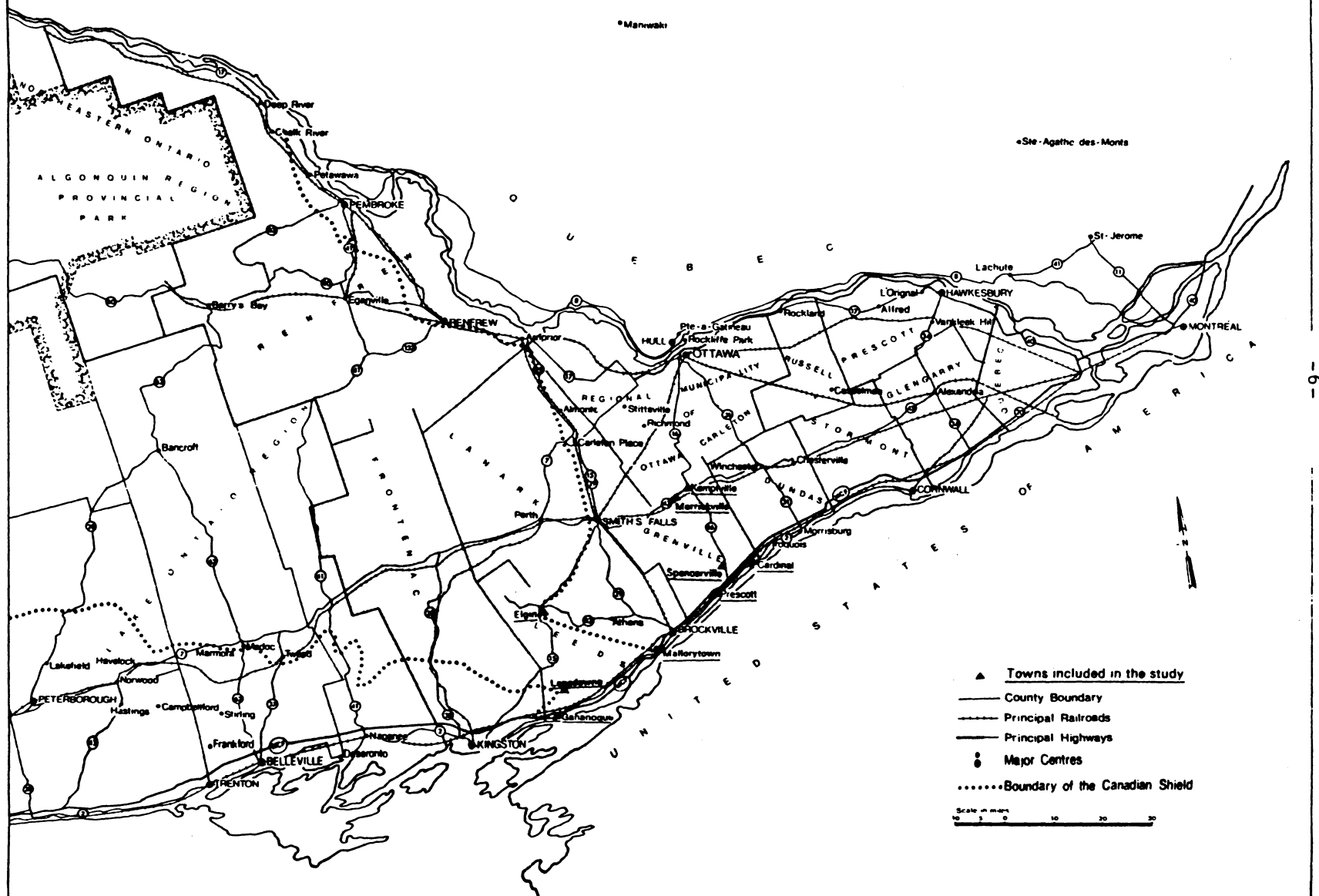
- (1) to identify the elderly who are utilizing assisted-housing in small towns, including their personal characteristics and area from which they derive;
- (2) to determine the nature, extent, and elements which comprise the social and physical communities of the elderly residing in assisted housing in small towns;
- (3) to assess the social environments of assisted-housing complexes for the ability to provide for the well-being and effective functioning of the elderly residents; and
- (4) to identify and appraise the elements comprising formal and informal support networks for the elderly residing in small towns.

C. Scope of the Study

The perspective of this study starts from that of the individual elderly resident of a senior citizen apartment building in a small town. It follows this perspective from the environment of the individual apartment to the environment of the building and its grounds and, thence, to the immediate neighbourhood or small town environment and, lastly, to the extent of the elderly residents' linkages to other communities or the regional environment.

In order to identify the nature and effect of each of these environments on the elderly, the study concentrates on obtaining the views of senior citizens themselves. The residents of nine senior citizen apartment buildings in nine separate small towns in Eastern Ontario constitute the frame of reference for the research. A total of 224 elderly live in these buildings and

Figure 1: Study Area of Small Towns Containing Senior Citizen Housing



124 (or 55%) responses from personal interviews comprise the basic set of factual and attitudinal data of the study.

D. Assisted Housing for the Elderly in Eastern Ontario

Eastern Ontario is a region of about 19,000 km² (7,000 sq. mi.) whose settlement pattern is primarily rural with many small towns and several small cities. Ottawa is the main centre of the region. A portion of this region, centred on the City of Kingston, was chosen as the area for study. Within a 60-mile radius around Kingston there are nearly 1,200 units of assisted housing for senior citizens in 25 separate towns and villages, none of which have more than 6,000 population. From these communities, nine were selected for in-depth study (see Figure 1).

The towns and villages included in the study range in population (1981) from 290 to 4,863. They comprise a sample that reflects both small and large communities and small and large senior citizen apartment projects. These four combinations are depicted in the following chart along with the number of towns included in each category.

		Size of Town		
		Small	Large	
		<2000	>2000	
Size of Bldg.	Small	(3)*	(1)	* numbers in brackets indicate number of towns studied
	<20 Units			
	Large	(3)	(2)	
	>20 Units			

The towns, their 1981 population, the number of units in the building included in the study, and the building jurisdiction are shown in Table 1.3. It should be noted that some towns contain more than one building. The ones chosen for the study fit the above criteria.

Five of the sample communities have municipal status; the remainder are unincorporated. For the five incorporated centres, census data on age structure are available and they show the proportion of the 1981 population over 65 years of age to be substantial.

Percent Population over 65 (1981)	
Cardinal	16.5
Gananoque	18.5
Kemptville	19.0
Merrickville	21.9
Prescott	15.8

These figures bear out the contention of the concentration of elderly in small towns. The proportions shown here do not, however, reflect the total elderly population which might utilize senior citizen apartments in these towns. For such facilities will also serve the elderly population from the surrounding countryside as well as nearby villages.

The type of senior citizen housing on which this study focuses is that which provides individual apartments for residents. The apartments may be termed one-bedroom self-contained units which are unfurnished except for basic appliances. Typically, the buildings provide apartments on two floors and the number of apartments range between sixteen and twenty. Communal laundry and recreation rooms are provided for all residents. Because such projects are subsidized with public funds, there are conditions of age and income associated with obtaining tenancy.

However, the essential characteristic of these shelter care facilities is that they allow the senior citizen resident to live independently, as they might in a regular apartment building. They are, thus provided for the well-elderly; indeed, the frail elderly are discouraged from seeking or remaining in the apartments. In the second chapter we describe the senior citizens who comprise the tenants in this form of assisted housing.

E. The Housing Providers

Programs for providing housing for senior citizens in Eastern Ontario go back nearly two decades. In the area studied the typical organizational form, until very recently, was the public housing authority. These are local (municipal or county) self-governing bodies that operate as agents, so to speak, of the province's Ontario Housing Corporation. The latter is the crown corporation which collaborates with the federal government in the implementation of social housing policy regarding senior citizens. In the past few years, a new organizational form has emerged at the local level to provide assisted housing for the elderly and other groups. These are the local, municipal or private, non-profit housing corporations. Whereas, the older housing authority is likely to manage several housing projects, the local non-profit corporation is likely, in rural areas, to manage only one.

Of the nine projects studied, eight were under the jurisdiction of two public housing authorities: Prescott-Grenville Housing Authority (5) and Brockville-Leeds Housing Authority (3). The remaining project is under the jurisdiction of the South Crosby Non-Profit Housing Corporation. There are differences in the mandates of the housing authorities and the local non-profit corporations. The former were established to provide subsidized housing to various disadvantaged groups in their respective communities. This affects the composition of residents along income lines, since the housing authorities are obliged to offer shelter on a priority basis to low income senior citizens. Local non-profit corporations, on the other hand, may not offer more than 50 percent of their units to senior citizens requiring income assistance to pay their rent, or rent-geared-to-income (RGI) rentals as they are called. Housing authority projects may not rent more than 15 percent of their units on a non-subsidized basis.

Also involved in providing senior citizen housing in

Ontario is the provincial Ministry of Municipal Affairs and Housing. The Ministry guides the formulation of projects by providing technical assistance in several forms to housing authorities and the non-profit corporations as well as approving the allocation of funds for projects. Projects are approved for construction after an elaborated process of consultation and advice with the local bodies covering construction, design, and location of buildings in the community. The Ministry makes available its "Guidelines" which set out criteria to be used in formulating a project (Ontario, 1982). Included in the Guidelines are criteria on design, construction, and siting of buildings required by the Canada Mortgage and Housing Corporation as a condition of its allocation of grants to the project.

Thus, the "environments" of senior citizen apartment projects are a product of several different bodies each with their own sets of principles and criteria. It is worth noting at this point that there are noticeable differences in approach between the older housing authorities and the newer non-profit corporations in establishing a project. To a large extent this study charts the outcome of housing policy in these various milieu.

F. Design of the Research

In order to provide data on the array of different communities of the small town elderly indicated earlier, a series of research instruments were designed and applied in each of the shelter care facilities. The research instruments (i.e., Questionnaires) were directed at obtaining the following kinds of information:

- (1) A profile of the elderly occupying the assisted housing including their previous residence and reasons for moving to a shelter care facility as well as their age, sex, income, marital status, educational attainment, health, and length of residence.

- (2) A profile of the shelter care facilities including the architectural and physical characteristics of the building, inside and out, and of individual apartments.
- (3) A profile of the activities of elderly residents in and around the shelter care facility including personal activities, interaction with neighbours in the building, and participation in social activities as well as the ease with which they are able to undertake various personal activities.
- (4) A profile of the number, frequency, and types of local and non-local community facilities used by elderly residents including the mode of travel and duration of trips to various community facilities and whether the resident is dependent upon others for such trips.
- (5) The network of social service agencies/persons, both public and voluntary, that are actually used by elderly residents when they require assistance, the number and strength of these ties, and the location where the assistance is provided.

The research instruments follow the approach originated by Lemke and Moos (1979), The Multi-Phasic Environmental Assessment Procedure (MEAP), to study the several dimensions of shelter care facilities used by the elderly. Questionnaires are adapted to the conditions of small towns and the type of senior citizen facility under study. In addition, dimensions are included to describe the nature and extent of activity patterns of the elderly residents and the types of contacts they have with community service providers. The latter probes allow the inter-relations of shelter and services to be examined in detail.

Personal interviews were sought with the residents of all 224 apartments in the nine projects comprising the study. Interviews were obtained from 124 residents, 55 percent, at the time the survey was conducted in July-August 1983. As well, the resident security tenant in each project was interviewed to provide a

perspective of facility "staff." On the basis of the linkages with community service providers identified by residents, a sample was selected which reflected the array of different services and interviews were then conducted with representatives of these services.

TABLE 1.1

Dependent Population Over 70 Years of Age in Different Types of Settlement, Canada, 1951-1981

Settlement Type	Number Over 70/100 Aged 20-69			
	1951	1961	1971	1981
Rural				
Farm	8	8	7	5
Nonfarm/Village	10	12	12	11
Town				
1,001-2,500		13	13	17
2,501-5,000	9	11	12	15
5,001-10,000		11	10	13
City				
10,001-30,000	7	9	10	11
30,001-100,000	7	8	9	11
Metropolis				
100,001-500,000	9	9	9	11
500,000				10
CANADA	8	9	9	10

Source: Census of Canada in Hodge and Qadeer, 1983.

TABLE 1.2

Proportion of Households by Age of the Head and Size of Centre for Incorporated Towns and Villages, Canada, 1971

Population of Centre	Age of Household Head				Total Households
	Less than 25	25-44	45-64	65	
0-500	3.8%	25.8%	35.8%	34.5%	100.0
501-1,000	4.3%	29.8%	34.6%	31.3%	100.0
1,001-2,500	5.6%	35.5%	34.6%	24.5%	100.0
2,501-5,000	6.5%	38.2%	34.5%	20.8%	100.0
5,001-10,000	7.1%	40.8%	34.6%	17.4%	100.0

Source: Census of Canada in Hodge and Qadeer, 1983.

TABLE 1.3

**Towns in Eastern Ontario Included in a Study of
Senior Citizen Housing and Community Settings, 1983**

Name of Town	1981 Population	Units in Building	Housing Management
Cardinal	1,753	38	Prescott-Grenville H.A.
Elgin	292	23	Municipal Non-Profit
Gananoque	4,863	51	Brockville-Leeds H.A.
Kemptville	2,362	36	Prescott-Grenville H.A.
Lansdowne	463	16	Brockville-Leeds H.A.
Mallorytown	290	18	"
Merrickville	984	20	Prescott-Grenville H.A.
Prescott	4,670	7	"
Spencerville	434	15	"

CHAPTER 2

Profiles of Senior Citizen Residents

It is all too common to find the elderly populations who have become, of late, the subject of much concern and interest to be categorized as a demographic aggregate. It is especially important that programs in such a fundamental area as housing for senior citizens start with a clear perception of this client group's characteristics. For in the projects examined in Eastern Ontario one finds residents whose ages span differences of forty years, or nearly two generations. On these grounds alone one might expect to find comparable differences in other characteristics of the residents of senior citizen housing, and this is, indeed, the case. In the data presented below there is, thus, a basis for describing a general profile of those senior citizens who currently seek shelter care facilities of the type found in small Ontario towns.

A. The Residents

Six general characteristics provide the dimensions used to profile residents of the nine apartment projects. The results are shown in Table 2.1. A few dominant traits can be seen in this profile. Senior citizen residents are mostly female, widowed, over 70 years of age, reasonably healthy, and also relatively

poor. Only 11 percent of the apartments are occupied by couples. These projects thus house the single female elderly predominantly who, it will be seen, move in after the loss of a spouse. The age and sex distribution is also indicative of the greater longevity of women. The age distribution is also important from another point of view for it indicates both the age span that such projects must accommodate and the number of years persons might reside there. Since these projects are mostly less than a decade old, and the average residency is already about five years, a large number of senior citizens might reside in them for up to two decades as long as they remain in good health.

Special note should be taken of the economic circumstances of residents. The data in Table 2.1 indicate nearly one-third with 1982 incomes under \$5,000 per year and a further 60 percent whose incomes are between \$5-10,000. In the latter group, the general level is likely to be about \$6,500 per year according to interviewers who actually collected these data. (It will be appreciated that such information is difficult to obtain from elderly people who may be unsure both about their financial status and about revealing it.) A more precise indication of income levels is revealed in data about rent levels paid by these senior citizens, since the majority are on rent-geared-to-income subsidies. Ontario practice is for rents not to exceed 25 percent

1983 Senior Citizen Apartment Rents	Percent Respondents	Nominal 1982 Income Level
Under \$100 per month	5.6	\$ 4,800
\$100 to \$150 per month	39.6	6,000
\$150 to \$200 " "	27.4	8,400
\$200 to \$250 " "	27.4	10,800

of a tenant's income in assisted housing. Thus, the nominal 1982 incomes estimated using the distribution of 1983 rents show much the same tendency toward low incomes among residents.

In 88 percent of the cases, these incomes are used to support only one person. According to senior citizen residents themselves, about 20 percent felt their incomes were not adequate to meet their essential needs. In the year of the study, "market rent" on senior citizen apartments was \$235 per month thereby necessitating a yearly income of at least \$11,280, a level few of these tenants met. These findings closely parallel those for the elderly throughout Canada (Canada, 1984), especially for the female elderly who also comprise most of the residents of these projects.

Another important facet of the residents' profile is their health status. As described by residents themselves, very few suffered poor health (10.5%). The most frequent response was that residents considered their healthfulness to be "fair." When asked about whether it had changed in the past year, most responded either it had not changed or had declined only moderately. While it is true that such shelter care facilities do not cater to the frail or infirm elderly, these data also indicate that most present residents enjoy relatively good health. When this is combined with their longevity one could expect most current residents to continue to reside in their apartments for many more years, thus contributing to a relatively low availability of apartments in existing buildings.

