URBAN IMPACTS OF SOCIO-DEMOGRAPHIC CHANGE IN CANADA

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SECTION 1.0 - INTRODUCTION

Over the last 25 years Canada has experienced a number of significant socio-demographic changes. These changes include increased proportions of single-person and single-parent households, and a pronounced trend towards an ageing population. In 1961, 6% of total households in Canada were headed by single-parents and by 1986, this had increased to 8.9%. In 1961, 9.3% of total households were single-person households and this had increased to 21.5% by 1986. In 1961, 7.6% of the population was aged 65 and over and by 1986, seniors (over 65) accounted for 10.7%.

While the rising numbers of single-person and single-parent households will continue to demand the attention of governments in the future, the ageing of the population is currently the most significant socio-demographic change occurring in Canada. Demographic projections indicate that Canada's senior population will increase significantly over the next 40 years, peaking in the year 2031, when seniors will account for almost one in four Canadians. Of particular significance will be the rapid increase in the number of seniors over 75 years of age. In 1986 they represented 4% of the population, but by the end of the century this will have increased to 6.5%, with further increases to 11.3% by the year 2031. This age segment will have a significant impact on the needs for special housing, health and social services.

In Canada during the 1960's and 1970's policies appeared to favour institutional services as a means of caring for the needs of the nation's elderly (Markus 1974: in Auerbach et al., 1976, p. 46). It was during this time that Canadian levels of institutionalization were being compared with levels in other countries. In 1962-63, for example, 7.7% of Canadians 65 years of age and over resided in some form of institutional setting, compared with 4.6% in the United States and 4.5% in Great Britain (Schwenger: 1974). Such findings depicted the extensive reliance Canada placed on its institutions to accommodate elderly people. These comparatively high rates of institutionalization, together with evidence of premature and inappropriate institutionalization of some elderly people, prompted a change in the philosophy of operating policies. While it is accepted that there is a need to provide skilled nursing care for some elderly people in institutional environments, the dominant viewpoint in Canada is shifting from the previously institutional-based care setting to a community based care setting.

All levels of government in Canada recognize that seniors are a diverse group in terms of their health, socio-economic characteristics and needs and preferences. One of the main directions, particularly at the national level, is to promote the development of options that will assist the elderly to maintain independent lifestyles and that respond effectively to their varying needs and preferences. It is evident that all provinces share the view that elderly people should have access to a variety of affordable accommodation and service options.

Canada's seniors place a high value on independence and wish to remain in their own homes and/or in their neighbourhood communities for as long as possible. This preference, which is evidenced in the findings of various

recent research studies in Canada, will be a determining factor of the type of housing and support service options elderly people will demand in the future. A number of federal and provincial initiated programs are aimed at enabling seniors to live independently in the community.

This paper represents Canada's contribution to the Organization of Economic Co-operation and Development's (OECD) project on "Urban Impacts of Technological and Socio-Demographic Change", Theme A: Urban Impacts of Socio-Demographic Change. While socio-demographic trends and corresponding data are provided for single-person and single-parent households, the primary focus of this paper is on the effects of an ageing population.

The paper is divided into sections, corresponding to the general outline prepared by the OECD, as follows:

1) Introduction
2) General Socio-Demographic Trends
3) Impacts of an Ageing Population
4) Policy and Program Responses
5) Program Implementation
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SECTION 2.0 - GENERAL SOCIO-DEMOGRAPHIC TRENDS

A number of socio-demographic trends occurring in Canada will affect the urban environment in various ways. In Canada, as in other participating OECD countries, these trends include increasing proportions of single-person and single-parent households and, most notably, an increasing proportion of seniors within the population. Each of these socio-demographic trends will be examined within the national, regional and local context.

2.1 An Increasing Proportion of Single-Person Households

In the last twenty years there has been an increase in the proportion of Canadians living alone. The number of single-person households[1] in Canada increased steadily from 424,750 in 1961 to 1,934,710 in 1986. In 1961, single-person households accounted for only 9.3% of the total Canadian households. By 1981, this had risen to 20.3% and by 1986, to 21.5% (see Table 7.1.1). While total household formations increased by 8.5% between 1981 and 1986, the formation of single-person households over this same time span increased by 15.0%. In 1986, there were almost five times more single-person households than in 1961.

Table 7.1.2 provides regional breakdowns for the period 1981-1986, showing the percentage of each province's population who lived alone. The percentage has risen appreciably in every region of the country. Compared with national levels, those who live alone have been, and continue to be, somewhat over-represented in Western Canada and the Territories and under-represented in Quebec and Atlantic Canada. Ontario has reflected the national situation. In 1986, British Columbia had the highest proportion of single-person household living alone, at 24.8%, while Newfoundland, at 10.2%, had the lowest proportion. These two provinces have maintained these standings since 1961.

Table 7.1.3 provides similar information at the level of selected Census Metropolitan Areas (CMA). Over the years, the CMA's have maintained a greater percentage of single-person households living alone than the national average. The exceptions, while not as pronounced as the provincial differences, again occur in Atlantic Canada where single-person households are under-represented in the CMAs. This comparison with national levels indicates the higher incidence of single-person households in large urban areas (100,000+ population).

A number of prevailing social conditions have influenced, and are continuing to influence, the increasing formation of single-person households. In the

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[1] In this analysis a single-person household is equivalent to a one-person household or to a person living alone. The terms will be used synonymously. These terms and corresponding data, include persons who constitute a one person household, whether they have never been married, are separated, divorced or widowed.

1970's, the first wave of the "baby boom"[2] generation reached their twenties and many of these people chose to remain unmarried. The increased pursuit of post-secondary education has also accounted for an increased formation of one-person households among young people between the ages of 20-24. Another social factor contributing to the increased formation of one-person households is the Divorce Act (1968) which led to a tripling in the number of divorced persons between 1979 and 1981. Perhaps the most significant reason for the increase in one-person households has been the increased life expectancy of women which has resulted in a greater number of widows. (Life expectancy at birth is 73 years for men and 80 years for women - Health and Welfare Canada: 1989).

Single-person households comprise approximately forty percent males and sixty percent females. This distribution has remained fairly constant from 1961-1986, with only slight increases in the proportion of female households (see Table 7.1.6). These increases result from a growing number of seniors, of whom a large proportion are widows.

Table 7.1.4 shows national level data on the percentage of senior (age 65 and over) single-person households to total single-person households, 1961-1986. In 1961, seniors accounted for 40.5% of all single-person households while in 1986, they accounted for a slightly smaller proportion, 35.2% of the greatly increased number of single-person households.

Table 7.1.5 provides a similar breakdown by CMAs. These data for 1961, 1971 and 1986, show a similar proportion of seniors amongst single-person households. A more significant finding has been the increased proportion of seniors who are living alone.

Table I shows the steady increase in the proportion of seniors who are living alone. This trend is likely to continue, as fewer seniors, particularly those over 75, are living with offspring. In 1971, 20.4% of those over 75 lived alone. This increased to 30% in 1986 and is projected to increase to 35% in 2001. This trend, coupled with significant increases in the size of the elderly population, will have a pronounced effect on the absolute number of single-person households in the near future.