B. Their Previous Habitat

Two-thirds of the senior citizen residents in small town assisted housing projects previously lived in houses (Table 2.2). For about two-thirds of these residents, they left homes they owned and had lived in for many years. There are many residents, however, who previously lived in rented houses or as boarders in

other people's houses. About one-quarter of the residents moved from apartments in private premises to the apartments in the senior citizen building. A striking feature of their previous tenancy is its permanence. As many had lived over 50 years in their previous dwelling as had lived less than five years in theirs, almost one-fifth in each case. Over half of all residents lived more than 20 years in their former homes. This low mobility rate (about 18 percent over five years) closely parallels that found for the elderly in the nation as a whole (cf., Canada, 1984).

The previous habitat of nearly 80 percent of residents was a town or village. Few were migrants from cities and only one-sixth previously lived in the countryside. This is not surprising since two-thirds of rural Canadians live in towns or villages. However, more interesting is that 55 percent of the elderly who sought apartments in these projects previously lived in the same small towns (Table 2.3). Of the remaining 45 percent, most previously lived in other small communities or the countryside on the average of only 16 km (10 miles) away. This may be translated into a catchment or service area encompassing 844 km² (or 340 square miles) around the small town where the project is located. In Eastern Ontario this is roughly equivalent to three townships which might have a total population of 5-9,000 (in 1981).

In general, Table 2.3 shows that the larger the town the more likely it would be serving its own residents. Thus, for both Gananoque and Prescott, each with near 5,000 residents, there were few senior citizens from the surrounding area. This seems, again, to suggest the size of population catchment area which these small town projects serve. Taken one step farther, on the basis of crude estimates, these projects house only about 5 percent of the population over 65 years of age in their areas.

C. Needs for Assisted Housing

Having looked at the characteristics of residents and at

where they came from before they moved to senior citizen apartments, we may now look at why they sought such shelter care facilities. In Table 2.4 are given the most common reasons for their choice. It can be seen that four of the responses (A, B, C, and G) refer to the physical difficulty of maintaining their previous home and account for 43 percent of all responses. A sizeable number sought less expensive accommodation than they had been occupying and many did not want to continue living alone. When these reasons are arrayed according to the nature of the choice the elderly had when they sought assisted housing, it is clear that most were forced by circumstances of age, health, or income. Over two-thirds apparently found themselves making largely involuntary choices to move to the senior citizen project. The latter reasons are, thus, indicative of the needs of the elderly in regard to shelter and of the role required of assisted housing.

Lastly, it is helpful to look at the accessibility of these projects to these residents. Over 57 percent had heard of such accommodation through friends, relatives, or local officials. After applying for an apartment, the median waiting time was about six months. Since current residents have now lived in their buildings on the average of five years, it is likely that this waiting period may increase with time.

TABLE 2.1

**Characteristics of Elderly Residents of
Senior Citizen Assisted Housing in
Eastern Ontario, 1983.**

<u>A. Sex Ratio</u>		
	Female	84.7%
	Male	15.3
<u>B. Age Distribution</u>		
	56-64	8.9%
	65-69	12.1
	70-74	20.2
	75-79	29.8
	80-84	15.3
	85-89	8.9
	90-94	4.8
<u>C. Marital Status</u>		
	Never Married	8.1%
	Married/Living w. Spouse	11.3
	Married/Separated	4.0
	Divorced	6.5
	Widowed	69.3
	Other	0.8
<u>D. Educational Attainment</u>		
	Some Grade School	14.5%
	Completed Grade School	35.5
	Some High School	25.8
	Completed High School	12.1
	Some University	1.6
	Completed University	1.6
	Other (Professional)	8.9
<u>E. Income Level (1982 Annual)</u>		
	Under \$5,000	30.4%
	\$5,000-\$10,000	61.5
	\$10,000-\$15,000	6.5
	over \$15,000	1.6
<u>F. Health Status (Self-Described)</u>		
	Very Poor	1.6%
	Poor	8.9
	Fair	45.2
	Good	39.5
	Excellent	4.8

n = 124

Source: Personal Interviews.

TABLE 2.2

**Characteristics of Dwellings Occupied by
Senior Citizens Prior to Moving to Assisted
Housing, Eastern Ontario, 1983.**

<u>Previous Dwelling Location</u>		
	City	3.2%
	Town	42.8
	Village	37.1
	Rural Area	16.9
<u>Type of Previous Dwelling</u>		
	House	66.9%
	Apartment	25.9
	Mobile Home	2.4
	Other	4.8
<u>Previous Tenancy</u>		
	Owner	47.8%
	Renter	38.7
	Lodger	13.7
<u>Duration of Previous Tenancy</u>		
	1-4 years	17.6%
	5-9 years	8.9
	10-19 years	21.8
	20-29 "	13.8
	30-39 "	11.3
	40-49 "	8.1
	over 50 years	18.5

n = 124

Source: Personal Interviews.

TABLE 2.3

Senior Citizens in Assisted Housing Coming
From Outside Small Towns, Eastern Ontario, 1983.

Name of Town	1981 Population	Senior Citizen Apartment Residents From Outside Town		
		Percent	(km) Avg. Radius	(mi.)
Gananoque	4,863	15.4	18.0	11.4
Prescott	4,670	0.0	--	--
Kemptville	2,362	47.6	18.8	11.7
Cardinal	1,753	29.2	17.4	10.8
Merrickville	984	20.0	14.0	8.7
Lansdowne	463	84.6	15.4	9.5
Spencerville	434	60.0	10.3	6.4
Elgin	292	94.1	17.7	11.0
Mallorytown	290	50.0	19.5	12.1
ALL TOWNS (Avg. values)	--	44.5	16.4	10.2

n = 124

Source: Personal Interviews.

TABLE 2.4

Reasons Senior Citizens Sought Assisted Housing, Eastern Ontario, 1983.

<u>Most Common Response</u>	<u>No. Responses</u>	<u>Type of Choice</u>
A. Could not maintain home because of age	21	involuntary
B. Was not well enough to look after home	12	involuntary
C. Death of spouse, could no longer maintain home	12	involuntary
D. Did not want to be alone	12	involuntary for most part
E. Too expensive to live in previous home	12	involuntary
F. Sought improvement in living conditions	11	voluntary (positive search)
G. Spouse too ill to maintain home	10	involuntary
H. Previous home sold by landlord	8	involuntary
I. Wanted to live independently	6	voluntary
J. Cheaper rent in apartment	6	voluntary or involuntary
K. To be closer to family	3	voluntary
L. Other	11	voluntary and involuntary

n = 124

Source: Personal Interviews.

CHAPTER 3

The Housing Environment

The decisions that the housing providers make about the kind of facility and its location are, essentially, about creating a "home" environment for the senior citizens who will live there. There is a major onus on the providers to design and plan assisted housing in a sensitive and compatible way for elderly residents whose home this could likely be for many years. The residents, as we have seen, are mostly forced by circumstances to choose assisted housing, and so do not participate in shaping these environments. Further, these environments group the elderly who, on the one hand, have different needs from those in younger age groups and who, on the other, may differ considerably amongst themselves in age, physical ability, gregariousness, etc.

Considerable effort is put into locating, designing, and building of senior citizen apartments. Provincial and federal guidelines abound respecting these decisions. Once the funds have been allocated, extensive negotiations ensue between local and provincial ministry officials. In this chapter an assessment is made of the outcomes of those negotiations and decisions. As a foundation for this assessment a modified version of Lemke and Moos' (1979) "Physical and Architectural Features Checklist" (PAF) is used. The Checklist derives from their multi-dimensional

research instrument to assess shelter-care environments. Other criteria regarding the location of projects are invoked (e.g., Wilson, 1983) and, in addition, observations pertaining to the unique circumstances of the nine projects are included.

A. Appraisal of Physical and Architectural Features

The Building and Its Setting. Typically, the senior citizen apartment project one finds in a small town in (Eastern) Ontario is a relatively-recent, two-storey structure, located on the edge of the community. Of the nine projects studied, seven date from the period 1975-1978, one from 1968, and one from 1981 (see Table 3.1). Except for the oldest one-storey project in Prescott, all follow a very similar floor plan and have relatively similar facades. Two-storey buildings are characteristic of the projects in the smaller towns (under 2,500 population). The only three-storey buildings are found in the cities and larger towns of the region; one of these, in Gananoque, is included in the study.

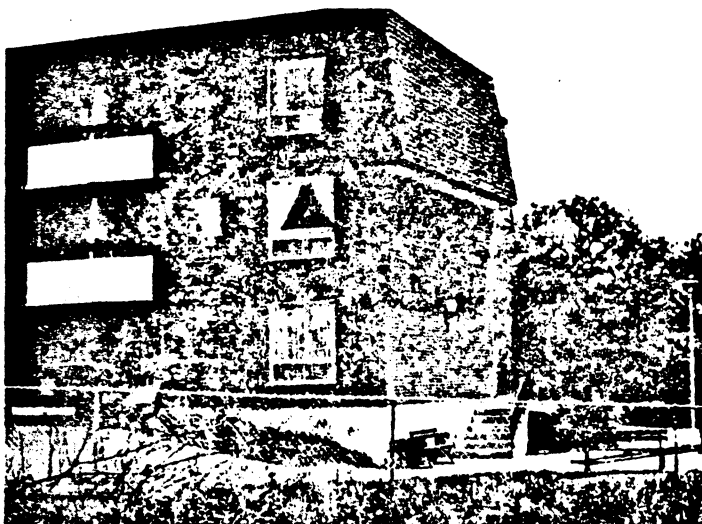
Each apartment building provides modest apartments that are created to accommodate two elderly persons. Actual occupancy is, however, considerably less than this with most apartments housing only one person. In terms of common facilities, all the buildings differ. While each has a lounge, the seating capacity varies and most buildings have capacity in their lounges for fewer than half of the residents at any one time. Only two of the seven two-storey buildings provide laundry facilities on the second floor as well as on the first. And only three-storey buildings have an elevator servicing upper floors. The latter two constraints force residents of upper floors of two-storey buildings to carry parcels and laundry up and down stairs. This is a source of much concern by residents, it will be seen later.

As to location, senior citizen apartment buildings in most of the towns studied are found on the periphery of the town. There seemed to be no functional reason for this and, moreover,

Figure 2: Typical Senior Citizen Apartments



Lansdowne



Gananoque



Elgin



Spencerville



Mallorytown



Kemptville

an ample supply of vacant land in more central locations did exist. Using the general criterion suggested by Wilson (1983) of a maximum 400 m. walking distance between an elderly housing facility and shopping areas means that many small town elderly are required to walk unduly long distances. (This issue will be addressed in the next chapter when activity patterns are analyzed.) The sites on which buildings are located vary in the degree of their development. Some have generously landscaped sites, outdoor paths and furniture, recreation areas, and gardens for residents; and some are on relatively barren sites. Again, there are no apparent reasons for these differences.

The accompanying photographs convey a sense of the building types and some external details of the assisted housing projects (Figure 2). More detailed description and evaluation of the buildings and of individual apartments are given in the sections which follow.

Physical Amenities. In this and the four following sections use is made of Lemke and Moos' evaluative framework for shelter care facilities, PAF. The format of this instrument is a checklist which notes the presence or absence of physical and architectural features considered to be desirable in housing for the elderly. No distinctive weights are given to individual items and all projects are rated similarly.

The first set of features considered in PAF is comprised of various physical attributes which would contribute to an amenable housing environment (Table 3.2). On ten of the 19 items in this list, two-thirds or more of the projects lack these amenities. Among the more important of the deficiencies are the following:

- the use of dark instead of light colours on hall floors which reduces visual perception in walking;
- the lack of storage space outside individual apartments which have very little such space;

- the absence of an outside clothesline which residents can use;
- the absence of kitchen cupboards above the counter which requires residents to bend down for supplies, dishes, etc., regardless of their agility;
- the absence of wall lights in apartments in which bulbs can be readily replaced.

One other notable deficiency found in three buildings is the lack of a canopy at the main entrance to provide protection from rain and snow. In the case of one project (Kemptonville), it is sometimes necessary to close off the main entrance during winter snow falls because of accumulated snow sliding off the sloping roof directly onto the entrance area. A related problem is the general lack of eavestroughing on any of the buildings; thus, rain from the roof may drain onto balconies, patios, and outdoor flower plots. This defect, according to many residents, discouraged them from gardening and tending plants outside their apartments.

Social-Recreational Aids. In a project designed to cater exclusively to senior citizens opportunities may be grasped to provide social and recreational aids appropriate to the needs of the elderly. Fourteen items comprise a set of features which would enrich an elderly resident's personal and social life (Table 3.3). Most of the projects provided a majority of the items listed. Some deficiencies bear mentioning, however:

- the lack of outside tables and chairs in nearly half the projects;
- the lack of any outside games areas in most projects;
- the lack of any games' or hobby room in most projects.

While all buildings have furnished common rooms, several are very deficient in seating. In two larger projects (Kemptonville, Gananoque), there is seating provided for only about one-third of the residents. Folding chairs are usually available for

additional people, but this only makes movement difficult and also constrains the use of the room for dinners, etc.

The latter lack of on-site space and equipment for hobbies and games was noted by residents in several projects. A notable exception is the newest project (Elgin) where the municipal non-profit sponsor planned into their building a basement hobby room. It is a facility that seems especially felicitous for male residents.

Safety Features. Decreasing physical agility and visual acuity, which often accompany aging, necessitate attention being given to appropriate safety features in the design of assisted housing for senior citizens. A dozen fairly simple features considered important by Lemke and Moos are listed in Table 3.4. Only four of these features are included in all the projects. Among the more noticeable deficiencies observed in the PAF survey are:

- outside walkways and seating not visible from the lounge area mean that personal insecurity is increased;
- the absence of non-skid surfaces on stairs and in bathrooms can lead to falls by less agile residents;
- the absence of call buttons in bathrooms could prevent an elderly person from easily obtaining assistance in the case of a fall or illness.

In facilities designed and operated for the elderly by public agencies minimal safety features such as these should be present in all projects. Otherwise, there is the risk of not only personal injury but also an inability to monitor the security and well-being of residents.

In two projects there are safety hazards that could have been avoided. In the common room of one (Mallorytown), there is a steel support stanchion in the middle of the common room that residents have wrapped with fluorescent tape for easier visibility. In another, a baseboard heater has been extended across the

apartment doorway leading to the patio/balcony (Cardinal). The width of this added to the raised threshold makes it difficult to step over.

Prosthetic Aids. Closely related to general safety features in a senior citizen facility are prosthetic aids which are widely acknowledged to assist the elderly to cope better in their housing environment. Of ten such aids, only three projects included all of them (Table 3.5). Among the aids generally missing from these projects were:

- no handrails in hallways in any project;
- bathroom doors opened inward, in all but one project, thus increasing the difficulty of manoeuvring in a small hard-surface room and in offering assistance from outside;
- the lack of toilet grab bars and bathtub seats can lead to similar difficulties;
- no elevator access in two-storey buildings means that upper floor residents have to carry all parcels, laundry , etc., upstairs.

It can be seen that the absence of basic prosthetic aids combined with, for example, the absence of non-skid surfaces on stairs and in bathrooms leads to cumulatively unsafe and insecure conditions in such projects as studied here.

Orientational Aids. Even though senior citizen apartment projects are aimed at promoting continued independent living arrangements for elderly residents, these housing environments tend to be insulated from the surrounding community and also inward-looking. Certain orientational aids can be provided to improve resident access to the community as well as to make the building and its internal community more understandable. Eight such aids are listed in Table 3.6. Only two of these are found in all projects; some obvious deficiencies are:

- the lack of a large-faced clock in the lobby or lounge in all but one project;
- no community resource map in any project;
- no posted list of residents in eight of nine projects;
- building rules and regulations not posted in over half the projects.

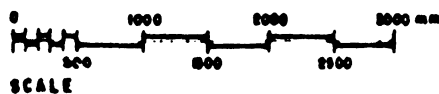
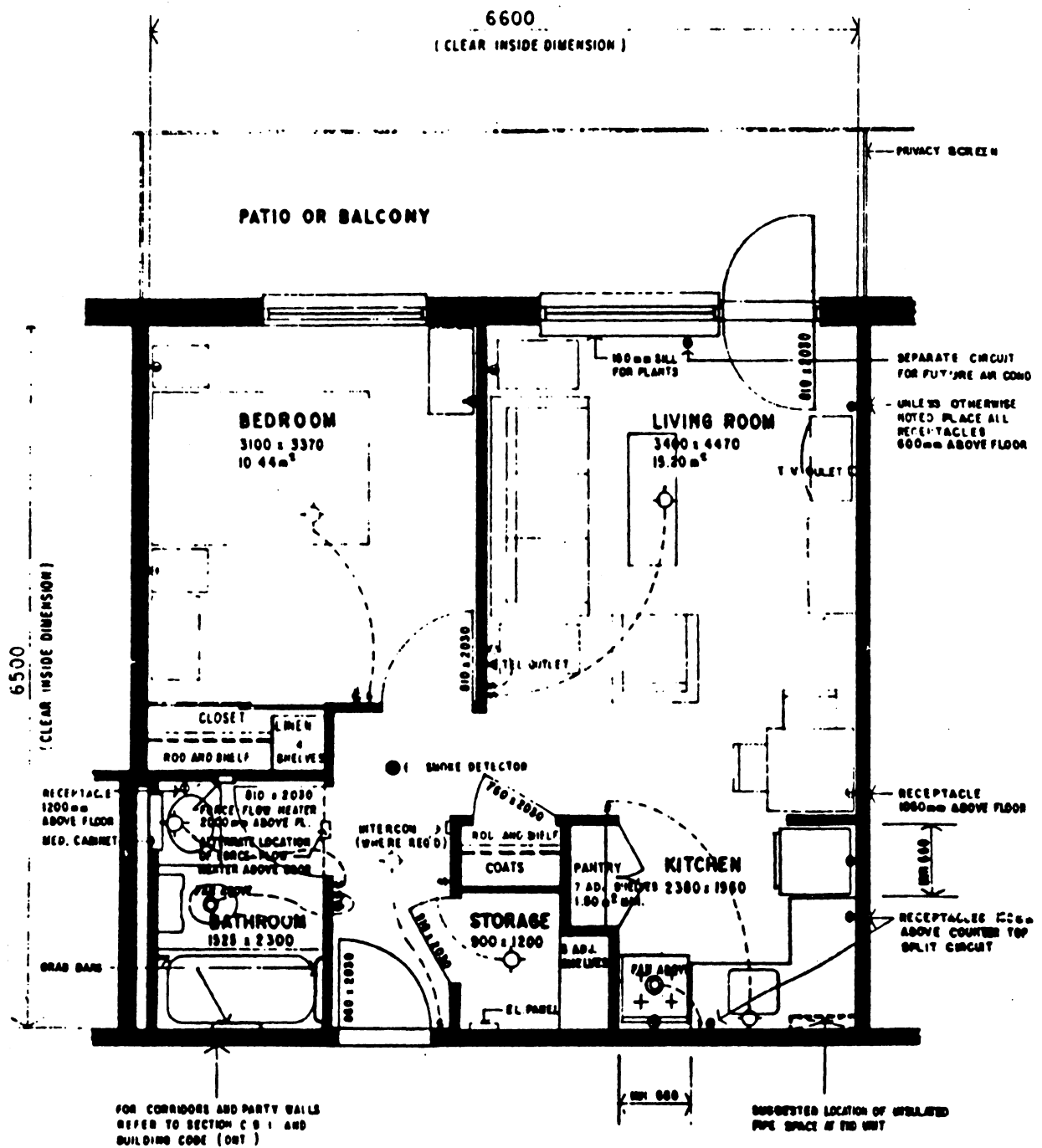
None of the projects had a public address system, a feature often considered important, but a costly one as well. On the other hand, the deficiencies noted above could be corrected at very little expense.

General Attractiveness. The PAF assessment allows also for a more subjective appraisal of shelter care facilities by using a number of criteria of attractiveness. These criteria are invoked by outside observers in the course of a site inspection. This assessment is one such as might parallel that of a visitor to a senior citizen apartment building. (In Chapter 6, the reactions of residents to their housing environment are presented.)

Exterior Appearance. Of the nine projects, six are situated in attractive neighbourhood settings. Of the remaining three, one is in the midst of an industrial district and two are somewhat isolated on the edge of the town. The same six in attractive settings also have attractive grounds and landscaping and two of these (Merrickville and Kemptville) have superior landscaping. Those projects that are not in attractive settings also have the least attractive grounds (Spencerville, Prescott, Mallorytown). Overall, three projects rate high in the eyes of outsiders (Elgin, Gananoque, Merrickville); the remainder are pleasant, if ordinary.

Interior Building Condition. In general, all nine projects are well-maintained both outside and inside. Walls and floors in common areas such as the hallways and lounge are in good condition.

Figure 3: Typical One-Bedroom Apartment



NET FLOOR AREA APPROXIMATELY 42.90 m²

Source: Ontario Ministry of Municipal Affairs and Housing

There were also no odours in these common areas, illumination was good and noise levels were generally very low. In three projects, however, (Kemptville, Lansdowne, Merrickville) the floors in hallways were noticeably noisy to those within apartments when people passed by. Window areas are adequate to generous in most projects and views from windows are generally interesting. Only the oldest project (Prescott) could be said to have too few windows.

B. Assessing the Individual Apartment

The apartments in each of the nine projects all followed the same layout as shown in the plan in Figure 3. This floor plan is one of several recommended by the Ontario Ministry of Municipal Affairs and Housing. Each apartment contains one bedroom, a combined livingroom and kitchen, and bathroom. The total floor area is about 43 m² (430 sq.ft.).

In general, the apartments are quite satisfactory and are considered so by residents (see Chapter 5). Several negative features noted in the earlier assessment, however, deserve further comment. One of the most noticeable design choices was not to put cupboards above kitchen counters in eight of the projects. Only in the recent municipal non-profit project was a decision made to install two cupboards above the counter in each apartment. In one older project such cupboards have been added recently. The rationale offered for deleting such cupboards was the difficulty of elderly residents reaching into them. By the same token, many elderly have difficulty stooping to reach into cupboards near the floor. An analogous problem is associated with changing light bulbs in the ceiling light fixtures which are the only kind provided in apartments.

A number of safety features and prosthetic aids are missing from many apartments, especially in bathrooms. Most

notable improvements would be to have bathroom doors opening outwards and to provide grab bars for toilets. The addition of a tub/shower seat would also be helpful. Bathrooms, which have limited space and many hard surfaces, need careful design when the users are the less-agile elderly.

C. Summary Rating of Projects

Each of the nine senior citizen apartment projects differ in their physical and architectural attributes. In order to assess each project a simple index rates the number of features included in the building. The proportion of features in each of the above five checklists found in the project are each rated and then an average score is derived. These ratings should be considered indicative, not precise measures, of the quality of the project (see Table 3.7).

It can be seen that only two projects have more than 50 percent of the physical and architectural features considered desirable for senior citizen shelter care facilities (Gananoque, Mallorytown), and they barely exceed this level. Three projects are notably weak in such attributes (Kemptonville, Prescott, Spencerville), being generally below average on all five checklists.

The area in which projects rate best is their possession of social and recreational aids, with three projects having over 75 percent of desirable aids. The weakest area is the lack of orientational aids, which is no higher than 40 percent in all projects. However, the most striking, and distressing, ratings are in the areas of safety features and prosthetic aids. Neither the general lack nor the variability in the existence of these aids is readily explainable given the elaborate and protracted preparations made for these projects. This must be considered an area for concern in these and future projects.

TABLE 3.1

Main Physical and Architectural Features of Senior Citizen Apartment Projects
in Nine Small Towns in Eastern Ontario, 1983.

Small Towns Main Features of Project	CARDINAL (HA)	ELGIN (MN-P)	GANANOQUE (HA)	KEMPTVILLE (HA)	LANSLOWNE (HA)	MALLORYTOWN (HA)	MERRICKVILLE (HA) No. 1	PRESCOTT (HA) SMALL	SPENCERVILLE (HA)
No. of Apartments	38	23	51	36	16	18	20	7	15
Date Opened	1972/ 1975*	1981	1975	1975	1977	1978	1976	1968	1975
No. of Floors	2	2	3	2	2	2	2	1	2
No. of Residents	53	30	54	40	18	21	20	7	15
Common Room Seating	23	12	18	10	9	10	9	7	9
Laundry Each Floor	No	Yes	No	Yes	No	No	No	Yes	No
Elevator to Upper Floors	No	No	Yes	No	No	No	No	N/A	No
Within 400 m. of Shopping Area	No	Yes	Yes	No	No	Yes	Yes	No	Yes
% Needed Services in Town	82	73	100	100	82	55	73	100	45

* Building Expanded.

Source: Field Surveys.

TABLE 3.2

**Presence of Physical Amenities for Residents
of Senior Citizen Apartment Projects,
Eastern Ontario, 1983.**

Desirable Amenities*	No. of Projects (9)		
	Yes	No	N/A
Main Entrance Sheltered from Rain & Snow	6	3	-
Paved Outside Walkways	9	-	-
Outside Seating	9	-	-
Open Courtyard	8	1	-
Sun-screened Outside Area	3	6	-
Lawn Area	9	-	-
Outside Drinking Fountain	-	9	-
Outside Clothesline	3	6	-
Mainly Level Grounds	9	-	-
Hall Floors: Light Colour	-	9	-
Public Washroom	9	-	-
Public Phone	-	9	-
Air Conditioning	-	9	-
Decorated Halls	3	6	-
Storage Space Outside Apartments	3	6	-
Apartment Floors Light Coloured	9	-	-
Kitchen Cupboards Above Counter	2	7	-
Wall Lights in Apartments	-	9	-
Individual Heat Control in Apartments	9	-	-

* According to Lemke and Moos, 1979.

Source: Field Surveys.

TABLE 3.3

Presence of Social-Recreational Aids for Residents
Residents of Citizen Apartment Projects,
Eastern Ontario, 1983.

Desirable Social-Recreational Aids*	No. of Projects (9)		
	Yes	No	N/A
Outside Seating Providing a View of Street Activities	7	2	-
Outside Tables	5	4	-
Outside Game Area	2	7	-
Garden Area	5	4	-
Visitor Parking	6	3	-
Seating in Lobby	8	1	-
Furnished Common Room	9	-	-
Reading Material in Common Room	6	3	-
Billiard Table in Common Room	1	8	-
Piano/Organ in Common Room	8	1	-
Radio in Common Room	3	6	-
Other Indoor Games	3	6	-
Kitchenette in Common Room	3	6	-
Hobby/Activity Room in Building	1	8	-

* According to Lemke and Moos, 1979.

Source: Field Surveys.

TABLE 3.4

**Presence of Safety Features for Residents of
Senior Citizen Apartment Projects,
Eastern Ontario, 1983.**

Desirable Safety Features*	No. of Projects (9)		
	Yes	No	N/A
Outside Walk/Entrance Visible from Lobby/Lounge	6	3	-
Outside Seating Visible from Lobby/Lounge	4	5	-
Fire Extinguishers in Halls, Lounge	9	-	-
Unobstructed Hallways	9	-	-
Halls Well Lit	9	-	-
Non-skid Surfaces on Stairs	3	5	1
Non-slip Surfaces in Bathroom Areas Subject to Wetness	6	3	-
Call Buttons in Bathrooms	-	9	-
Smoke Detectors in Apartments	9	-	-
Practice Fire Drills	2	6	1
Fire Drill Instructions in Apartments	8	1	-

* According to Lemke and Moos, 1979.

Source: Field Surveys.

TABLE 3.5

Presence of Prosthetic Aids for Residents of Senior
Citizen Apartment Projects, Eastern Ontario, 1983.

Desirable Prosthetic Aids*	No. of Projects (9)		
	Yes	No	N/A
Enter Building Without Stairs	9	-	-
Outside Buzzer System	9	-	-
Automatic Front Door Opening	-	9	-
Front Door Self Closing	8	1	-
Handrails in Halls	-	9	-
Bathroom Doors Open Out	1	8	-
Bathtub Safety Bar	9	-	-
Toilet Grab Bar	3	6	-
Tub/Shower Seat	2	7	-
Elevator Access to Upper Floor(s)	1	7	1

* According to Lemke and Moos, 1979.

Source: Field Surveys.

TABLE 3.6

Presence of Orientational Aids for Residents of Senior
Citizen Apartment Projects, Eastern Ontario, 1983.

Desirable Orientational Aids*	No. of Projects (9)		
	Yes	No	N/A
Large-Faced Clock in Lobby/Common Room	1	8	-
Each Floor Colour Coded	-	8	1
Resident Names On/Near Door	9	-	-
Community Resource Map	-	9	-
Public Bulletin Board	9	-	-
Rules/Regulation Posted	4	5	-
Posted List of Residents	1	8	-
Public Address System	-	9	-

* According to Lemke and Moos, 1979.

Source: Field Surveys.

TABLE 3.7

Extent of Inclusion of Desirable Features in
Nine Senior Citizen Apartment Projects,
Ontario, 1983.

Location of Project	Index of Features Included in Project*					Median Rating**
	Physical Amenities	Social- Recreational	Safety Features	Prosthetic Aids	Orientation Aids	
Cardinal	.42	.86	.36	.40	.25	.40
Elgin	.58	.79	.45	.30	.25	.45
Gananoque	.42	.64	.55	.70	.40	.55
Kemptville	.42	.36	.45	.40	.30	.40
Lansdowne	.58	.36	.73	.50	.30	.50
Mallorytown	.42	.86	.64	.60	.30	.60
Merrickville	.53	.50	.55	.50	.40	.50
Prescott	.53	.46	.45	.40	.20	.45
Spencerville	.47	.43	.36	.40	.30	.40
Median PAF**	.47	.50	.45	.40	.30	.47

* Index of Inclusion = proportion of desirable features included
in the project.

** Median of Index Scores.

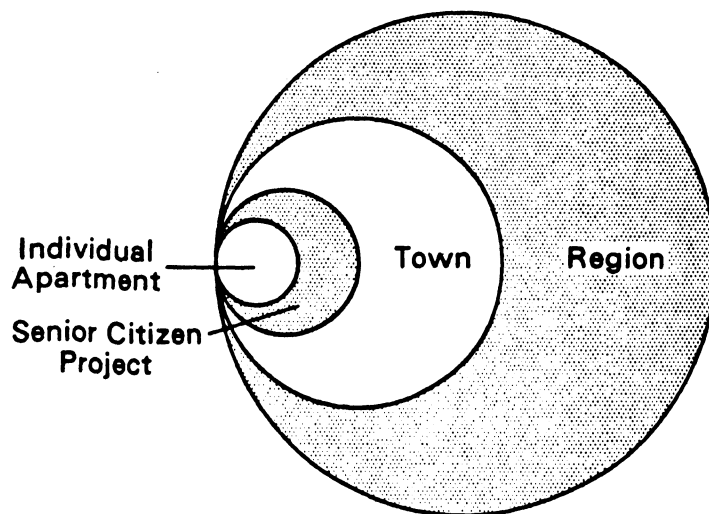
CHAPTER 4

Communities of the Elderly

The previous chapter described the shelter facility which social housing policy is providing for senior citizens in small towns. We turn now to an assessment of the various social settings in which residents participate and for which the senior citizen apartment project acts as a base. Senior citizens in seeking to satisfy their social needs will participate in three distinctive social settings -- within their building, within their town, within the region of their town. Each of these constitutes a separate "community" with different capabilities of supplying services and support. And, importantly, they are spatially separate from one another. Graphically, these communities of the elderly resident of a senior citizen project in a small town approximate that shown in Figure 4.

Data obtained on the activity patterns of residents in the personal interviews make it possible to define each of the three levels of community. In the sections that follow, a picture will be presented of the types of activities participated in and the services and support sought, progressively, from the building to the town and then beyond the town to other towns and cities. Both from the number of residents participating and the frequency of their participation it will be possible to

Figure 4: Communities of the Small Town Elderly



estimate the relative importance of various services, facilities, and activities in the life of these small town elderly. These data will also allow us to determine how far senior citizens must travel to obtain services and support, and how they overcome the relatively large distances that characterize the small town and rural environment.

A. The Building Community

Within a senior citizen shelter care facility the community environment has two facets -- the individual apartment and the building. Each has an essential role: the apartment to provide a setting for exercising personal choices in life style as well as performing routine chores; the building to provide for mutual support and extended participation in social activities. Although in reality they blend into one another, here we describe the activity patterns for each separately.

Personal Activities. Residents of each of the nine projects were asked to respond to a list of about two dozen personal activities in which they might be involved. This basic list, adapted from Lemke and Moos (1979), reflects activities and their frequency both within the apartment and around the building. The responses are summarized in Table 4.1 according to the degree to which they are pursued on a daily basis. Watching television in their own apartments was by far the most common activity (to which the interviewers can personally attest). Other "communications" activities (reading, listening to the radio, and telephoning) are also prominent activities in the lives of these senior citizens. Doing household chores and washing clothes also figure prominently, whereas entertaining, arts and crafts, and games are undertaken by one-third or less of residents on even a weekly basis.

The second part of Table 4.1 shows that substantial numbers of residents are involved in activities in and around the building. Over one-half will daily stroll in the halls and

outside the building, sit outside the building, and tend flowers on the grounds (the latter two, weather and season permitting). A sizable number are involved with other residents and helping in building activities.