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[2] Baby boom refers to the marked rise in birthrate (particularly in the United States and Canada) immediately following the end of World War II.

TABLE I

PERCENTAGE OF ELDERLY (65+) POPULATION LIVING ALONE, CANADA, 1961-1986

1961	1971	1981	1986
12.4%	18.3%	23.9%	25.2%

2.2 An Increasing Proportion of Single-Parent Households

Another major socio-demographic change occurring in Canada is the steady increase in the proportion of single-parent[3] households. An increased social acceptance of divorce and of out-of-wedlock births has contributed to increases in this demographic subgroup. Becoming a widow/widower is also a contributing factor to single-parent household formations.

The proportion of single-parent families to total families in Canada has increased significantly over the years. In 1961, they represented 8.4% of total families in Canada; in 1971, 9.4%; in 1981, 11.3% and in 1986, 12.7% (Statistics Canada: 1986, Canada Census: 1986). Increases in the number of single-parent families have been reflected in increased formations of single-parent households. The number of single-parent households does not equal the number of single-parent families, as all single-parent families do not necessarily occupy private dwellings. Families not occupying private dwellings are excluded from household tabulations. At the national level, between 1981 and 1986, the total number of households increased by 8.5%, while during this same period the number of single-parent households increased by 19.6%.

Table 7.2.1 provides the number of single-parent households, and the percentage of single-parent households to total households in Canada for 1961-1986. In 1961, single-parent households accounted for 6.0% of total households. This increased to 7.0% by 1971, 8.0% by 1981 and, by nearly 1% over only a five year period, to stand at 8.9% in 1986.

Single-parent households are fairly evenly represented across the provinces, although there is a slightly higher representation in Quebec, the Atlantic provinces, the Yukon and the Northwest Territories (Table 7.2.2). There also appears to be a higher than national proportion in the larger CMA's (see Table 7.2.3). There is a tendency for single-parents to concentrate in larger urban regions. In 1981, 61.7% of all single-parent households lived in the nineteen CMA's and this had increased to 63.4% by 1986.

While these centres offer the highest potential for employment, single-parent households must cope with the higher costs of living associated with large

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[3] Single-parents are defined as people who do not live with a spouse or common-law partner, but who have at least one child living at home.

urban centres. This is a particular concern, as the majority of single-parent households have been women with low incomes.

The current income status of female single-parents must be further explored to see if this "low income" trend will continue. As more women are pursuing post-secondary education and are increasingly career oriented, the income status for female single-parents may be improving. However, at the moment, female single-parents generally have lower incomes than two-parent families and are therefore more likely to require support services and assistance.

A significantly high proportion of single-parent households are women. Table 7.2.4 provides the national breakdown of single-parent households by gender from 1971 to 1986. The proportion of female single-parents has increased over the years, and by 1986 accounted for 84.2% of all single-parent households in Canada. Table 7.2.5 shows the male/female breakdown of single-parent households in selected CMA's. In all centres, 80% or more of single-parents are female. The predominance of female single-parents can be explained by: an increased number of divorces and a continuing pattern for women to receive custody of the children; and an increase in out-of-wedlock children being raised by their mothers.

2.3 An Increasing Elderly Population

The most pronounced urban impacts anticipated in the near future will result from an increasingly aged population. The impact of this phenomenon will be the focus of Section 3. The purpose of this section is to describe this major socio-demographic trend occurring in Canada. While it is recognized that chronological age alone cannot be used as the sole criterion for policy development, it does provide a guideline as age still correlates well with general levels of health, physical ability and dependency.

It has been well recognized that grouping all seniors into one homogeneous group, 65 years of age and over, does not accurately describe this population. By subdividing this population into age cohorts, a better understanding of their differing characteristics, needs and preferences can be attained. These age cohorts are described below in Figure I. The general needs of the three groups are different. In particular, it is the "old-old" category that are expected to have the highest social, health and transportation service needs.

While the level of service need and dependency may vary from the following profiles, depending on individual circumstances, such age profiling can be useful as a guideline for service delivery planning and housing provision.

FIGURE I

GENERAL DESCRIPTION OF THE ELDERLY BY AGE GROUP

Age Cohort	Description
65 to 74 years (Young - Old)	The majority are perceived as active and independent individuals still strongly linked to the community and family.
75 to 84 years (Middle - Old)	Many may begin to need special care and support. Some may need health monitoring and supervision at times.
85 + years (Old - Old)	The majority may require a variety of health care services, including supervisory, personal dietary, drug therapy, as well as assistance with shelter, income and activities of daily living.

Relative growth in the number of elderly people in Canada has been particularly rapid in the 1980's. While the national growth rate between 1981-1986, was 4.0%, the population of those aged 65 and over increased by more than three times this rate. Between 1981-1986 the number of people 55-64 years increased by 8% while those 65-74 increased by 12%, those 75-79 increased by 18% and those 80+ increased by 19%. This rapid growth rate of the elderly aged population will continue well into the next century, peaking in the year 2031 when all of the baby boom generation will be seniors. Population projections for Canada to the year 2031 are provided in Table 7.3.2. (See Appendix 1 for projection assumptions.) While dramatic increases for all age categories over 65 are forecast, of particular significance for policy and program planners is the increasing number of older seniors, those 75 years of age and over, and their corresponding needs.

Table 7.3.1 provides national level data on the number of elderly people in each age group and also the percentage in each age category in relation to the total Canadian population. This table shows progressive increases in the percentage of elderly people from 1961 to 1986.

Table 7.3.3 provides the 1986 regional profile on the percentage in each age group in relation to total provincial populations. National level data is also provided, from Table 7.3.1, for comparison. Currently, Prince Edward Island, Saskatchewan, Manitoba, Nova Scotia and New Brunswick have higher than national proportions of their populations in the age groups 75-79 and 80+. A similar pattern emerges when comparing provincial proportions of seniors aged 65 and over. Compared with Canada as a whole, which had 10.7% of the population 65 and over, several provinces exhibited a more mature age structure.

Both Prince Edward Island and Saskatchewan had 12.7% of their populations aged 65 and over in 1986. Manitoba (12.6%) and British Columbia (12.1%) also showed very mature age structures. Nova Scotia (11.9%), New Brunswick (11.1%), Ontario (10.8%), Quebec (9.9%), Newfoundland (8.7%), Alberta (8.0%) and the Yukon and Northwest Territories (3.0%) complete the ranking.

Table 7.3.4 (B) provides urban/rural breakdowns of the Canadian elderly population, by age, for 1971 and 1981, as Canada Census defines urban and rural (see Table 7.3.4). Of particular significance is the high proportion of elderly people in each age group that live in rural regions. In 1971, close to 25% of elderly people in each age group lived in rural regions. While this declined slightly by 1981, the proportion in rural regions is still substantial, ranging from 19% - 23.5% for each age group. Seniors aged 65 and over accounted for 8.8% of the total rural population in 1981 (just slightly under the 10% of Canada's total population that were aged 65 and over).