This second set of activities is an indication of how personal home activities blend into the activities of the building. For it must always be remembered that this is a special "home" environment: it is congregation of persons from one population group. Despite the physical similarities with, say, a small private apartment building, including that residents are able to live independently, there is not the mix of population groups found usually in market housing. The "institutional" nature of senior citizen apartment buildings cannot be avoided. This is not to judge that such congregations of the elderly are beneficial or not, for that debate is hardly concluded (McPherson, 1983). Rather, it is part of the reality of these projects that they generate their own special collective milieu which interpenetrate with personal life spaces more than is normally the case in similar market housing.

Building Activities. The extent of activities designed for all the residents can be seen in Table 4.2 as can the degree of participation. These eleven items were identified by residents who were asked about the four most important entertainment and social activities they frequently participated in. Their first response is listed separately, to indicate the relative importance of activities, followed by the next three responses. Combined they provide the proportion of residents across the nine projects who participate in these building activities. Just over 50 percent join in the PotLuck Suppers, for example, which are typically held once per month.

Other dinners and tea and birthday parties also draw out sizable proportions of residents. These events, along with card games and bingo, are usually organized by the building's own senior citizens' club (Golden Age Club, etc.), where they

exist. The club may also arrange with other community resource persons or groups for other activities such as sing-songs, fitness classes, bible study, etc. A building activity which a third or more of residents in most projects take advantage of is the foot clinic (often combined with a blood pressure clinic). More will be said about this activity in a later chapter, along with other support activities.

Overall, the interviews reveal a generally high level of participation by residents in building activities on an occasional basis. About one-third participate in several different activities and on a frequent basis. The remainder are more passive in their response to these activities. The array of activities tends to be higher in those projects which have their own senior citizens' club, but not necessarily the degree of attendance. Where a club existed it proved helpful to the housing authority for liaison with residents on a variety of matters. One housing authority in the study area (Brockville-Leeds) explicitly encouraged clubs in its buildings. The one non-profit project included in the study had an active program for residents that was facilitated by the presence of a project manager available in the building.

B. The Small Town Community

In the small town the senior citizen resident will find the setting for two sets of community opportunities. On the one hand, she/he can seek social and recreational activities and, on the other hand, the town is a source of commercial and community services and facilities. The small town, in many ways, plays the same role as the larger urban neighbourhood plays for people who live in the city. The array of opportunities available and those utilized by senior citizens are discussed, first, from the point of view of personal activities and, second, in terms of the utilization of community resources.

Community Activities. Eleven community activities elicited in the household interviews comprise the list of those most frequently participated in by residents. These are arrayed in Table 4.3 and show that church groups and senior citizen clubs each involve more than one-quarter of residents in their meetings as well as in recreational and service activities. Most of the small towns have community-wide senior citizen clubs, as well as those organized within the projects, and they are a popular destination for all the elderly in the community. Service club activities attract many residents, and a small number are also involved in a variety of arts and crafts, fitness, and other educational activities.

It will be seen when we discuss community resources below that two facilities are prominent on that list which relate to the activities discussed here. The first is the church (or churches) of the community and the second is the senior citizen club facility. Over one-half of all residents are likely to be involved in activities in either of these two facilities at least once per month, and a further one-quarter on a weekly basis.

Community Resources. The community activities described above do not vary much in importance or degree of participation from town to town, but that is not the case with commercial and service resources. The towns included in the study differ by over ten times in population between the smallest and the largest. And they also differ similarly in the number and variety of community resources which are available. Thus, in the smallest towns it is likely that senior citizens (and others, for that matter) will not be able to satisfy all needs locally. This has already been alluded to in the last chapter (Table 3.1) and is discussed further below.

When residents were asked about the places, establishments, facilities, and services they depended on in their day-to-day lives, a total of twelve were identified. These comprise

the first dozen listed in Table 4.4 and it can be seen that about one-quarter or more of residents consider them important adjuncts to their home environments. Referring again to Table 3.1, only three of the towns contained all of these community resources, the three largest towns (Gananoque, Prescott, and Kemptville). The two smallest towns (Spencerville, and Mallorytown), as would be expected, had only 45 and 50 percent of the resources, respectively. In the remaining towns between 73 and 82 percent of resources could be obtained.

This does not speak to either quality or the potential for alternate choices among those resources which are available. In general, in towns below 2,000 population (i.e., six of the nine studied here), with the exception of grocery stores and churches, most contain only one of each of these resources, if at all. The need for many residents to seek resources in other towns, as indicated in Table 4.4, reveals both the availability locally and the desire to seek alternatives, especially among the more specialized resources (department, drug, and clothing stores, doctor).

Clearly, not all of these resources are needed as frequently as each other. Only about one-quarter of residents utilize (local) community resources on a daily basis. But over 80 percent utilize some at least one each week, and are likely to utilize up to three with that frequency. In terms of the frequency of their use, the data from the interviews reveal the following order of importance among the ten local resources:

- 1 Grocery Store
- 2 Post Office
- 3 Variety Store
- 4 Church
- 5 Bank
- 6 Doctor
- 7 Drug Store
- 8 Beauty Shop
- 9 Social Club
- 10 Restaurant.

Residents also noted the importance of the presence of family members and friends in the community. They consider them "community resources" and visit with them usually once per week.

If they were to be included in the ranking above, visits to family and friends would be seventh or eighth in the list. More will be said of this important support resource in Chapter 6.

It seems safe to say that basic local resources such as those listed will be utilized extensively by senior citizens, if the resources are present and they are easy to reach. Thus, in any particular town, the residents of a senior citizen apartment project are affected by two dimensions of community resources -- availability and accessibility. We return to this subject in the concluding section of this chapter.

C. The Regional Community

Both for the reasons of lack of availability or insufficiency of choice among local resources, residents travel to other towns and cities within Eastern Ontario to satisfy their needs for commercial and community services. Within this region are several well-developed centres: the large town of Smith's Falls, the small city of Brockville, and the cities of Kingston and Ottawa (see Figure 1). As well, the larger towns within this study (Gananoque, Prescott, and Kemptville) also play the role of supplier of services to the smaller, less well-endowed towns.

From Table 4.4 it can be seen that over 85 percent of residents obtain some resources in other communities; only a small proportion obtain everything locally. The latter group is accounted for mostly by those who live in projects in the two largest towns. Four resources are particularly sought in other communities: the list is headed by the need for a doctor, for a department store, clothing store, and a drug store. A significant number also seek medical specialists and dentists in larger centres.

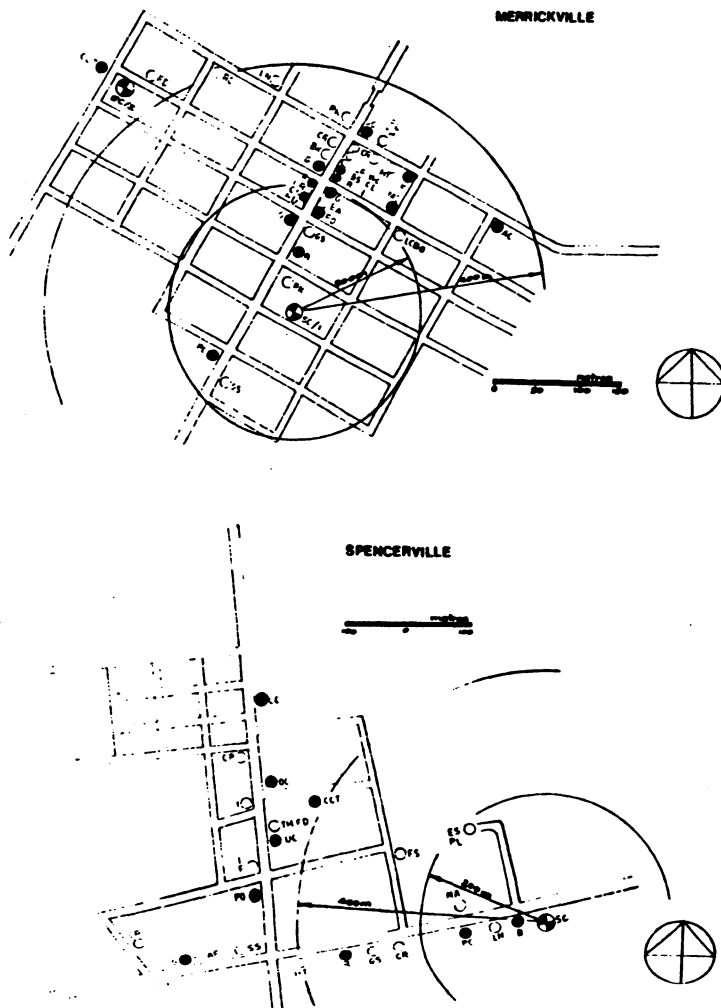
Just about the only way to reach other towns is by automobile, there being very few means of collective transportation available. Furthermore, only a little over one-

quarter of the residents have their own cars. The average resident must look for driving assistance. Family members fill this role for over half of all residents (Table 4.5). Volunteer drivers, while significant within the town, are little used to obtain resources outside. Occasionally, taxis are used and, much less frequently, residents use buses. One notable effort to supplement the meager transportation services available to senior citizens is a bi-weekly "shopping bus" operated by a service club that takes residents in at least one project to Brockville. In terms of frequency, about 35 percent of those who seek resources in other centres travel there once or twice per week. A further 45 percent travel to larger centres once or twice per month.

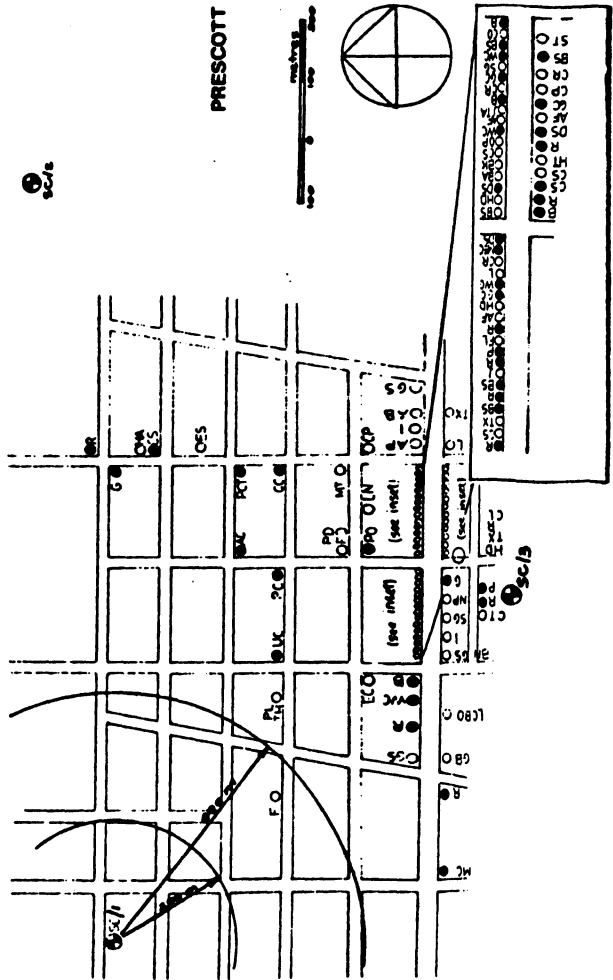
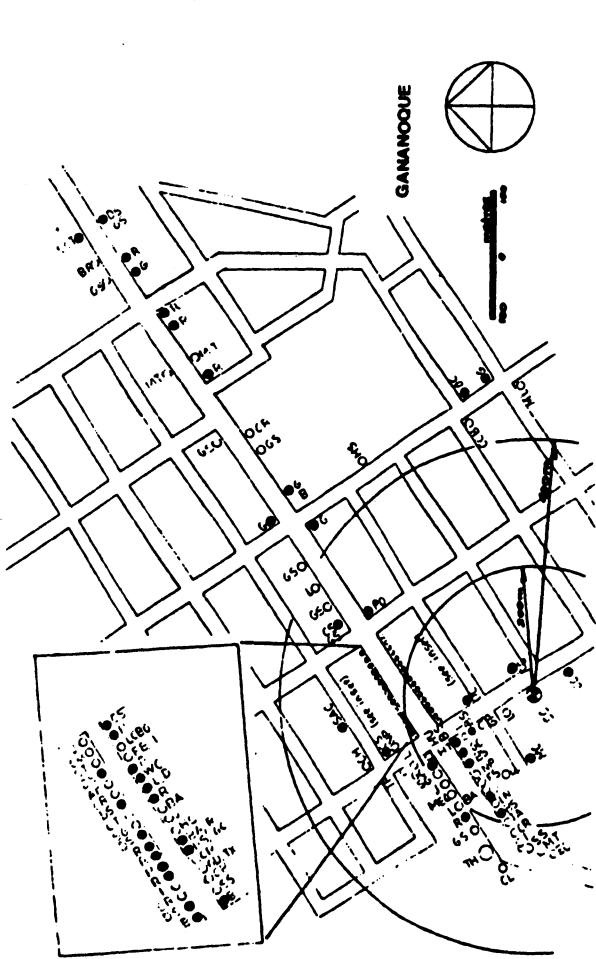
The distances that small town senior citizens must travel for regional resources are relatively large. Less than 10 percent of residents find these resources within 16 km. (10 miles) of their home (Table 4.5). Although 44 percent need only travel up to 24 km. (15 miles), a further 47 percent must travel up to 48 km. (30 miles); and another 10 percent travel even farther. In terms of time consumed in driving to outside resources, a trip of, say, 40 km. (25 miles) would take about 30-35 minutes in Eastern Ontario in all except the worst weather conditions. Thus, we could define the extent of the regional community for most senior citizen apartment residents as 40 km. and 35 minutes driving time.

While the distances to travel for outside resources is large for the small town elderly, the time consumed is probably not appreciably greater than that for an elderly person without a car in a large city. There is, however, a crucial difference: seldom is there a public bus service between towns in rural regions (and there was none in the region studied). So such choices cannot be exercised independently by the typical resident of a small town senior citizen apartment project. They depend very heavily on others to drive them, especially family members. That this is able to

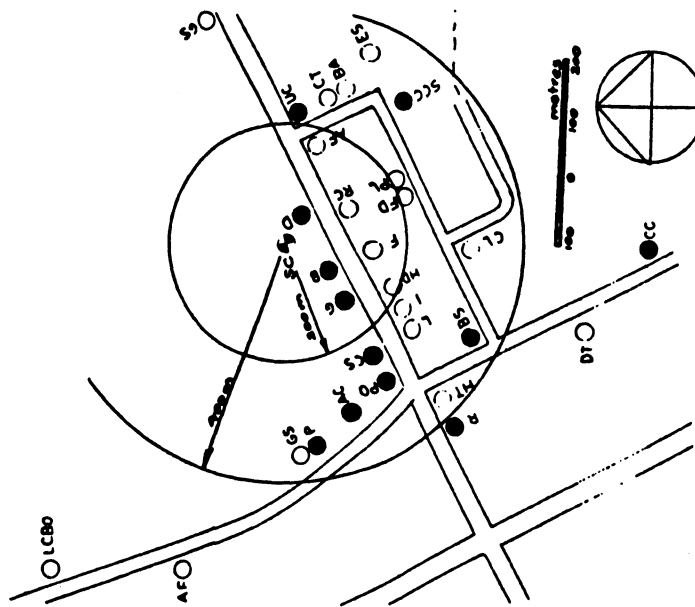
Figure 5: Distribution of Community Services

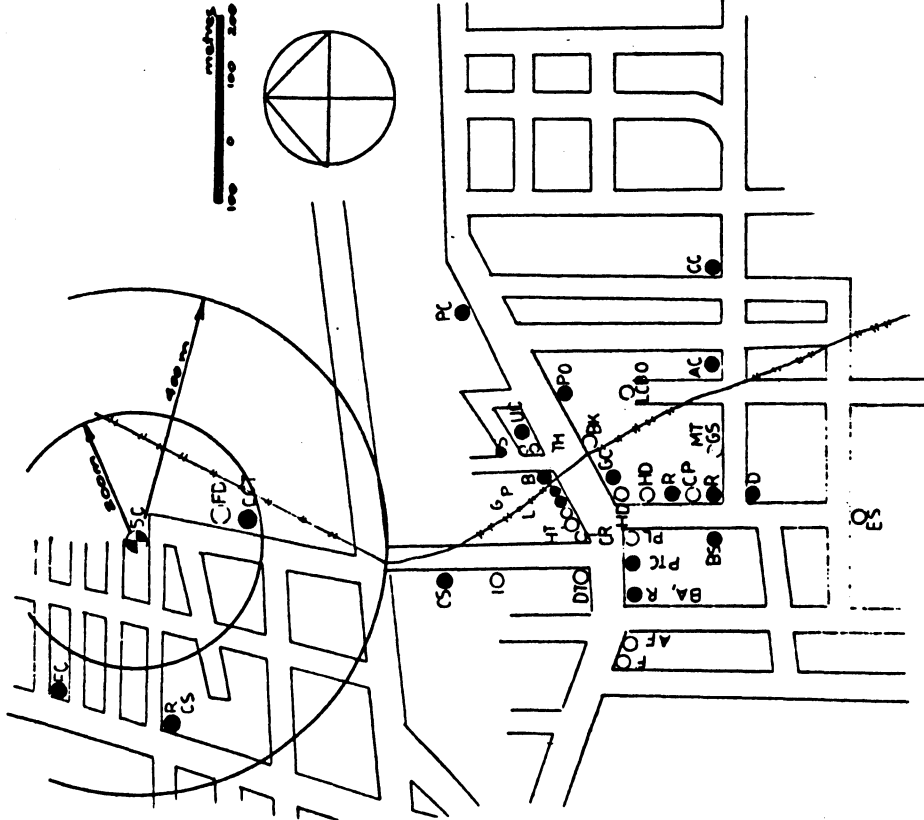


LEGEND	
AB - Ambulance Station	HT - Hotel
● AC - Anglican Church	HU - Health Unit
AF - Appliance, Furniture, Electrical	I - Insurance, Real Estate
AP - Auto Parts	J - Jewellery Store
● B - Bank	L - Law, Accounting Office
BA - Bowling Alley, Billiards, Arcades	LCBO - Liquor Control Board
BK - Bakery	LN - Legion Hall
BN - Bus Station	M - Movie Theatre
BR - Brewers Retail	MA - Masonic Lodge
BS - Beauty, Barber Shop	● MC - Medical Centre
● CC - Catholic Church	ML - Mall
CN - Court House	MT - Automobile Sales
CL - Coin Laundry	● MEC - Men's Clothing
CM - Camera Shop	NP - Newspaper
CO - Chiropractor	● OC - Other Church
CR - Craft Shop, Antiques	OD - Oddfellows Hall
CP - Carpet, Paints, Draperies	OP - Optician
● CS - Corner Store	● P - Pharmacy
CT - Catalogue Office	● PC - Presbyterian Church
CCB - Curling Club	PD - Police Department
● CCT - Community Centre	PH - Plumbing, Heating
● D - Doctor	PK - Park
● DS - Department Store	PL - Public Library
DT - Dentist	● PD - Post Office
EC - Electric Company	PT - Printing
ES - Elementary School	● PCT - Parish Centre
F - Funeral Home	● R - Restaurant
FB - Fabric Shop	AC - R.C. Cross
FC - Free Methodist Church	● SC - Senior Citizens Housing Unit
FD - Fire Department	SG - Sporting Goods
FL - Flower Shop	SS - Second Hand Store
FS - Farm Supplies	ST - Shoe Store
● G - Grocery Store	● SCC - Senior Citizens Centre
GB - Government Building	● SAC - Salvation Army Centre
● GC - General Clothing	TA - Travel Agency
GS - Gas Station	TH - Town Hall
H - Hospital	TP - Telephone Company
HA - Housing Authority	TX - Taxi
HD - Hardware, Building Supplies	● UC - United Church
HS - High School	● W - Women's Clothing
● Most Frequently Used	● Senior Citizen Apartments

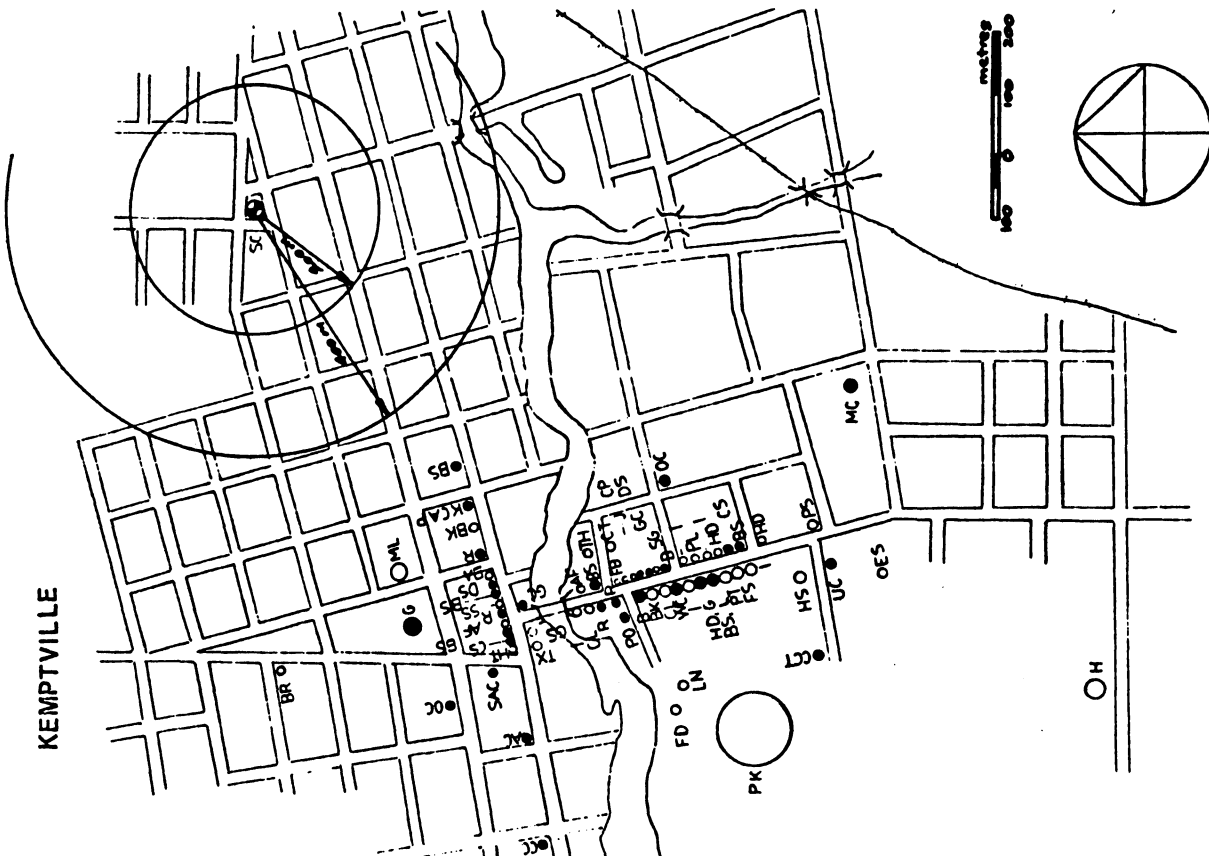


ELGIN



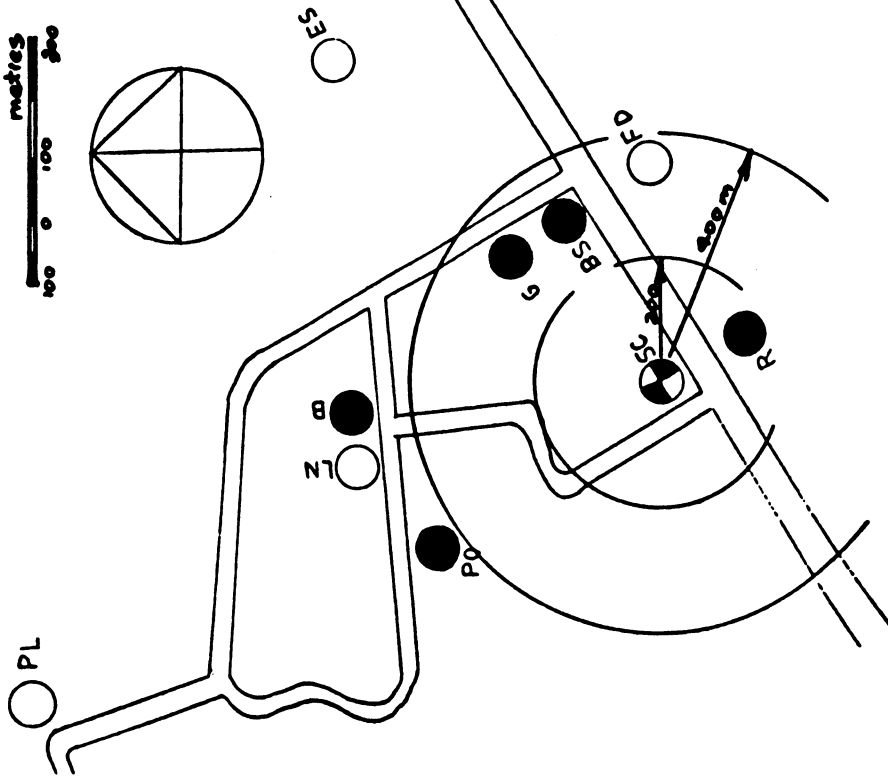
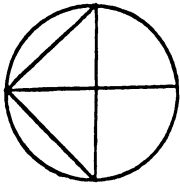


KEMPTVILLE



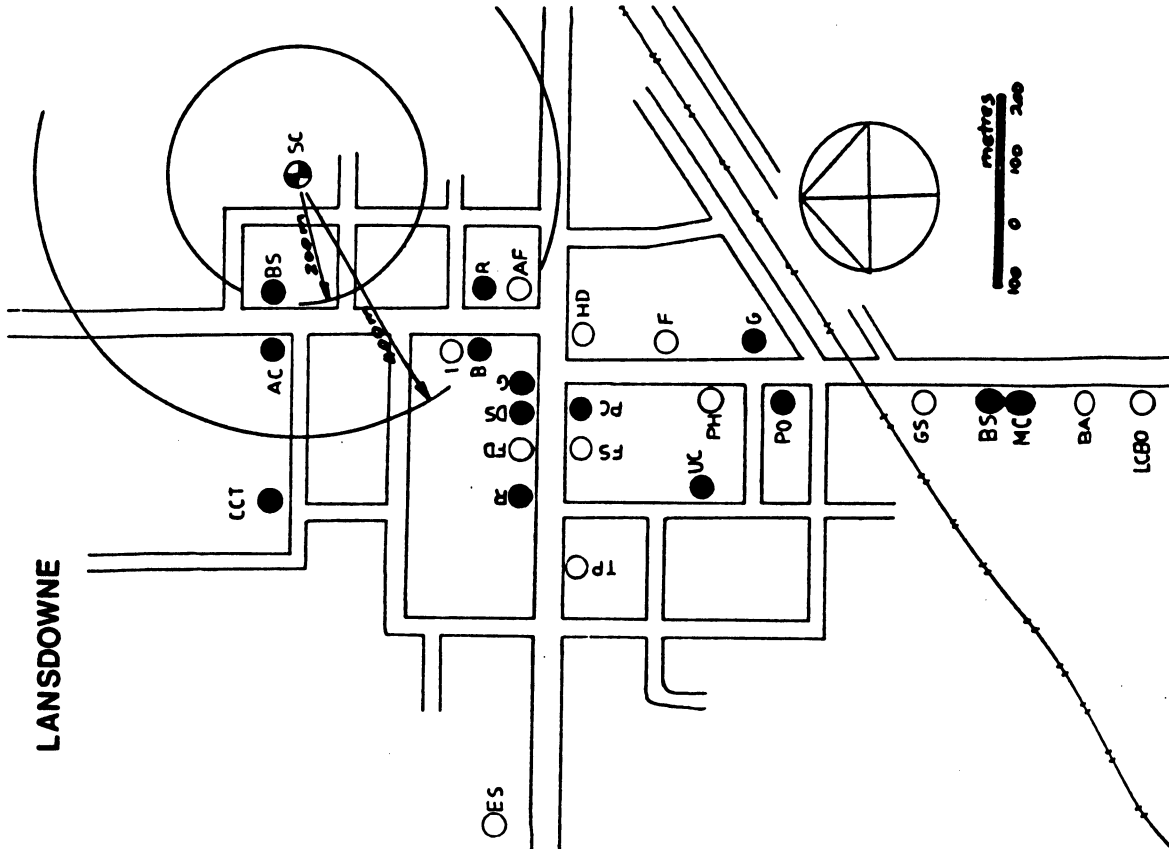
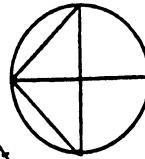
MALLORYTOWN

metres
100 0 100 200



LANSDOWNE

metres
100 0 100 200



be accomplished for most residents is a tribute to family caring and solidarity.

D. Availability and Accessibility of Community Resources

One of the central questions of this study, which was posed in the first chapter, is whether small town environments can provide sufficient support for the elderly living in senior citizen apartment projects. This question can now be addressed in terms of the basic community resources which have been identified by the elderly residents themselves, and described above. (Social support services are a second facet of this question and they will be addressed in the next chapter.)

A dozen community resources comprise what could be said to be an essential set (Table 4.4) which should be available to senior citizens within their community. But just for these resources to be available is not sufficient if they are not also readily accessible to the elderly residents of projects. Thus, the adequacy of small town environments needs to be measured against both of these dimensions -- availability and accessibility. These dimensions closely parallel, respectively, functional resource distance and physical resource distance dimensions propounded by Lawton (1977).

Most research on the environments of the elderly describes an urban situation where, for example, it is most likely that all necessary resources exist but at varying distances. In small towns the presence (availability) of community resources is, however, not assured especially as centres decrease in population size and in commercial importance. And services may not be provided in the same way as in the city as, for example, with the home delivery of mail which is not provided in most small towns. Thus, there is an obligation to define dimensions which realistically reflect the small town situation.

In defining the availability of resources it is important to recognize both the extent to which each of the basic

resources is present and the degree of choice that exists. To capture these relationships, an index of availability is derived from a ratio of the total number of establishments offering the basic resource divided by the number of basic resources present, i.e., the higher the index the greater the availability. Accessibility is simply measured by the average walking distance to basic resources as determined by field survey. This measure seems appropriate because the small physical size of small towns means that walking is appropriate and, we have seen, it is something senior citizens like to do.

Before undertaking this analysis it will be useful to examine in more empirical terms the small town environments under study. Maps of the nine towns have been prepared (each to the same scale) to show the relation of the senior citizen apartment project to the location of all commercial and community services (Figure 5). On each map, centred on the apartment project, are two concentric circles representing 200 m and 400 m distances which reflect the two distances most mentioned in the literature concerned with the location of senior citizen housing. A review of these maps reveals the following about the environments in which the projects are situated:

- (1) Five of the nine projects are located on the very edge of the town (Cardinal, Kemptville, Lansdowne, Prescott, Spencerville).
- (2) Four projects are more than 400 m from the main cluster of stores and services (Cardinal, Kemptville, Prescott, Lansdowne).
- (3) Six projects have three or fewer basic community resources within 400 m (Cardinal, Kemptville, Lansdowne, Mallorytown, Prescott, Spencerville).
- (4) Three projects have ten or more basic community resources within 400 m (Elgin, Gananoque, Merrickville).

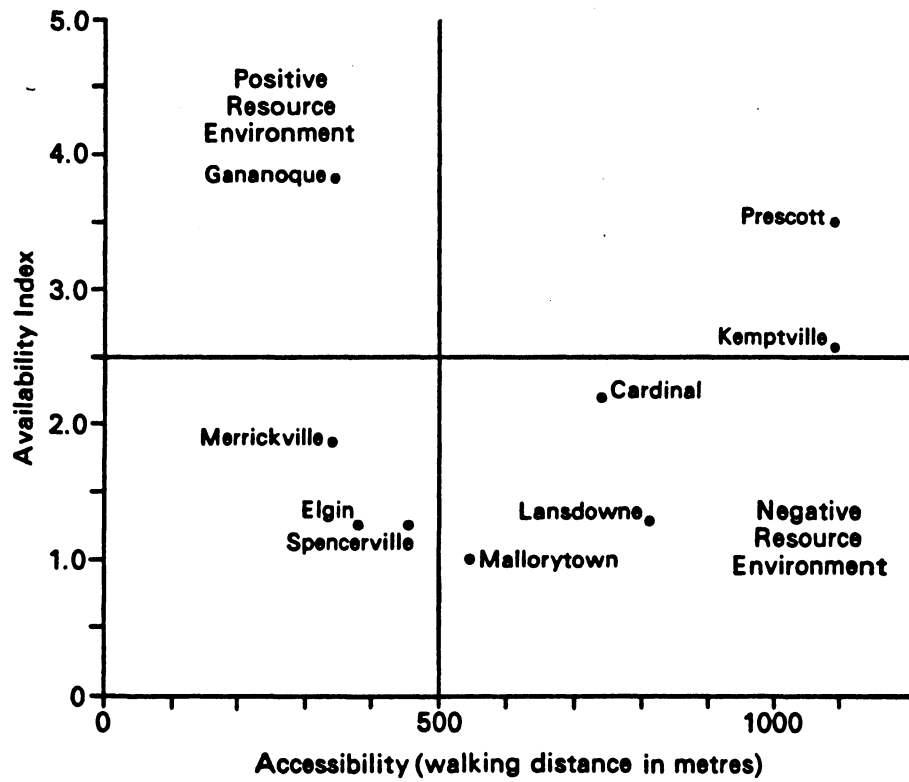
These observations reveal not only varying degrees of accessibility among the nine projects, but also that several have very poor access to community resources. This is confirmed by the data in Table 4.6: the Kemptville and Prescott projects each

have average walking distances nearly twice as large as the median value for all projects; Lansdowne is 48 percent higher, and Cardinal is 35 percent higher. The effect of poor accessibility is to constrain residents from walking out to community resources. The data also reveal these same four projects have significantly lower proportions who walk to community resources. From these data a generalization about walking distance can be made: senior citizens in small towns will be constrained in walking to community resources which are beyond 500 metres from the project.