When urban regions with populations of 10,000 or less are tabulated with rural regions, from Table 7.3.4 (C), for 1981, it is found that over 32% of seniors in each age group reside in such small-urban/rural regions. For 1981, specifically, of those aged 55-64 (32.5%), 65-74 (34.2%), 75-79 (32.0%) and 80+ (33.0%), lived in areas with populations of less than 10,000. Table 7.3.4 (A) provides this urban/rural breakdown for the total Canadian population aged 65 and over from 1961 to 1986. While the percentage of seniors living in areas with less than 10,000 population has declined slightly since 1961, in 1986 close to one-third of Canada's seniors still lived in these areas. This large proportion of seniors who reside in small centres and rural regions is of particular significance with regard to the provision of support services. Service networks in smaller towns are usually not as well developed as in large urban areas and in rural areas they are even more limited or even non-existent. Seniors aged 65 and over accounted for 9.7% of the total population in rural areas and small towns in 1981 (a proportion similar to that in Canada's total population).

In Canada, on a city-level, the Census Metropolitan Area of Victoria, British Columbia warrants special attention. In 1986, 8% of Victoria's total population was aged 75 or over. Even on an international level, Victoria would be classified as one of the cities with the greatest concentrations of seniors, with 18% of its 1986 population being aged 65 and over (Statistics Canada Catalogue 98-921: 1988). Victoria's current situation represents a level of seniors' concentration not expected in Canada, as a whole, until 2021. Perhaps foremost in Victoria's appeal to retirees are the mild climatic conditions and the availability of British Columbia's shelter allowance program for seniors and a wide range of services for seniors in the city.

Statistics Canada figures show that in spite of popular misconceptions, the majority of Canada's seniors live in private households rather than in institutional settings. Of those 65 and over, in 1981, only 10.5% of women and 6.5% of men lived in institutional environments such as homes for the aged, nursing homes and chronic hospitals. In 1986, these proportions

decreased, to 9.0% of women and 5.9% of men living in such institutions (representing 7.5% of the total senior population 65+).

While the proportion of seniors living in the community in private households is high for those 65 and over, it decreases dramatically for those aged 85 and over. In 1981, only 58.9% of women and 71.1% of men aged 85 and over lived in private households. Such figures indicate the extensive reliance older seniors, have on institutional living arrangements. This matter will be further discussed in Section 3. (Refer to Tables 7.3.5 [A] and [B].)

The increasing numbers of older Canadians will undoubtedly have a variety of impacts on the urban environment. Section 3 will focus on the urban impacts of this major socio-demographic trend.

SECTION 3.0 - IMPACT STATEMENT

The general socio-demographic trends reviewed in the preceding section will undoubtedly influence the future provision of housing, services and facilities. The most pronounced impacts on these areas will result from the increasing aged population. The magnitude of this population change is forcing, and will continue to force, attention on the changing needs and related servicing requirements of this sub-population. The housing, servicing, and facility needs of the Canadian elderly population will be discussed in turn.

3.1 Impacts of an Ageing Population on Housing

The nature of housing accommodation for seniors in Canada has changed dramatically in the past twenty-five years. In the 1960's accommodation options were basically limited to staying-put in their homes, living in the homes of family members, or living in homes for the aged, (room and board, and limited nursing care). While in the 1960's such homes for the aged were in great demand, today they have turned to the provision of higher levels of medical care to remain fully occupied (Ellingham: 1984). Today's seniors want to retain a higher level of independence and privacy than the traditional home for the aged offers.

Seniors are a diverse group in terms of their characteristics and needs, and they require a diverse range of housing options, from independent living to supportive environments. The public, private and voluntary sectors in Canada have begun to respond to these requirements.

The option of remaining in their own homes for as long as possible has remained popular amongst seniors. Studies on subjective perceptions of senior housing satisfaction (Leung: 1987) substantiate the claim that elderly people, regardless of age and state of health, place a high value on their independence within the community and wish to remain in their own homes.

A 1982 study, undertaken at the provincial level by the United Senior Citizens of Ontario (USCO) in conjunction with various federal and provincial ministries, examined the living arrangements and preferences of 846 elderly people across Ontario who lived in the community, outside institutional settings (Hoffman, 1985). This extensive survey emerged in response to the absence of information on seniors who live independently in Ontario.

Seniors housing preferences were examined in one section of the USCO survey. The respondents were asked to consider the type of housing accommodation they would want in the future, should they have difficulty coping with their needs. Seven housing options were presented and the respondents were asked to indicate their interest in each. As will be seen from the following listing, the greatest interest was expressed in the option of 'staying home with community services to assist'. This option was most popular both with people living in houses (58%) and people living in apartments (71%).

Expressed Interest in a Variety of Housing Options (USCO Survey):

57% - Staying at home with community services to assist
47% - Moving into a housing project where some services were available
45% - Moving into a home for elderly persons
44% - Staying home with family to assist
36% - Staying home with friends to assist
16% - Moving in with members of the family
3% - Moving in with friends
(Ontario: 1985b, p. 28)
* Percentages do not add to 100 because some respondents expressed an interest in more than one housing option.

In 1987 a study, commissioned by Canada Mortgage and Housing, explored the attitudes of seniors to various financial, tenure and housing options. Focus groups were conducted across Canada, in Vancouver, Winnipeg, Toronto, Montreal and Halifax, with 123 elderly homeowners aged 52-84. The final question reviewed the various housing options discussed during the session and asked the participants which option they would be most likely to pursue. The most popular response (73.2%), was to stay in their present home (Gutman, et al., 1987). The impact of this housing preference on service provision will be discussed in Section 3.2.

Another popular housing option, cited by 47% of respondents in the USCO survey, was 'moving into a housing project where some services were available' (should they have difficulty coping with their needs). A continued demand for such supportive housing is demonstrated by the fact that most well located seniors' projects offering full apartments, some services and a sense of community, have long waiting lists (Ellingham et al., 1984). This combination of shelter and support services has gained increased popularity among the elderly in Canada and correspondingly, gained increased attention from policy and program planners. This option will be further discussed in Section 4, Policy and Program Responses.

Given the anticipated increase in the numbers of people aged 75 years and older, a discussion of their particular impact on Canada's housing is warranted. There have been notable changes in the living arrangements of this population over the last fifteen years. These changes include increases in the proportions of both seniors who live in institution, and seniors who maintain their own dwellings (in the latter case, they, or their spouses, pay the rent, mortgages, or taxes on the dwellings they own or rent).

The percentage of men aged 75 and over who lived in institutions increased from 9.1, in 1971, to 13.8 in 1986. The percentage of women aged 75 and over who lived in institutions also increased from 13.8, in 1971, to 20.0 in 1986. The age profile of the institutionalized population, 75 years and over, has also changed. There has been a decrease in the proportion of those 75-79 and 80-84 residing in institutions and a corresponding increase in the proportion of those 85-89 and 90 and over living in institutions (Priest: 1988). Such shifts and increases in the number of institutionalized elderly 85 and over will have an impact on the level of care required. Institutions

will have to cater to an older, more frail, population. Dementia will be one of the greatest problems facing seniors and care givers. The federal Senior's Independence Research Program (SIRP) is currently focussing on Alzheimer's and other dementias. SIRP is providing additional support to community-based groups providing support to Alzheimer caregivers. There will be an increasing emphasis on the provision of services and appropriate accommodations for this population as the numbers of "old old" increase.