Turning to the dimension of availability of resources, Table 4.6 shows the degree to which each town is able to provide the community resources residents wish. The four largest towns perform well in this regard with indexes over 2.2. All the other towns are weak on this dimension. It should be noted that the latter places all have populations under 1,000, and the former have populations from around 2,000 and up. It would seem, therefore, that preferred levels of availability of community resources is achieved in towns with populations over 2,000.

If we now combine these two dimensions graphically, and plot each of the towns, it will be possible to distinguish more clearly among different kinds of small town environments (see Figure 6). The area of the graph is divided into four quadrants according to the measures of availability and accessibility derived from studying the nine towns and their projects. An availability index of 2.5 would seem to provide a preferable lower threshold: at this level, if all twelve community resources were present, there would be thirty resource establishments allowing senior citizens relatively wide choice. An accessibility level of 500 metres would seem to provide a preferable upper limit for average walking distance from a senior citizen housing project to community resources. Given the generally small overall size of most small towns and the

Figure 6: Availability and Accessibility to Community Resources



widespread availability of land, projects could be located within this range of community resources in most towns.

The northwest quadrant, where both availability and accessibility are good, is labelled a Positive Resource Environment; the opposite quadrant, where availability and accessibility are poor, is labelled a Negative Resource Environment. The remaining two quadrants show strength on one dimension and weakness on the other. When the nine towns are plotted, the following picture emerges:

- (1) Gananoque is the only town which performs well on both dimensions, with many resources and modest walking distance.
- (2) Three towns, Lansdowne, Cardinal, and Mallorytown, perform poorly on both dimensions, with long walking distances and meager resources.
- (3) Three smaller towns, Merrickville, Elgin, and Spencerville, have well-situated projects but community resources are not plentiful.
- (4) Two larger towns, Prescott and Kemptville, have many resources but the projects are located more than twice the preferred distance from them.

The Positive Resource Environment, represented in the situation of the Gananoque project, is analogous to the confluence of physical and functional resource distances to which Lawton (1977) refers. This is clearly the most salubrious situation for senior citizens; the resources are available and they can walk to them if they choose. Each of the other three quadrants illustrate flawed situations, some by choice and some by circumstance.

In the Kemptville and Prescott projects we see the result of locational choices which now leave residents more than one kilometre from the main resource cluster. The Lansdowne and Cardinal projects are similarly flawed, although not to the same extent, by the choices of the housing providers to locate the projects at excessive distances from resources. On the other hand, economic and commercial circumstances leave the

small centres in the situation of having only a limited number of resources. Thus, the choice of location of a project in these places should not add to the burden of a lesser range of community resources, as it clearly does in Lansdowne. Whereas, in Merrickville, Elgin, and Spencerville, amenable locations have been chosen. Housing providers cannot change the availability of resources in small towns, but they can choose to locate projects so that they promote accessibility for residents, and thereby add to community functioning and cohesion.

TABLE 4.1

Personal Activities of Residents of Senior Citizen
Apartment Projects and Frequency of Involvement,
Eastern Ontario, 1983.

Personal Activity	Percent Involvement				
	Daily	At least		Rarely	N/A
		1/wk.	1/mon.		
<u>Within Apartment:</u>					
Watch TV	92.7	4.0	0.9	2.4	---
Household Chores	76.6	15.3	1.6	2.4	4.1
Read Newspaper	73.3	15.3	0.9	10.5	---
Listen to Radio	66.9	14.5	1.6	16.9	---
Nap	66.9	9.7	---	22.5	0.9
Read Books	50.8	20.2	4.8	24.2	---
Use Telephone	50.0	32.2	0.9	16.9	---
Sew	23.4	20.2	8.1	47.6	0.9
Entertain Other Residents	12.9	23.4	17.7	45.1	0.9
Play Cards	9.7	29.8	16.9	43.5	---
Entertain Family	4.0	15.3	25.9	54.8	---
Arts/Crafts	2.0	3.2	2.4	89.0	2.4
Wash Clothes	1.6	79.9	9.7	3.2	5.6
Write Letters	1.6	18.6	29.8	48.4	1.6
<u>Outside Apartment:</u>					
Stroll in Halls	57.2	10.5	0.9	29.8	1.6
Sit Outside Building	52.4	17.7	0.9	28.1	0.9
Stroll Outside Building	52.4	20.9	1.6	24.2	0.9
Tend Flowers	50.0	13.7	---	33.9	2.4
Help Other Residents	8.9	12.9	14.5	60.5	3.2
Visit Other Residents	7.3	25.0	16.1	50.0	1.6
Help on Bldg. Activities	0.9	2.4	26.7	60.9	9.1

n = 124

Source: Personal Interviews.

TABLE 4.2

**Social Activities in Building Participated in
by Residents of Senior Citizen Apartment Projects,
Eastern Ontario, 1983.**

Building Activity	Percent Participating	
	1st Response	2nd-4th
Pot Luck Suppers	29.8	21.0
Seniors' Club Meeting	16.9	16.1
Card Games	9.7	12.9
Singing/Hymn Sings	4.8	14.5
Bible Study	6.5	13.7
Tea/Birthday Parties	4.0	9.7
Special Dinners	2.4	35.4
Bingo	5.6	4.8
Special Events	1.6	7.2
Clubs	0.9	3.2
Fitness Class	0.9	1.6

n = 124

Source: Personal Interviews.

TABLE 4.3

Community Activities Participated in by
Residents of Senior Citizen Apartment Projects,
Eastern Ontario, 1983.

Community Activity	Percent Participating	
	1st Response	2nd-5th
Church Group	16.9	10.5
Seniors' Club Meeting	14.5	12.1
Seniors' Club Bingo, etc.	8.9	13.7
Community Group	5.6	10.5
Service Club Meeting	4.8	2.4
Church Functions	1.6	4.0
Service Club Social Event	3.2	2.4
Arts/Crafts Class	1.6	1.6
Volunteer Work	---	3.2
Education/Fitness Class	1.6	0.9
Bowling	---	0.9

n = 124

Source: Personal Interviews.

TABLE 4.4

Community Resources Used by Elderly Residents
of Senior Citizen Apartment Projects,
Eastern Ontario, 1983.

		Location	
		Local	Non-Local
		(percent residents)	
<hr/>			
<u>Number of Resources Used</u>			
None		1.6	13.7
1-5		24.2	55.6
6-10		56.4	26.6
11-15		16.9	3.2
16-20		0.9	0.9
<u>Most Frequently Used Resources</u>			
Major Resources for Seniors	Bank	89.5	---
	Grocery Store	79.8	9.7
	Doctor	62.1	37.9
	Church	59.7	5.6
	Post Office	52.4	---
	Drug Store	49.2	21.0
	Beauty Shop/Barber	49.2	11.3
	Restaurant	45.2	8.1
	Social Clubs	36.3	1.6
	Variety Store	22.6	0.9
	Department Store	14.4	33.9
	Clothing/Shoe Store	8.9	27.4
	Library	7.3	---
	Bakery	6.5	2.4
	Dentist	4.0	4.0
Medical Specialist	1.6	12.9	

n = 124

Source: Personal Interviews.

TABLE 4.5

Means of Travel to Community Resources by
Residents of Senior Citizen Apartment Projects,
Eastern Ontario, 1983.

<u>Modes of Travel Used Regularly by Percent Users*</u>	<u>Location</u>	
	<u>Local</u>	<u>Non-Local</u>
Walking	69.4	N.A.
Driving Own Car	28.2	27.5
Family Driver	54.0	52.4
Volunteer Driver	10.5	0.8
Taxi	17.7	4.0
n = 124		

No. of Local Resources
Reached by Walking
by Percent Users

None	30.1	} N.A.
1-2	15.4	
3-6	23.6	
7-10	25.2	
over 10	5.7	
n = 123		

Average Distance Travelled
to Non-Local Resources
by Percent Users

Less than 16 km	} N.A.	9.3
16-24 km		33.7
24-32 km		18.7
32-40 km		16.8
40-48 km		11.2
over 48 km		10.3
n = 107		

* Columns do not add to 100 percent because several modes of travel used locally and some travel foregone to non-local resources.

Source: Personal Interviews.

TABLE 4.6

Availability and Accessibility of Community Resources to Residents
of Senior Citizen Apartment Projects, Eastern Ontario, 1983.

Project Location	No. Basic Resources	Total Basic Establishments	Most Frequently Used Resources			Average Walking Distance (Metres)	Percent Residents Walking
			Availability Index	% Within 200 m	% Within 400 m		
Cardinal	9	20	2.22	8.3	25.0	739	34.8
Elgin	8	12	1.50	25.0	66.6	382	93.3
Gananoque	12	46	3.83	83.3	83.3	347	83.3
Kemptville	12	31	2.58	0.0	0.0	1048	60.0
Lansdowne	9	14	1.55	8.3	33.3	812	63.6
Mallorytown	5	5	1.00	8.3	25.0	546	91.7
Merrickville	8	15	1.87	33.3	58.3	342	73.3
Prescott	12	42	3.50	0.0	0.0	1041	66.7
Spencerville	6	9	1.50	16.6	33.3	453	100.0
ALL TOWNS (median value)	9	15	1.87	8.3	33.3	546	73.3

Source: Field Surveys.

CHAPTER 5

Support Patterns in the Community

One of the special attributes of a community for the elderly is its ability to provide assistance to an aging population. The programs of shelter care facilities are an instance of assisting this special population group with its housing needs. The previous two chapters indicated that many of the elderly who reside in senior citizen apartments also seek support in health care, transportation, recreation, and personal and social services. For the latter area of support the needs of the elderly cannot be as simply met as when we construct an apartment building for them (even though, as we have seen, that solution is not as simple as it appears). Personal support systems for the elderly will need to be varied because of age, health, income, and cultural differences. It may not be possible to incorporate support for the elderly under other assistance programs in the community. And there may be as much need for volunteer services as for formal programs.

The provision of shelter for the well elderly, therefore, raises the issue about complementary needs for

supportive services to this group of citizens. The resolution of this issue is never easy, for several reasons. One is the diversity of kinds of support. Another has to do with the variety of forms of such support. Yet another concerns our knowledge of such needs. Through the personal interviews conducted in this study we may throw light on each of these concerns. The elderly residents were asked to identify the types of assistance which they received to facilitate their day-to-day lives in the few months prior to the interview. The source of the assistance and the frequency with which it was required were also identified. The nature of the services component in the lives of elderly residents of shelter-care facilities can, thus, be sketched.

One other dimension of support services can be defined from these interviews. By identifying the sources of assistance to the elderly the network of assistance providers for the small town elderly also emerges. That is, we can discern the array of persons and groups involved in supporting elderly residents, as well as the skills required and the formats for assistance which are used. These linkages provide a picture of how the elderly residents relate to the community as well as how the community responds to their needs.

The approach taken here determines the need for services directly from the users of services. In this case, the picture is provided by two-thirds of the residents. Further, it is not a picture derived from the aspirations of service providers. It is primarily a picture of what is, rather than of what should be. The accuracy of this picture cannot be fully verified because one-third of the residents did not respond. They either claimed to have no problems or chose not to answer. The distinct impression left with interviewers is that many residents are reluctant to reveal their need for assistance. Among other things, this could be

due to fear of jeopardizing their leases if they appear frail, or to the need to protect one's self-image in an, admittedly, vulnerable stage of life. Nevertheless, the data are indicative of the basic patterns of support sought by the small town elderly. More probing would probably reveal them to be even broader and more varied.

A. Services the Elderly Use

Types of Assistance. The elderly residents of assisted housing in Eastern Ontario small towns obtain a wide variety of personal assistance. The list (Table 5.1) is headed, as one would guess, by medical care. A related health care service received by many occurs in the regular checkups for blood pressure and for foot conditions that are provided by nurses in many of the projects. Transportation assistance follows closely upon medical care in the needs of elderly residents. The limited level of automobile ownership among residents accounts for this. About one-fifth of residents obtain assistance in caring for their apartments, in helping to prepare meals, and in personal hygiene. There is nothing very surprising about this list. Probably most noteworthy is the prominence of rather mundane types of assistance which may not be amenable to being organized as a public program.

The Service Providers. The importance of health care is pointed up again in the list of persons and groups from whom the elderly receive assistance (Table 5.2). The residents' doctor heads the list. Also very prominent are medical services provided by nurses of the Victorian Order of Nurses (VON) and, to a much lesser degree, the province's public health nurses. Red Cross Homemakers provide in-home supplementary services to those medically unable to carry out home care tasks due to illness.

Beyond the health care professionals, one is struck by the importance of non-professionals among those to whom the elderly turn for assistance. The person's relatives regularly help in driving, cleaning, cooking, etc. Others from the community are also important in helping the elderly, e.g. the milkman, the taxi driver, the grocer, and, of course, friends. Many residents also hire casual help for some of their chores. But, not only are many forms of assistance provided by non-professionals, they are also provided voluntarily. Some of the latter are organized by community groups (service clubs, churches, senior citizen clubs), but the majority are informal, person-to-person arrangements.

Location and Frequency of Services. A large proportion of assistance elderly residents seek is received by them in the apartment project (Table 5.3). Personal medical care and housekeeping assistance are received in an individual's apartment. The regular foot and blood pressure clinics comprise a sizable part of those services received in the project's common room. But the latter facility is also used to provide religious services and recreation and entertainment to residents by community groups. Many residents also seek services outside in community buildings, such as medical centres and community centres. (Unfortunately, these data do not reflect the services obtained in doctors' offices, an obviously important part of the support network.)

The pattern of frequency of assistance is indicative of senior citizens' needs for support. Most commonly, assistance is received once or twice per month. But many services are required once or twice per week. And some residents may be receiving assistance of two or more different kinds at the same time, each of which has a different frequency. Examples might be medical visits once per month, grocery delivery once per week, meals-on-wheels twice per week, and so forth.

B. Services the Elderly Need

The need for community support seen by elderly residents is involved with several different perceptions: of problems they have experienced, of expectations they have about society, relatives and friends, and of the availability of sources of assistance. On a general level residents were asked whether they thought there were any support services needed for the elderly in their community. Not quite half said yes; the remainder either said no or were unsure. Many of the latter included people who had no serious problems or were well-supported by families and friends.

Regarding the perceptions of residents about sources of support currently available, the following responses were given: only a few people thought there were a "great many" available; about one-fifth felt there were a "fair number" but most (75%) felt there were very few services available. While this perception of lack of services is affected by the personal experience of many residents who felt they did not need such services themselves, the actual picture tends to bear out this contention. In Table 5.4 an attempt is made to tabulate the number of assistance providers in each community included in the study. It is compiled from the list of services, groups, etc. mentioned by residents as having provided support to them. It is noticeable from this table that small towns such as these have few formal services and few professional persons available to the elderly. In two communities there appears to be a good supply of volunteer services, but the other towns have only one or two. Community groups are mentioned frequently as assisting the elderly, especially church organizations and service clubs. And in several of the communities there are a sizable number of persons and firms who recognize the needs of the elderly and provide, for example, free delivery of groceries, reduced taxi fares, and hairdressing services in individual apartments.

It is worth noting that these figures are not meant to measure the adequacy of available support. They are, perhaps, more usefully seen as another measure of the number and variety of service providers that enter into the lives of elderly residents of assisted housing in small towns. Further, many of the service providers, especially community groups and volunteers, are involved only on a casual, non-frequent basis. That is, few actually have a regular program of support (the Lion's Club "Shoppers' bus" serving Mallorytown is an exception). And many respond only upon request. Again, this is not a measure of quality of support but rather an indication of the type that is available and serving a useful, if albeit a limited, role.