If future requirements for institutional care mirror the trends of the past 15 years, then the senior population aged 75 and older will require an additional 142,000 units by the year 2001 (Priest: 1988, p. 28). However, if appropriate supportive housing options are made available, such high levels of institutional accommodation may not be required.

There has also been an increase in the proportion of those 75+ living in their own dwellings. Between 1971 and 1986, the proportion of men 75 and over who lived in their own dwellings, in the community, increased from 71.2% to 77.9%. For women, the proportion increased from 57.4% to 63.9% (Priest: 1988). The increase in the proportion of women maintaining their own dwellings is primarily the result of a dramatic increase in the proportion of women 75 and over choosing to live alone. In 1971, 25.7% of women 75 and over lived alone and in 1986, 37.9% lived alone. While not as dramatic as this increase, there has also been an increase in the proportion of men living alone for this same period, up from 13.2% in 1971 to 16.5% in 1986 (Priest: 1988).

While the age profile for men 75 and over living alone has remained consistent, the profile of older women (75 and over) living alone in Canada is changing. Of the women aged 75 and over in 1971, over half were 75-79 (53.8%), 31.9% were 80-84, 11.6% were 85-90 and 2.7% were 90 and over. In 1986, the proportion who were 75-79 had fallen to 49.8%; those 80-84 increased, accounting for 32.3%; those 85-89 increased from 11.6% to 13.7% and those 90 and over increased from 2.7% to 4.1% (Priest: 1988). Older women, 80 and over, are accounting for an increased proportion of women living alone.

If past trends continue, it is projected that the number of men over 75 living alone will rise by close to 18.5 thousand between 1986 and 1991, by 17.5 thousand between 1992-1996 and by the year 2001, they will number approximately 115,000 (Priest: 1988, p. 27). The estimated figures for women living alone should increase by 74 thousand between 1986 and 1991, 82.5 thousand over the next five years and by 70 thousand between 1996 and 2001. By 2001, a projected 35% of seniors aged 75 and over will be living alone, and 474,000 of these will be women.

In many instances, living alone will necessitate moving from a large single family dwelling to smaller, more manageable accommodation. Accommodation options may be provided by the current market, by the conversion of existing structures or by constructing new housing, specifically designed for seniors. Seniors may also choose to modify their existing homes to facilitate homesharing or provide income generating accessory apartments.

The proportionate changes in living arrangements over the last 15 years, coupled with an expressed preference to live independently, will result in continued demand for accommodation options that enable seniors to live in the community. Housing options currently being provided explored offer a variety of lifestyle options, including staying-put, living close to family and friends and living with peers. These specific housing options are discussed in Section 4.2.3, Innovative Housing Options.

The increasing proportion of seniors, the growing number of elderly people (75+) living alone, and the expressed preference of seniors to live in the community have implications for the provision of services, such as home care, home security, transportation and social support. These implications are discussed in the following section.

3.2 Impacts of an Ageing Population on Services

The preference of seniors to remain independent in their own dwelling for as long as possible, coupled with the anticipated increase in the number of elderly people in Canada, will undoubtedly place increased demands on both informal and formal home support services. In addition to home modifications, the effective provision of appropriate services has been regarded as the main means by which seniors can retain independence in their own homes.

While it is largely agreed that family and friends provide the most effective support system for older persons, this traditional informal service delivery system has been affected by changing social conditions. Adult children, particularly women, have been the predominant service providers to the elderly. However, the recent trend toward smaller families will reduce this pool of caregivers in the near future. Increased female participation in the labour force and increased geographic mobility by adult children will continue to lessen the informal support network. Increased pressures on informal support caregivers will force greater reliance on formal home-support services (community agencies, hired services, non-profit or volunteer organizations) to supplement informal care. Research findings further reinforce the need to monitor and re-evaluate demands placed on formal services, both health and non-health related, which assist the elderly to age in place. This is particularly important given the trend of the very frail elderly to avoid institutionalization and remain at home. The USCO survey found that "even though family and friends currently provide the bulk of assistance, the respondents indicated that, should they require more assistance, they would prefer to receive the assistance from formal services rather than from family and friends" (Ontario: 1985b, p. iii).

Current rates of service utilization by Canada's elderly may indicate the future service needs of this population. Much of the research on seniors has attempted to gain insight into the type of services that can help elderly people living in the community retain their independence. The USCO survey of seniors living in the community asked respondents about their use of specific support services over a twelve month period. Also at the provincial level in Ontario, a service use pattern survey of 479 public housing tenants was

undertaken by the Ministry of Housing to determine how well the needs of Ontario's elderly in public housing are being served. The findings in both of these studies were similar: two-thirds of all support required by respondents was provided by an informal network (family, friends, neighbours) with one-third of support being received from formal services (community agencies, hired services, volunteer organizations).

A visiting nurse was the most frequently used formal support service among repondents in both studies, with 8% of USCO respondents, and 21% of public housing respondents receiving this service. Homemaking was the next most frequently used formal service, with 4% of USCO respondents, and 14% of public housing respondents using this service. Meals on Wheels, a service in which volunteers provide home delivered noon meals at a nominal cost to the recipient, (received by 1% of USCO respondents and 8% of public housing respondents) and friendly visiting, a service where volunteers visit with the elderly, (1% USCO, 6% public housing) were the next most popular formal services.

Another study, undertaken in Eastern Ontario, among 823 elderly respondents living in the community, indicated similar service use patterns. Again, visiting nurses, homemakers, meals on wheels and friendly visiting were the services used by the largest proportions of seniors (Holt et al., 1985).

In the previously discussed studies respondents were also asked about any perceived unmet servicing needs. While the studies depict no outstanding needs, in terms of numbers of seniors identifying unmet needs, the perceived areas of deficiency identified by the various groups of elderly respondents are similar. The deficiencies identified are not directly health related but are a consequence of diminished agility. The most commonly cited area of deficiency is transportation, followed by homemaking and housekeeping services and home maintenance services. Friendly visits and information services are other commonly cited unmet needs. While programs and services to address these unmet needs have been initiated, the degree of availability varies across Canada. Seniors' transportation needs, for example, have been addressed in many municipalities. Many of these municipalities have worked towards (or are currently working towards) making public transit more accessible and affordable for seniors. Such initiatives include reduced fares for seniors, subsidized taxi service, and transportation arranged specifically for seniors to provide easy access to shopping, medical, recreational and social facilities.

Several studies on the use of support services indicate that age is the most significant factor in comparing users of services with non-users. The percentage of service users in each age cohort generally increases with age. This is particularly evident for health related services. Visiting nurses, physical and occupational therapists, homemaking, meals-on-wheels and friendly visiting generally follow a similar pattern of increased usage with increased age (Denton et al., 1986). The ageing of Canada's population, particularly the increases in the number of elderly people aged 75 and over, will place demands on formal support services. Patterns of service utilization, combined with the anticipated increase in the elderly

population, their preference to remain independent in the community and their perceived unmet service needs will result in increased demands for formal support services.

3.3 Impacts of an Ageing Population on Facilities

A diverse elderly population will demand a range of facilities capable of meeting its needs. In Canada, particularly in urban areas, there has been a marked increase in recent years in the number of senior citizens organizations and centres. Assuming that current preferences are indicative of future trends, and given the anticipated increases in the older population, there will likely be an increased demand for seniors' centres.

Seniors' centres range from those offering supervised day care, to those offering more independent, social and recreational environments. Possible services may include bathing, footcare, meals, health counselling, and recreational and social activities such as shuffleboard, art classes, fitness programs, bridge and day excursions. Currently most day care centres are affiliated with a nursing home and often utilize part of the building for their centre. With anticipated increases in the number of dementia sufferers, day care centres catering to such clients may become increasingly necessary.

Many senior citizen centres currently operate on a small scale, usually out of church halls, seniors apartment complexes or community centres. In the future, increasing demand for the services of such centres will generate a need for more centres, increased space, and a need for improved amenities, services and delivery methods.

In the future, employers may see benefits in helping their employees to look after their ageing relatives. This could occur through providing counselling programs and making provisions for seniors day care and meal programs.

3.4 Summary

The ageing of the population and the increasing proportion of single-persons and single-parent households will all be determining factors in identifying future housing, facility and service needs in Canada. The principal consequence of an increasing proportion of single-parent households will be mounting pressure for a universal children's day care program. This issue is currently being reviewed at the federal level.

The increasing number of elderly people, coupled with their diverse needs, will generate demands for a wide range of housing, service and facility options. Increasing geographic mobility and the formation of smaller households (single-person and single-parent) will result in increased pressures on informal support caregivers. There is, therefore, a need to expand support to caregivers as well as provide formal services to supplement their care, in order to appropriately respond to an ageing population. There may also be opportunities and benefits in providing informal intergenerational support. As an example, housing projects for seniors and

single-parents might offer potential for mutual support. Seniors may be able to provide babysitting services for single-parents in exchange for housekeeping or transportation assistance.

Of the three demographic trends, the impact of an ageing society is perhaps the most important development facing Canadians. Housing, services and facility needs must be monitored through preference studies and service use patterns. An increasingly elderly population will require appropriate policies and programs to meet its needs. Section 4 will provide an overview of current policy and program responses in Canada.

SECTION 4.0 - POLICY AND PROGRAM RESPONSES

The fact that Canadian seniors come from diverse backgrounds, have varying interests, levels of health, income and assets, has been recognized in the development of Canadian policies and programs. As seniors age, their needs and preferences change and these changes should be matched with appropriate housing accommodation and services. Today in Canada, the federal government and most provinces articulate a similar general policy perspective - "that the elderly have choices concerning the nature of their living accommodations" (Gunn et al., 1983, p. 65). The dominant viewpoint in Canada has shifted in recent years from institutional-based care solutions to community-based care solutions. In response to this, another general policy theme which has emerged in Canada is that older Canadians be allowed to remain in their own homes for as long as possible. The Science Council of Canada recognized the need for such an alternative to institutional care in 1976:

> It may prove more economic and less disruptive for society to support attempts by elderly individuals to remain in their own homes (or in their own communities). Improvements in homecare and other social and medical supportive services must be considered as an alternative solution to the increasing demand for health care facilities, in place of the present emphasis on institutional care (Auerbach et al., 1976, p. 43).

This is now an explicit theme in Canadian policy. As one example of provincial policies, in June 1986, Ontario's Minister for Senior Citizens' Affairs released a White Paper, "A New Agenda", on health and social service strategies for seniors, which explicitly stated this new policy direction. The central theme which dominated this policy and its proposals was:

> to develop a comprehensive system of services to help seniors live active and independent lives in their own communities and to significantly reduce preventable and unnecessary institutionalization (Van Horne: June 2, 1986).

This paper, "A New Agenda", is a strategic plan outlining policy and program development for Ontario's seniors to the year 2001. The plan identifies five strategies: to improve the health and functional status of seniors; to keep the elderly living independently in the community; to enhance geriatric hospital care; to enhance institutional care for those who cannot continue to live independently; to introduce comprehensive planning and management of services at both the provincial and local levels. This paper articulates the Ontario government's basic principle: "that all people in Ontario should be able to live independently for as long as possible ... (through) increasing independent living opportunities for seniors" (Elston: 1987). There has been an increased awareness of the need to develop and expand formal services that will enable older citizens to remain in their own residences for as long as possible. It is the mandate of various provincial ministries, including the Ministry of Health, Community and Social Services

and Senior Citizens' Affairs to ensure that services provided to seniors are appropriate and effective in promoting their independence.

The maintenance of the elderly in their own homes through the provision of health and social services is primarily a provincial responsibility. However, the federal government has also been active in policy and program development for seniors. In August 1987, the Government of Canada named the first Minister of State for Seniors. The Minister acts as a spokesperson for seniors, ensuring that government programs meet their needs. Through regular consultation with individual seniors and seniors' groups, the Minister is able to represent seniors' concerns in Cabinet and provide seniors with the opportunity to participate in the policy and program planning process.

Also in 1987, the federal government announced a comprehensive national telecommunications policy. An important objective of this policy is to protect the interests of seniors. Communications Canada recognizes that universal and affordable local telephone service is essential for seniors, particularly for those with limited mobility who live alone. Communications Canada, in cooperation with other departments, has taken the leading role in establishing the Canada Telmatics and Health Care Centre in Winnipeg, Manitoba. The Centre will support the development of a broad base of health-related communication and computer systems. New uses for computer, television and telephone systems to support health care in urban communities and remote areas will be identified. One use of such technology may be the tele-monitoring of seniors in their homes.

The new National Transportation Act reflects the federal government's commitment to ensuring that Canada's transportation services are accessible for senior Canadians and for those with disabilities. As a follow-up to a policy statement made in 1983, Transport Canada is preparing legislation on standards of accessibility for all transportation services and facilities. In addition, Transport Canada provides funding to local volunteer organizations to assist in the purchasing of accessible vehicles in small urban and rural communities. Funds are also being provided for an accessible taxi demonstration project, where accessible mini-vans operate in a designated taxi service area. Several research projects aimed at the removal of transportation barriers have also been undertaken. One example is the development of a lifting device for rail and bus passengers.

In February 1988, the federal government announced the Seniors Initiative aimed at maintaining seniors' independence within the community. The Seniors Initiative, announced by the Minister of Health and Welfare, consisted of four components. A new $20 million program, called the Seniors Independence Program, was established to fund projects aimed at improving the quality of life and independence of Canadian seniors. Priority is given to projects that actively involve seniors. The Seniors Initiative also established a research fund of $4 million annually to focus on diseases affecting seniors' independence. The emphasis of the Seniors Independence Research Program focusses on two significant diseases, Alzheimer's and Osteoporosis. The third component of this initiative was the provision of additional funding for the New Horizons Program, a funding program for retired seniors who

provide activities and services for seniors. The final component of the Seniors Initiative, was an increase in the operating budget of the National Advisory Council on Ageing, to enable it to expand its research and policy advisory roles. The Seniors Initiative is part of the federal government's commitment to seniors and to assisting them to remain in the community.