Suggested Services. The services identified by residents as needed for themselves or fellow senior citizens fall into three general categories (Table 5.5). They are, in order of the frequency of responses:

Transportation: One-half of the respondents (reflecting one-quarter of all residents) mentioned the need for reliable low-cost transportation. Residents at present rely heavily on the generosity of relatives, friends, other residents, and, in a few instances, organized volunteer drivers. Specific suggestions for transportation improvements also included shoppers' trips and home delivery of goods and services.

Companionship/Entertainment: Many residents cited the desire to relieve their boredom both through personal companions and through greater variety of entertainment and recreation provided in the project.

Housekeeping Assistance: Several forms of help with housekeeping chores were cited by a large proportion of residents. Many wished for a program providing

an alternative to cooking all their own meals, such as meals-on-wheels (delivery of food to people) and wheels-to-meals (delivery of people to meals). Also there is a widely expressed need both for general housecleaning and for more all-encompassing home-maker services.

C. Emergent Networks of Community Support

The data presented in this chapter allow us to see more of the texture of the communities of the elderly residents of assisted housing in small towns. By knowing the persons and groups with whom the residents are linked in obtaining support we have the opportunity to define the participants, the interconnectedness, and the substance of their "personal communities." The latter is a reference to the approach of Wellman et al. (1983) in seeking a definition of community within the networks of linkages (or "ties") of individuals, rather than from a simple spatial context. This seems appropriate because, as we have seen, the residents participate in several spatial communities. While the data of this study do not permit a full penetration of personal communities, the broad dimensions of the community support networks of residents may be described. With these in hand we shall be in a better position to broach the issue of the needed connection between shelter and services for the elderly.

Community Support Linkages. Elderly residents are linked to community support by five different types of participants:

- 1 Health Care professionals
- 2 Kin
- 3 Friends
- 4 Community Groups
- 5 Community Members.

This list reflects the dominance of the use and felt need of health care among the elderly residents. Doctors, visiting nurses, pharmacists, and Red Cross Homemakers figure most prominently in this cluster of support linkages. Also very important to residents from a different point of view are family and friends. They not only provide assistance directly, but also provide accessibility to various other sources of community support through transportation to services and information about services. Community groups provide a variety of services to individuals and to the groups of residents, some on an organized basis and some purely ad hoc as residents request assistance. Many individual community members are linked to residents through the provision of small services such as deliveries and household assistance.

The nature of these ties is that they are mostly one-way linkages. That is they either originate with the elderly resident seeking assistance or with some assistance provider bringing a service to the apartment project. An example of the former is the request for transportation to go to the doctor, and of the latter the provision of entertainment by a service club. By the same token most of the ties are for specific purposes and not closely associated with one another. Two-way linkages occur among residents and their friends inside and outside the building, as with the "buddy system" among pairs of residents and in entertaining friends and relatives within apartments as well as the reciprocal visiting.

Many linkages occur once per week, as with the small services such as driving and deliveries; most occur at least once per month. And previous data show that these ties will be at varying distances from the apartment project, possibly even in a neighbouring town or city, especially as the assistance becomes more specialized. That is, the resident may travel outside his/her community to the services, or they may be provided on a regional basis from a major centre such as in the case of nursing services.

Content of the Support Network. The essential feature of a support network is that it conveys resources to the elderly resident. The four major kinds of resources in the resident's network are:

- 1 Health assistance
- 2 Transportation
- 3 Small services
- 4 Companionship.

Each of these is, in turn, comprised of several strands. That is, the resources may be conveyed by different people as well as in different forms. Thus, health assistance is obtained from a person's doctor or visiting nurse or Red Cross Homemaker. It is also conveyed through driving assistance provided by a family member, friend, or volunteer. In the latter sense, the strands of health assistance and transportation overlap. And the health care resources also provide companionship for elderly residents through such as the regular foot clinics which stimulate residents to gather together and, very noticeably, in the regular visits of nurses and Homemakers to those who are ill. The strands of the small services for the residents are, perhaps, the most diverse and independent of one another. They involve serving many different kinds of individual needs (repairs, errands, driving, housework, meal preparation, etc.).

The Structure of Support. The above four content areas are the primary ones in which elderly residents seek support. They may, therefore, be considered to comprise the "agenda" for any efforts to provide support. It is also evident from the above discussion that the strands in the networks of elderly residents tend to be very loosely knit. There are few intentional links between service providers, with the exception of the cluster of ties provided by family and

friends. The need to link up with a wide variety of resources over wide distances, which characterize the small town milieu, undoubtedly contributes to the low density of these networks. It poses special problems for the providers of assistance and for the recipients.

TABLE 5.1

Assistance Received from Community Sources
by Residents of Senior Citizen Apartment Projects,
Eastern Ontario, 1983

<u>Type of Assistance</u>	<u>Percent Residents*</u>
Medical Care	89.3
Transportation/Driving	67.1
Foot/Blood Pressure Clinic	32.9
Cleaning Apartment	19.5
Delivery of Goods/Mail	18.3
Cooking/Laundry	13.4
Religious Services (personal)	7.3
Meal Preparation	4.9
Personal Hygiene	4.9
Other	9.8
- apartment maintenance	
- tape/book service	
- fitness group	
- financial help	
- legal help	

* n = 82; a total of 42 residents said they
received no assistance (see text).

Source: Personal Interviews.

TABLE 5.2

Assistance Providers to Residents of Senior
Citizen Apartment Projects, Eastern Ontario,
1983

<u>Assistance Providers</u>	<u>Percent Residents*</u>
Doctor	62.1
Victorian Order of Nurses	36.6
Son/Daughter	18.3
Hired Person	17.1
Community Group/Service Club	15.6
Friend from Community	13.4
Milkman	10.9
Friend in Building	9.7
Red Cross Homemaker	9.7
Nurse: Public Health/Homecare	7.3
Taxi Driver	7.3
Brother/Sister	6.1
Grocer	6.1
Church Group	6.1
Minister/Priest	6.1
Other	14.6
- town official	
- security tenant	
- maintenance staff	
- other family	
- volunteer	
- ambulance	
- pharmacist	
- mailman	

* n = 82

Source: Personal Interviews.

TABLE 5.3

Location and Frequency of Assistance Obtained by
Residents of Senior Citizen Apartment Projects,
Eastern Ontario, 1983

<u>Location of Assistance</u>	<u>Percent Residents*</u>
Own Apartment	66.1
Project Common Room	44.1
Community Building	21.8
Another Community	4.0
 <u>Frequency of Assistance</u>	
Daily	9.4
1-2/week	43.9
1-2/month	63.4
1-2/year	20.7

n = 82

* Percentages do not add to 100 because some residents
obtain two or more types of assistance which may also
have different frequencies.

Source: Personal Interviews.

TABLE 5.4

Assistance Providers¹ for the Elderly Located in
Communities with Senior Citizen Apartment Projects,
Eastern Ontario, 1983

Project Location	Services		Community Groups	Professional	Other ²
	Formal	Volunteer			
Cardinal	3	1	7	6	6
Elgin	3	4	6	3	4
Gananoque	3	4	12	5	7
Kemptville	5	2	10	6	10
Lansdowne	2	1	5	2	3
Mallorytown	-	2	4	-	1
Merrickville	1	1	9	1	3
Prescott	3	1	5	3	2
Spencerville	-	1	6	-	1

Source: Personal Interviews

- Notes:
1. Those cited by residents.
 2. Includes commercial establishments which provide personal services to residents.

TABLE 5.5

Needed Services and Assistance Suggested by
Residents of Senior Citizen Apartment Projects,
Eastern Ontario, 1983

Type of Service/Assistance (No. of Responses)

Reliable/Readily Accessible Low Cost Transportation (31)

Companionship to Relieve Boredom (10)

Greater Variety of Entertainment/Activities (10)

Home Delivery of Goods/Services (8)

Meals-on-Wheels/Wheels-to-Meals (7)

Homemaker Services (5)

General Housecleaning (4)

Visiting Nurse (3)

Shopping Trips (2)

n = 62

Source: Personal Interviews.

CHAPTER 6

Outlook and Attitudes of Residents

It now remains to fill out this picture of senior citizen housing in small towns by letting the residents' outlook on their situation prevail. Responses were elicited in the personal interviews which would reflect their personal outlook on life as well as their attitudes toward their apartments, their buildings and the social milieu of their buildings. The attitudes and opinions expressed here should probably be viewed as not comprising a precise reflection of these senior citizens' outlooks. It is frequently noted by other researchers that elderly people in dependent housing situations tend to underplay any aspects which, to them, might seem to jeopardize the security of their dwelling place. Thus, they may not wish to make themselves appear unable to live independently, and they may restrain their criticism of the housing facility and its operation.

Some of the elderly residents' reluctance in regard to acknowledging their need for assistance was perceived by the interviewers, and commented upon in the previous chapter. Interviewers also perceived a reluctance among residents to have their criticism of their housing recorded in their

questionnaire response. Interviewers reported that informally expressed concerns were often muted in the elderly person's formal answer. The significance of this for the final results is indeterminate, suffice to say that they are, if anything, probably understated. That is, there is probably more support of negative criticisms among residents than is indicated. This should be taken into account in reading the results below.

A. Personal Outlook of Residents

Beyond the demographic dimensions of the group of residents presented earlier (Chapter 2), it is necessary to "hear their voices" about their views of the world and of themselves to obtain a better appreciation of them. The questionnaires contained three sets of questions comprising different psychological scales. The first aims at measuring a resident's self-esteem, the second the resident's outlook on life, and the third the resident's satisfaction with his/her social relationships. The overall results, presented in Table 6.1, are summarized below.

Self-Esteem: a high level of self-esteem exists among residents with an average score of 5.6 on a scale with a maximum value of 8.0. Incorporated in this 10 item scale (after Rosenberg, 1965) are questions of about how a resident felt about him/herself: i.e., his/her positive attitude, personal pride, satisfaction, self-respect, usefulness, equality with others, degree of success, personal worth, and so forth.

Outlook on Life: residents exhibit also on this scale a strong sense of personal well-being with their average score being 5.0 out of a maximum of 7.0. The six-item scale (after Schmidt and

Sermatt, 1983) seeks to determine how a resident feels about his/her life: is it successful, full, interesting, worthwhile, satisfying, and hopeful.

Satisfaction with Social Relations: Again, residents are very positive in this regard. Their average score of 5.1 out of 7.0 indicates they are, on the whole, quite satisfied with how they interact with others. This scale (after Wood, 1983) probes relations with family, friends, groups to which they belong, participation in the community, and with neighbours, etc.

These uniformly high scores reflect a generally optimistic, well-adjusted group of senior citizens who reside in assisted housing. Responses on individual questions within each scale also show this same strength, with only a few exceptions in the realm of personal effectiveness. Thus, in their own eyes, residents feel quite good about themselves, their lives, and their participation in the community. Although these results show a predominance of those with positive attitudes, there are indications that 10-15 percent of residents do not share this optimistic outlook. The reasons are probably diverse, for there is no clear statistical association between scores on these scales and either the age or health of residents.

B. Attitudes Toward Assisted Housing

Each of the personal interviews with residents concluded by asking them for their opinion of the housing project they lived in. Besides general questions about their satisfaction with their living situation, each was asked to comment on positive and negative features of the building and its grounds, of his/her own apartment, the social atmosphere in

the building. Again, paralleling the optimism of residents, the general attitude toward their housing was one of high satisfaction (Table 6.2). There was somewhat less satisfaction among residents regarding the rules and regulations, and with their ability to get the rules changed. One quarter of the residents felt strongly that there were inadequate means of liaison between them and the building management.

The Building and Grounds (Table 6.3). A substantial proportion of residents commented positively on the standards of upkeep and cleanliness of both the interior of the building and its grounds. (This was not generally the case in all projects. Those operated by the Prescott-Grenville Housing Authority were less well-praised in this same regard.) The setting of the building, its attractiveness, the availability of a lounge, and the efforts at providing a secure environment were all important features in the eyes of elderly residents. A reference to Figure 2 will indicate something of these positive aspects. The projects of assisted housing compare favourably in physical terms to apartments provided privately in small towns. It is also likely they are more modern and better designed than the housing in which residents previously lived.

The buildings were not without flaws, according to many residents. The most common complaint was that those with apartments on the second floor (of two-storey buildings) had to carry all parcels up the stairs. And in most of these buildings it was also necessary to carry laundry up and down. Most realized that an elevator would be too costly, but wondered about having something akin to the old-fashioned dumbwaiter to move loads between the lower and upper floors. A variety of design features were also criticized, such as the amount of parking space, the size of common room, the quality

of the TV antenna, and the noise emanating from the flooring used in halls. Some also noted the lack of safety features. The location of buildings in relation to facilities and friends was considered poor mainly by residents in those projects placed on the edge of the town. In well-located buildings the response was positive to this feature.

Individual Apartments (Table 6.4). Residents commented favourably on several features of their apartments which seem to reflect their feelings of good fortune to having secured such good quality housing in comparison with either previous dwellings or alternatives in the town. These are units, after all, which allow a good deal of independence in their use (such as the individual control of heating) and in the amenities they provide (such as a balcony or patio).

But while apartments were considered of sufficient size by many, an almost equal proportion found them too small. Most common among the complaints was the lack of another bedroom in apartments shared by couples, and for allowing relatives or friends to stay overnight. Most irksome to residents were the quality of kitchen fixtures (such as no cupboards above the counters, awkward storage cupboards, and difficult drawer pulls) and the level of maintenance of appliances and electrical and plumbing fixtures. Residents frequently complained to interviewers that either there were not clear procedures for obtaining repairs, or that maintenance was not very prompt, or both.

A sizable proportion of residents had concerns about the rent they paid. Some were concerned about the amount they had to pay and, in particular in the year of the survey, the size of rent increases levied against many. It will be remembered that half of the residents had previously been homeowners with probably little experience in renting. Many

were also forced by financial circumstances to seek assisted housing and were noticeably confused over the operation of the rent-geared-to-income provisions. In the buildings of one housing authority (Prescott-Grenville) there seemed less-than-adequate efforts made to communicate with residents about these concerns.

Social Atmosphere and Activities (Table 6.5). A majority of residents commented positively on the friendliness of their housing situation, the neighbourly spirit, and their lack of loneliness. A few also commented on how the rules and regulations helped in providing a stable, predictable environment. Still others found these rules inconsistent. But most criticism centred on the lack of participation by many residents in group activities. This was related to some extent by the feeling that residents were often incompatible in their living habits. The latter concerns are, no doubt, accentuated in an apartment project comprising all elderly people, all of whom the program recognizes as peers.

* * * * *

The responses of residents described in the previous pages convey a general attitude that these assisted housing projects fulfill most of their needs for housing. At the same time, they perceive and experience difficulties with various aspects of the projects. This does not represent a contradiction so much as it reflects two different factors in the residents' housing experience. On the one hand is their appreciation of finding a stable housing environment and a generally well-equipped dwelling unit for their retirement years. Such housing alternatives are seldom available in small towns. And, on the other hand, their day-to-day experience

living in assisted housing exposes some flaws of its operation. This dichotomy between the availability of a needed housing facility and the quality of that facility comprises a major theme in the concluding chapter which follows. .

TABLE 6.1

Measures of Personal Outlook and Well-Being of Residents of Senior Citizen Apartment Projects, Eastern Ontario, 1983

	<u>Mean Score</u>	/	<u>Max. Score</u>
<u>Self Esteem</u> ¹ (n = 124)	5.6	/	8.0
<u>Outlook on Life</u> ² (n = 124)	5.0	/	7.0
<u>Satisfaction with Social Relations</u> ³ (n = 124)	5.1	/	7.0

Source: Personal Interviews

Notes: 1. After Rosenberg (1965)
2. After Schmidt and Sermatt (1983)
3. After Wood (1983)

TABLE 6.2

Measures of Satisfaction with Senior Citizen Apartment Projects, Eastern Ontario, 1983

	<u>Mean Score</u>	/	<u>Max. Score</u>
<u>General Satisfaction With Home</u> (n = 124)	4.5	/	5.0
<u>Satisfaction With Rules and Regulations</u> (n = 124)	5.7	/	7.0
<u>Satisfaction With Ability To Change Rules</u> (n = 118)	4.6	/	7.0

Source: Personal Interviews

TABLE 6.3

Residents' Attitudes¹ Toward Building and Grounds
of Senior Citizen Apartment Projects, Eastern Ontario,
1983

	<u>Percent Respondents</u>
<u>Positive Features</u>	
Building Maintenance/Cleaning	28.1
Neighbourhood of Building	20.2
Grounds Upkeep/Attractiveness	11.2
Common Room	10.1
Building Security	10.1
(n = 89)	
<u>Negative Features</u>	
No Alternative to Stairs to 2nd Floor	38.6
Layout, Design, Parking, TV Reception	31.3
Safety Features	15.7
Location of Building in Town	12.0
Noise Levels in Halls, Apartments	12.0
(n = 83)	

Source: Personal Interviews

Notes: 1. Five most frequent responses

TABLE 6.4

Residents' Attitudes¹ Toward Individual Apartments in
Senior Citizen Apartment Projects, Eastern Ontario,
1983

	<u>Percent Respondents</u>
<u>Positive Features</u>	
Size	32.2
Self-Controlled Heating	26.9
Convenience/Ease of Cleaning	21.5
Balcony/Patio	19.4
Privacy	19.4
(n = 93)	
<u>Negative Features</u>	
Kitchen Fixtures/Appliances	43.8
Size	27.5
Rent	15.0
Windows	15.0
General Storage Space	13.8
(n = 80)	

Source: Personal Interviews

Notes: 1. Five most frequent responses.