Federal program assistance for income security includes the **Old Age Security Program.** Benefits under this program include the Old Age Security pension, the Guaranteed Income Supplement (GIS) and the Spouse's Allowance, all of which are administered by Health and Welfare Canada. The **Canada Pension Plan** also provides retirement pensions, survivors' benefits and disability benefits. Supplementary provincial income programs also exist in Canada. An awareness of such income support programs is necessary to grasp the spectrum of Canadian responses (these federal income programs are detailed in Appendix 2 - Federal Income Programs for Seniors). Current programs operating at the national, provincial and local levels which more directly facilitate "ageing in place" or ageing in the community, will be presented. Programs currently being considered in Canada will also be discussed.

4.1 Government Responses

4.1.1 Federal Responses

i) Federal Programs - Housing

The federal government plays a major role in the provision of housing programs that meet the needs of Canadians. These programs assist seniors in meeting their housing needs. The programs are administered and funded through Canada Mortgage and Housing Corporation (CMHC) and fall under the mandate of the National Housing Act (NHA).

> An Act to promote the construction of new homes, the repair and modernization of existing homes, and the improvement of housing and living conditions.

Most of the housing programs that benefit seniors, fall under the category of social housing. The social housing programs are:

> "To assist Canadians whose income is insufficient to gain access to adequate housing by encouraging and supporting, in conjunction with the provinces, municipalities and their agencies, the provision of low and moderate income public housing and by encouraging the establishment of non-profit and co-operative housing corporations."

These social housing programs are directed at low-income Canadians unable to obtain adequate or affordable accommodation. They provide financial assistance for renters and homeowners.

Many senior households who would have to pay 30 percent of their income for adequate accommodation and are now occupying substandard accommodation and/or are paying more than 30 percent of their income for adequate shelter, may benefit from the following N.H.A. programs: **Non-Profit Housing Programs; Rent Supplement Program; Housing for Indians on Reserve; Urban Native Housing Program; Rural and Native Homeownership, Lease-to-Purchase and Rental Program; Emergency Repair Program;** and the **Residential Rehabilitation Assistance Programs (RRAP)** for homeowners and disabled persons.

In addition to the social housing programs, assistance for seniors is also available under the **Federal Co-operative Housing Program.** This program assists moderate-income households who may not be able to afford home-ownership or prefer the lifestyle offered by co-operative living. These various federal housing programs are described in Appendix 3 - Federal Housing Programs.

While seniors are not the sole target group of these housing programs, needs of the elderly were taken into account in their development. In all programs the needs of the handicapped are also addressed. In all non-profit housing and cooperative projects, at least 5% of the dwellings must be designated as mobility units (that is, they can accommodate, or be easily modified to accommodate, a disabled resident).

An evaluation of social housing programs in 1984, indicated that elderly households received the highest priority relative to the housing needs they experience (CMHC: 1984, p. 5). In 1988, approximately 25% of CMHC's annual commitment of 18,000 new social housing units were dedicated to seniors. Seniors' units must be occupied by singles (65+) or couples with at least one spouse over 65.

Seniors also benefit from the Residential Rehabilitation Assistance Programs (RRAP). Many seniors have taken advantage of RRAP programs to modify/repair their homes. Currently, CMHC is conducting public consultations on the need to extend the scope of RRAP to include modifications to housing that can help seniors "age in place". In addition CMHC is jointly sponsoring two major demonstration projects which are designed to examine the effectiveness of home modifications in assisting seniors to "age in place". One project is designed to evaluate the effectiveness of changes to the physical environment and the second is designed to develop and test the effectiveness of emergency response systems.

Consideration is also being given to facilitating resident-funded co-operative housing for seniors. CMHC has entered into an agreement with the Co-operative Housing Foundation of Canada to

jointly sponsor a study to examine ways of facilitating this type of tenure.

ii) **Federal Programs - Other**

A variety of federal programs, aimed specifically at seniors, are provided through Health and Welfare Canada. The National Advisory Council on Aging (NACA), established in 1980, assists the Minister of National Health and Welfare on all matters relating to ageing. Two priority concerns of NACA include encouraging the provision of appropriate and accessible services to help seniors remain in the community for as long as possible and promoting gerontological education.

Through the **Canada Assistance Plan,** administered by Health and Welfare, the federal government shares with the provinces and territories the cost of assistance to persons in need. While seniors are not the sole beneficiaries of this funding, many elderly people receive assistance which may include food, shelter, clothing, or care in nursing homes. The **Health Promotion Contribution Program,** provides funding to community-based organizations to undertake projects that enable seniors to maintain or improve their health. Again, projects for seniors are not the sole recipients of this funding program.

Two Health and Welfare programs which exclusively target seniors and encourage the active independence of seniors in the community, are the New Horizons Program and the Seniors' Independence Program. The **New Horizons Program** was established in 1972, to provide opportunities for retired Canadians to plan, operate and participate in projects aimed at seniors. In contributing to such projects, seniors maintain active and independent lifestyles. It is the only federal funding program that requires that projects be senior-managed. Project activities supported by New Horizons include the following: sports, recreation and crafts projects; educational and cultural projects; social service activities; and information services.

The **Seniors' Independence Program,** established in 1988, provides funding to non-profit organizations for projects aimed at improving the quality of life and independence of seniors. Projects that significantly involve seniors and promote independent living are encouraged. Projects receiving funding range from those operating at a community level to those operating at a regional or national level. The duration of funded programs also varies from short term to multi-year.

Also at the national level, Veteran's Affairs Canada currently offers the **Veteran's Independence Program (VIP),** a program exclusively aimed at maintaining seniors in the community. Numerous support services which assist seniors to remain healthy

and independent in their own home or community are provided under this program.

Appendix 4, Federal Programs - Other, further describes the aforementioned programs offered by Health and Welfare and the VIP program offered by Veteran's Affairs Canada. Some additional programs for seniors are also presented.

These federal programs, specifically targeted to seniors are primarily funding programs, with a common objective - to encourage the active independence of seniors in the community and to improve their quality of life.

4.1.2 Provincial/Territorial Responses

i) Provincial Programs - Housing

At the provincial level, different departments offer various programs which encourage local support to seniors living in the community. Most of the previously discussed federal CMHC housing assistance programs, for homeowners and renters, are delivered in partnership with the provinces and territories. Uniquely provincial housing programs are usually designed to complement federal/provincial programs.

Some provinces have developed housing programs specifically for seniors. For example, a number of provinces offer home repair programs which are designed to supplement the federal RRAP program. Home modification/adaptation programs are also offered by several provinces. While most home modification programs refer to modifying a senior's home, Nova Scotia offers a "Parent Apartment Program" which provides loans to homeowners to renovate, or add a small apartment in their home, to accommodate their parent(s).