TABLE 6.5

Residents' Attitudes¹ Toward Atmosphere and Activities
in Senior Citizen Apartment Projects, Eastern Ontario,
1983

	<u>Percent Respondents</u>
<u>Positive Features</u>	
Friendliness/Co-operation	77.8
Helpful Neighbouring	24.4
Group Spirit and Effort	6.7
Lack of Loneliness	6.7
Rules and Regulations	5.6
(n = 90)	
 <u>Negative Features</u>	
Lack of Participation in Activities	33.3
Incompatibility of Residents	31.5
Small Number/Type of Activities	29.6
Rules and Regulations	25.9
Lack of Independent Action	9.2
(n = 54)	

Source: Personal Interviews

Notes: 1. Five most frequent responses.

CHAPTER 7

Shelter and Services: Reprise and Response

A. Reprise on the Research

This study set out to examine the outcome of that facet of Canadian social housing policy which provides shelter care facilities for the elderly who reside in rural regions. The latter facilities are almost always built in small towns and villages and have significantly expanded the housing options for small town and rural senior citizens. Senior citizen apartment projects in towns of less than 1,000 population (the bulk of all small towns), it was found, may comprise 10-20 percent of the entire housing stock. This is a much greater impact than would be the case for such housing in cities or even in very large towns. Yet the situation of towns and villages regarding social and commercial services to support the elderly is much less elaborate than that of larger centres.

There can be little doubt that assisted housing for the elderly in small towns is meeting a distinct shelter need, and this study's findings further confirm that. However, in the process of meeting this need a number of basic questions

emerge in regard to social and professional obligations in providing a viable living environment of both shelter and services:

- (1) What is the role of assisted housing in providing shelter for the small town elderly?
- (2) How well do assisted housing projects meet the physical and functional needs of elderly residents?
- (3) To what extent are assisted housing projects integrated with community resources of small towns?

These questions guided the study of the elderly residents and their shelter care facilities in nine small towns in Eastern Ontario, a summary of which follows.

The Residents. Most residents are women (87%), widowed, over 70 years of age, reasonably healthy, and poor. On the average, they have lived in the project five years. Most of them previously lived in their own houses for 20 years or more, either in the same town as the project or within 16 km. of it. The choice of living in these projects was for over two-thirds of the residents forced by circumstances of health, income, or loss of a spouse. Assisted housing in small town settings is, thus, providing mostly for the shelter needs of the low income female elderly in the communities where they have resided for a good portion of their lives.

The Housing. Typically, senior citizen housing projects provide between 20-35 individual apartments arranged on two floors. No elevator access is provided to upper floors except in those of three storeys or more. There is a common room provided in each building, although they differ in size and ability to accommodate all residents. Five scales used to measure the presence of desirable features to be included in housing for the elderly show deficiencies in all nine projects.

Only two projects had more than 50 percent of the desirable physical amenities, social-recreational aids, safety features, prosthetic aids, and orientational aids. Neither the general lack nor the variability in the existence of these features is readily explainable, given the elaborate and usually protracted preparations made for these projects.

Accessibility to Community Resources. Residents participate in three levels of community: the building, the town, and nearby cities and towns, encompassing a region of 40 km. radius. The community resources they mostly seek are, in order of use, grocery store, post office, variety store, bank, church, doctor, drug store, beauty parlour, social club, restaurant, department store, and clothing store. With automobile ownership at only one-quarter of all residents (and no local bus service), there is a high degree of dependency on obtaining driving assistance from relatives, friends, and volunteers. Most residents (73%) walk at least once a week to obtain commercial and community services in the town; the median walking distance is 546 m. Despite this propensity of residents to walk, four of the nine projects are in out-of-the-way locations, necessitating walks greatly in excess of the median. Walking is significantly decreased among residents in the latter situations.

Patterns of Support. Four kinds of assistance are sought by most elderly residents to provide for their continued well-being: for health care, transportation, home help, and companionship. Health care professionals top the list of assistance providers to senior citizens, followed by family members, friends, community groups, and community helpers. The bulk of all assistance is provided by non-professionals on an informal, voluntary basis. There are few links between assistance providers, including amongst the formal public services.

Outlook of Residents. Individually, residents evidence a great deal of self-esteem, psychological well-being, and optimism. Most are quite satisfied with the quality of their housing, but do not find it free of flaws. The most common complaint is about having to carry everything to the second floor. In some buildings, excessive noise from halls and through walls is a concern. Others cite the distant location of the building, and with regard to apartments many residents comment unfavourably on the size, the quality of appliances, and the slow and inadequate maintenance. There was also frustration in some projects over the lack of any ready mechanism for communicating the concerns and needs of residents to housing managers.

* * * * *

To encapsulate the results of this study, what was found was that programs for senior citizen housing are providing needed shelter care for the elderly in small towns in generally attractive, reasonably well-constructed buildings. These buildings are, however, not without their design flaws and many are poorly located. In short, the assisted housing is quite good, but could be better. The reasons for shortfalls is speculated on in the next section.

This study also sought to go beyond the provision of shelter for the elderly. For when we provide a specialized shelter environment for a group of elderly persons we also assume a measure of responsibility for other aspects of their well-being. Experience tells us that such a group will need various forms of assistance even though they are living independently. Only limited, unco-ordinated services presently exist. The third section discusses the needs and the opportunities to provide both shelter and services.

The importance of senior citizen housing in the small town milieu, both in physical and social services terms, begs the question about its place in the on-going planning of small centres. Thus, in a final section the implications for a more holistic approach to community planning for small communities and rural regions are broached.

B. Reflections on the Outcome of Social Housing Policy

A completed senior citizen apartment building in a small town is a product (an output) of Canadian social housing policy. This policy begins with the Canadian Parliament and is embodied in the National Housing Act. The buildings, such as the ones described above, are what are delivered to communities as a result of that policy. They are there to praise, or "grow ivy on," as is sometimes said about architects' "mistakes." No matter, they are there, for many decades, to enrich or otherwise affect the lives of residents and the functioning of a community. Among the nine buildings examined in this study, each of them has one or more significant flaws. A basic question, then: is this the sort of output which was intended to flow from the policy?

One would probably answer "yes" to this question on political-bureaucratic grounds. Buildings have been built where communities requested them; they are fully occupied by senior citizens, indeed, there are waiting lists of others who wish one of the apartments; provision has been made to make rents affordable to the poor elderly; and recommended standards have been followed in their construction. But what of the shortfalls in physical and architectural features and in location identified among these nine projects? Projects without certain safety features, or with architectural defects, or in inappropriate locations constitute evidence of choices made

by some participant(s) somewhere in the process of bringing a project to fruition. Concomitantly, those projects which are not dangerous for residents, which function well, and are conveniently located are the result of choices by other participants engaged in the same process of implementing social housing policy.

It is tempting to want to examine the process of policy implementation in the expectation of finding defects at certain decision points that would account for the shortfalls. Certainly, the process of bringing a senior citizen apartment to fruition with its plethora of actors, regulations, and approving bodies leaves much room for misjudgment. Yet it is, essentially, a "democratic" process: the initiative for a project comes from the local level, there is plenty of room for negotiation, and there are technical and political "checks and balances." Herein lies an ethical dilemma of analyzing processes of policy implementation. Whether we judge the process to be good because it is democratic or defective because too much discretion is allowed the actors, we preclude being able to assess the moral responsibility or accountability of the actors in the process. And we also obscure judgments about the validity of actual performance in implementing social housing policy.

It seems especially important to look at the performance of actors in the process of providing assisted housing for the elderly for two reasons. First, there is the issue of the longevity of physical projects. If defects are embodied in senior citizen apartments, they can only be rectified with great difficulty, if at all. If a project is located such that it requires inordinate walking distance by residents to basic services, this is a decision that can never be rectified. The second reason is that this study shows that the process is prone to produce disparate results both within and between projects. There are well-located projects and poorly-located

ones produced by the same process (including within the same housing authority jurisdiction). At the same time, well-located projects are found to be significantly flawed in various physical, architectural, and safety features, and vice versa.

There is a certain perversity and ethical avoidance in a process whose actors can countenance such an array of outcomes, outcomes which will affect the functioning of elderly members of the community for years to come. Basic standards of design and construction formulated by the Ministry's professionals are considered minimum standards, but seem to become the maximum provided unless challenged. And they can be challenged, such as the second floor laundry room, the outside clothesline, and the cupboards above the kitchen counters incorporated in the project built by the municipal non-profit corporation in Elgin, although excluded by the guidelines. One needs to ask: if they could be included here, why not in other projects? Is advice on such possibilities tendered freely by ministry officials to all project proponents? Or does it depend on the sagacity of the proponents? And what about the responsibility of housing authorities and non-profit corporations to be sensitive to the needs of the elderly who will be their clients? Much the same sorts of questions need to be asked in regard to design and construction flaws: the metal support poles in the lounges at Mallorytown and Gananoque, the "extra" step at the top of the stairway to the second floor at Mallorytown, the lack of a canopy at the front entrance at Kemptville to protect from sliding snow, and the cupboard pulls which injure fingers of residents at Cardinal.

The above building defects arise mostly in the context of the interactions of the local committee and senior government officials. Responsibility for the quality of the output lies somewhere in that realm, but exactly where is problematic.

Just as problematic is the responsibility for the choice of the actual location of buildings, which is handled almost entirely at the local level. It is a rare small town in Canada that does not have several alternate sites which could accommodate a typical senior citizen apartment building within one-quarter mile (400 m) of the centre of town. An acre of land or less is all that is needed, and land prices are dramatically lower than for comparable urban land regardless of location. Why then are sites chosen 800 and 1,000 metres away? One can only guess that, in the competition among local land interests, some factors not central to the rationality of locating such a project are allowed to hold sway. Even so, these choices are reviewed by senior government officials with, supposedly, professional knowledge of the needs of the elderly in this regard. Does professional responsibility bow to the primacy of a "grassroots" decision in this case?

In this research we have become aware of several other ethical dilemmas in the delivery of assisted housing for the elderly. Not the least is the failure to establish participatory mechanisms which would allow residents to voice their views on their housing environment. Given the natural trepidation of the elderly in regard to their security of tenancy in shelter care facilities, their voice is not likely to be heard otherwise. The strong efforts at the one municipal non-profit project (in Elgin) to involve its residents is encouraging. Perhaps this new format for delivering housing policy can have the effect of promoting greater responsibility and accountability among actors.

C. On Linking Shelter and Services

The senior citizens interviewed in this survey are quite clear about their major needs beyond that of shelter. It is a short list: health care, transportation, home help,

and companionship. But neither its brevity nor its mundane content should be discounted. For not only is this the "agenda" of those who require the assistance but it also echoes the advice of other senior citizens who participated in "community dialogues" in this region (Mark, 1981). Indeed, these are the concerns of the elderly whether they live in assisted housing or in their own homes, be that in small towns, the countryside, or the city.

Accept, as we must, the validity of the expressed needs of elderly residents for support services, and one question that arises is to what extent and how effectively are these needs now being met? In the rural parts of Eastern Ontario covered in this study, the answer would have to be: only to a small degree. This situation is not dissimilar to that of rural regions in other parts of Ontario and in other provinces, and for the same reasons. For one, the low density and widespread distribution of the elderly population in rural regions militates against the organization of formal services. Concentrations of senior citizens, even in towns and villages, are too small to provide resident services. This points up another reason in that the rural elderly cannot easily access services outside their own communities because no collective transportation system exists. They depend either upon the private automobile, and usually someone else's, or upon the mobility of the service.

Thus, we see that the support needs of the rural elderly are intertwined with transportation as a key component. This shows up not only in accessing public services such as health care, but also in the myriad of day-to-day needs such as getting groceries or mail delivered (home help), and visiting the local senior citizens' club or friends and relatives (companionship). And, not uncommonly, mobile health care workers (visiting nurses and Red Cross Homemakers) find themselves playing "companionship" roles long after medical

care is required because of the paucity of such support from other sources. What these examples also demonstrate is that an elderly resident may need several kinds of support at any one time for a complete sense of physical and emotional well-being. That is, we should be striving to integrate our support to the elderly in rural areas.

Two complementary concepts have been put forward to meet the need of integrating support services to the elderly. The first is the "service centre" concept in which formal health and social services are clustered in one community. This is both to facilitate the access of the elderly to these services and to promote interaction among helping professionals regarding the full needs in the individual cases they are serving. The second is the "seniors centre" concept whereby the elderly person may obtain, in his/her own community, information about and direct access to both formal and volunteer services they may need.

Prototypes of each of these concepts exist in rural Eastern Ontario. At Sharbot Lake, north of Kingston, North Frontenac Community Services clusters a wide array of health and social welfare/agency service providers in one facility. In Kemptville, in the study area, citizens and service providers formed K-CAP (Kemptonville Community Assistance Program) to assist the elderly and the handicapped to access the services they need. An important lesson from Kemptonville is that the gap which must be filled is to make available simple, low-level services, or what might be called "neighbourly services." A partial list includes rides to stores, to the doctor, or to church; friendly visiting; daily contact to ascertain problems; respite care to relieve families; household chores and repairs; meal services. These are services which can, realistically, only be provided by neighbours or other community members. But they cannot be left to chance; they must be co-ordinated.

K-CAP employs a staff person for this vital task.

Although we have not mentioned the housing providers in the above discussion, it should be clear that they can play a strategic role in integrating services with the shelter they provide for senior citizens. That they do not presently do so in an active way (with the exception of the Elgin municipal non-profit project) is unfortunate. For the elderly in assisted housing are separated from much of the normal neighbouring that would occur among residents living on the same street. At the same time, the clusters of elderly in projects provide sufficient numbers to make some group health care possible, such as the popular blood pressure and foot care clinics we have noted. Project staffs have the advantage of regular contact with residents and could thereby facilitate access to information about services which are available and links to service providers about needs they perceive among residents. Much more initiative needs to be taken in this direction by housing providers than is evident in the majority of projects examined in this study.

D. Implications for Community Planning

During the course of this study the author has become aware that there are issues of importance to the future of a small town attendant upon the location of a senior citizen housing project there. This stems from two factors. The first has to do with the already apparent tendency for the elderly to favour small town locations as places of retirement. It is not uncommon to find towns and villages in Eastern Ontario where the elderly comprise 20 to 25 percent of the population, and where they likely occupy an even greater proportion of the housing stock. The second factor has to do with the provision of support services for the elderly population.

Thus, when we introduce a senior citizen apartment project into the future of a small town, we introduce significant issues for the planning of that community because it is bound to have several different kinds of impacts. Housing stock is enlarged and diversified (most small towns have few apartments). New services may be required and additional community resources may need to be mobilized. Not least, the town or village with a project is further confirmed as a retirement centre.

This is not to suggest anything inherently wrong in locating senior citizen apartments in small towns. Rather it is to focus on the implications of such projects for a community and to suggest that the planning of a project become part of the process of planning for the community. This is something that receives little planning attention at the present time. Most small communities seem oblivious both to the impacts and to their responsibility to elderly citizens. In regard to the latter, perhaps better locations could have been found for those projects built in out-of-the-way sites if a community planning approach had been taken. Residents of these projects constitute a sizable number of customers for town businesses and their access to these businesses ought not to be impaired. Consideration could also be given to their access to the post office, public library, doctor's office, and recreation facilities. A senior citizen apartment project is an important facility in any small town and deserves to be planned in conjunction with the town.

There is also an important, and generally unseen, advantage for a community where a project is proposed, or even where one presently exists. This is the opportunity which is provided for "community-building." The support system required by the elderly residents will, as we have described, involve individuals and groups from all parts of the community. These will range from family ties, to old friendships, community

groups, and individual community helpers. Community services and programs not just for the elderly may be stimulated by a project and community organization and cohesiveness enhanced as a result. Even the "ghetto" of senior citizens on the edge of town may become integrated in the larger community, thereby continuing the honorable tradition of communities taking care of their elders.

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