An overview of the various housing programs operating specifically for seniors, in each province, is presented in Appendix 5, Provincial/Territorial Programs - Housing. The type and number of housing programs for seniors vary between provinces.

ii) Provincial Programs - Other

All provinces offer a home care program, under which a number of health and homemaking services may be provided in a person's home. The main objective of all provincial home care programs is to support independent living. Examples of other services provided under various provincial programs include day care services, respite care, home maintenance, meal services, transportation, friendly visiting and seniors' community centres. While the types of services for the elderly may be

similar, the level of availability varies from province to province.

Appendix 6, Provincial/Territorial Programs - Other, provides a breakdown and description of support service programs offered by each province and territory in assisting seniors to remain independent in the community. These are usually provided by provincial ministries of health and/or social services. While this listing of provincial programs may not be exhaustive, it is indicative of the types of programs developed at the provincial level to serve seniors.

In addition to the above programs, many provinces also offer property tax credits, grants, rebates, or deferral programs to seniors. Such programs, however, will not be described in this paper.

4.1.3 Local Responses

In addition to federal and provincial programs, municipal governments, voluntary organizations and the private sector provide services to elderly people. Many of the programs which are funded at the federal and provincial levels are delivered by regional or local municipalities. Municipalities have varying capabilities to deliver such programs, as delivery is often dependent upon the initiatives of non-profit/volunteer organizations. Therefore, at the local level, there are differences in the availability and diversity of such services. Perhaps the most marked difference exists between urban and rural areas. Services in some rural areas may be limited or even non-existent.

The following is a brief overview of the variety of programs which may operate at local levels to facilitate ageing in place:

Visiting Nursing Services and Home Care Programs - provide limited health care to seniors in their homes.

Footcare Programs - are offered by public health nurses at various local facilities and organizations.

Homemaking Services - provide assistance with housekeeping, laundry services, meal preparation.

Meals-on-Wheels - provide hot meals, delivered by volunteers, to the elderly in their own home.

Wheels-to-Meals - in which elderly people are transported to nursing homes or service clubs to receive hot meals.

Geriatric Mobile Units - provide multi-disciplinary assessment for the elderly.

Respite Care Programs - provide short-term relief or vacation care to caregivers and families of elderly people.

Special Transportation Services - provide transportation for shopping, recreational activities and medical appointments.

Public Transportation - where reduced fares for seniors are provided by most municipalities.

Library Services - where municipal libraries distribute library material to seniors unable to leave their homes.

Income Tax/Legal Aid - assistance is provided to the elderly in many municipalities, to ensure that seniors receive financial aid, if required, and appropriate tax rebates.

Day Care Services - are provided by community agencies or nursing homes.

Senior Citizen Centres - offer a variety of social/recreational activities. Meals may also be provided on a weekly or daily basis.

Outreach Programs - where volunteers make daily contact, by telephone, with seniors living alone.

Postal Alert Program - where local postmen check on seniors and disabled people who live alone to ensure that they are well.

Home Help Program - where various volunteer organizations offer repair and maintenance services to the elderly.

Friendly Visiting Programs - where volunteers or nurses make periodic visits to older people living in their homes.

Counselling Seniors - where volunteer organizations provide social counselling to seniors and their families.

Entertainment and Shopping Services for Seniors - where seniors are offered goods and services at reduced costs.

Senior Citizens Councils - provide information services to seniors on locally available programs. They also offer a wide range of volunteer services.

Senior Citizen Support Services Centres - are non-profit organizations, which coordinate the delivery of some home maintenance services for seniors, such as snow removal, lawn mowing, etc.

Various health related organizations, such as the Alzheimer Society and Arthritis Society, also provide community support primarily to seniors.

It should be recognized that, in addition to the above government sponsored, volunteer/non-profit operated programs, many private sector firms are also

offering services at the local level on a fee basis. Privately marketed support services include emergency response systems, services similar to those offered under a provincial home care program, and home barber/hairdressing services. As well, many corporations and municipal governments offer discounts to senior citizens; some private organizations provide transportation services at reduced prices; some post-secondary and vocational schools waive tuition fees; many local art galleries, museums and theatres offer reduced admission fees.

4.2 Best Practices and Innovations

In the discussion of best practices, strategies currently in place in Canada, as well as those currently being explored, will be presented. "Best practices" are innovative approaches which integrate living arrangements, specialized services and facilities to enable the elderly to "age in place" in the community.

4.2.1 Home-Support Programs

i) Home Care Programs

A plethora of both health and non-health related services are offered in Canada to assist seniors in remaining independent in the community. Perhaps one of the most unique strategies in terms of encouraging local support systems for seniors has been the development of home care programs. While the Home Care Program's clients are not solely seniors, in Ontario, during the period 1986-87, 60% were aged 65 and over (Ontario Ministry of Health: 1987). Some provincial home care programs were established in the 1950's, however, most were initiated between 1970 to 1981.

These programs can offer a comprehensive array of both health and non-health related services, although the level of services can vary from municipality to municipality and between urban and rural areas. These programs attempt to provide seniors access to services through a single point of entry, by means of a home care co-ordinator. A home care co-ordinator assesses an individual's needs, organizes required services and maintains contact with the recipient. As well, home care programs draw upon local programming efforts in attaining required services for their clients.

Home care programs may offer visiting nurse services, physiotherapy, occupational therapy, speech therapy, medical-social work services, nutritional counselling, visiting homemaker services, drugs, dressings and medical supplies, diagnostic laboratory services, hospital and sick room equipment, transportation, meals-on-wheels. The costs of services provided in the senior's home under home care programs are significantly lower than if the person were in an institution.

Generally, it is the mandate of home care programs, that the cost of services provided in the home not exceed the cost of providing a person with care in a personal care home, or other institution. Such programs, in combination with home alterations, may allow seniors to remain at home, delaying, or perhaps even preventing, institutionalization.

In some provinces the eligibility criteria of the home care program requires that the person must need at least one professional medical service (e.g. nursing, physiotherapy, occupational therapy). In other provinces eligibility is based on an assessed inability to perform an activity required to remain at home. Eligibility criteria, therefore, vary from province to province. Home care services are provided as long as the client requires the services.

ii) Extra-Mural Hospital (A Hospital-At-Home)

The Extra-Mural Hospital is a program of hospital care which enables people to maintain independent lifestyles in their homes by providing them with a range of coordinated, community based services. The objectives of the program are to avoid unnecessary admissions to hospitals and nursing homes, and to facilitate earlier discharges from medical care institutions. A number of local delivery service units, strategically located within the community, provide the necessary home care for residents. Unit co-ordinators are responsible for admissions to the program, administrative functions and quality of care. Services provided include dietary, respiratory, nursing, occupational therapy, physiotherapy, provision of assistive devices, meals and homemaking services.

The program was established by the government of New Brunswick, in 1981, in response to a number of factors, including the challenges presented by the ageing of the population, and the increasingly high costs of institutionalization. The program is financed in the same manner as other hospitals in the province.

Although the program is designed to serve all age groups, the majority of users (60%) are 65 years of age and older. Individuals seeking admission into the program need to be referred by a medical doctor, and only those who can be safely cared for at home are admitted. The Extra-Mural program, which is unique to New Brunswick, is an example of the types of alternatives to unnecessary institutionalization that are emerging in Canada.

4.2.2 Continuum of Care

Providing a continuum of care within a community is intended to ensure that seniors are not forced to move out of their community, by providing both a

progressive range of accommodation options (e.g. independent to long term care) and a full range of complementary services. The Regional Municipality of Niagara, Ontario, which is one of the few municipalities in Canada with a department dedicated solely to providing services for older people, is perhaps the most progressive municipality in developing and implementing a program that offers a continuum of care within a community. This program uses a multi-campus model, in which facilities, administratively linked, are strategically located within the community. The municipality operates six long-term care facilities which provide a wide range of service and program options for both residents and seniors living independently in the community. Depending on the individual needs, services are delivered at home, or seniors are transported to the facilities where they receive services. Other facilities such as private and non-profit nursing homes, retirement homes and some hospitals form part of the network that provides services to seniors.

Niagara currently operates a range of community support, life enrichment, and preventative care programs for seniors living independently in the community. They include:

(1) **Satellite Group Homes** - where two or three seniors are placed with a family and attend day care programs during the day. There are 35 homes currently operating.

(2) **Seniors' Day Care Programs** - these programs which have proven vital in maintaining seniors independence in the community, extend the services offered in the various facilities to seniors in the community during day time hours. An estimated 35 per cent of seniors in such programs would qualify for extended care beds.

(3) **Homesharing** - services offer seniors who are living alone, the opportunity for companionship and help with household tasks. The program offers matching services for those senior homeowners who wish to share their home with other people.

(4) **Senior Citizens' Home-Help Programs** - assist seniors with the maintenance and upkeep of their homes to enable them to remain independent.

(5) **Respite or Vacation Care Services** - where short term relief or vacation care (one to four weeks) is provided to caregivers of elderly persons.

(6) **Alzheimers Respite and Counselling Program** - which provides advice to victims' families and 4 to 5 hour periods of relief.

(7) **Seniors' Volunteer Programs** - which encourage seniors to remain active contributing members of the community.

(8) **Intergenerational Programs** - one such example is a licenced nursery school that operates out of a senior citizens' home.

(9) **"Grandparents-in-Action" Program** - provides meaningful interaction between seniors and children with special needs in the community.

(10) **Friendly Visiting Program** - provides training to potential "visitors" and matches them with seniors in the community, providing opportunities for friendship and support on a one-to-one basis.

(11) **Meals-on-Wheels Program** - where volunteers deliver hot meals to the elderly in their own homes.

(12) **Community Facilities Programs** - where seniors are transported to teaching facilities where they are patrons for the students, and receive such services as meals and hairdressing.

(13) **Postal Alert Program** - where letter carriers check on seniors who live at home to ensure that they are well.

(14) **Vial of Life Program** - where life saving information is stored in a tube in the senior's refrigerator for use by an ambulance attendant.

(15) **Medic Alert Program** - where seniors wear transmitters from which they can summon for help in case of an emergency (an emergency response system).

(16) **Talk-a-Bit Program** - where seniors and other volunteers telephone seniors who live alone.

(17) **Senior Citizen's Centre** - where in addition to social and recreational activities, nutritional counselling, meal programs and footcare programs are offered.

(18) **Senior Citizen's Clubs** - where social and recreational activities are offered.

(19) **Preventative Health Care Program** - where a nurse offers health care counselling.

(20) **Acute and Chronic Care Programs** - are designed to help seniors rehabilitate in their own homes (homemaking services are included).

(21) **Visiting Nursing Services** - private nursing services for seniors in their homes are available (e.g. Victorian Order of Nurses).

(22) **Medicine Bag Program** - increases awareness on the use of medication.

(23) **Be-Well Program** - promotes nutrition and exercise, and assists seniors with relocation.

(24) **Retirement Program** - a program operated by seniors which includes 2 hour sessions on pre-retirement planning.

(25) **Senior Advisory Programs** - where seniors publish newsletters and undertake negotiations with government agencies.

(26) **Information Services** - such as the Niagara Information Bureau.

The Niagara continuum of care model responds well to the needs of individual seniors, by providing security for both seniors and their families, and reducing the incidence of premature institutionalization.

4.2.3 Innovative Housing Options

Current Canadian policy and research initiatives are directed at maintaining or increasing seniors' independence in the community. A variety of accommodation options which may assist seniors to stay at home, or in the community, are being explored. These options are perhaps best categorized according to three lifestyles: staying-put; living close to family and friends; living with peers. The options currently available, and those being explored through demonstration and research efforts, will be discussed below under these three categories.

(i) STAYING PUT/AGEING IN PLACE

Most older Canadians wish to remain in their own homes for as long as possible. It is expected that the majority of Canada's seniors will continue to "stay put". However, even for seniors choosing to remain in their own dwellings a variety of options are available to them which can improve their quality of life, security and financial circumstances. These options include:

Rehabilitating and modifying the home - Even modest renovations can make a major contribution towards helping seniors with their activities of daily living. Home modifications such as grab-bars in bathrooms, special kitchens, and provision for wheelchair accessibility, will help seniors to maintain independence in their own dwelling.

Emergency Response System - These can also provide seniors with the security of knowing that help will arrive quickly in the event of an emergency. Such systems are currently being provided by public, non-profit and private agencies.

Homesharing - This can provide senior homeowners with companionship and an enhanced feeling of security as well as additional income. There are opportunities for sharing with other older people, or for intergenerational sharing with students or single-parents. Matching agencies, sponsored by local governments or volunteer agencies, bring homeowners and homeseekers together.

Accessory apartments - Given municipal approval, an accessory apartment can be introduced into a seniors' home. The benefits are similar to homesharing, but the accessory apartment, being a self-contained unit, affords more privacy to both the homeowner and tenant.

Home-equity conversion plans - These enable seniors to convert some of the equity they have accumulated in their homes into supplementary income. A variety of approaches and arrangements are possible. These are discusssed under Section 6.1.2 "Innovative Financing Schemes for Seniors".

Support services - Many community and health support services provided by public, private and voluntary agencies, are available to assist seniors who live independently. These services include meals, personal and health care, visiting nurses, homemakers, special transportation, home maintenance, and visiting services. A comprehensive listing and brief description of these and other services appear in Section 4.1.3 - Local Responses.

(ii) LIVING CLOSE TO FAMILY AND FRIENDS

A variety of living arrangements allow seniors to live in independent units while living close to, and obtaining informal support from, family and friends. There are also opportunities for mutual support and enhanced security. Given appropriate community based support to complement the informal support, these arrangements could preclude the need for institutional care for some seniors. The following types of accommodation facilitate such living arrangements.

Duplex and Triplex Houses - Duplexes and triplexes are traditional types of accommodation that facilitate living in close proximity to family and friends. A senior single or couple can occupy one of the units, while their relative or friends occupy the other unit.

Homesharing/Accessory Apartments - The senior, in this situation, would be occupying an accessory apartment in a friend's or family member's home.

Bi-Family Units - Bi-family units comprise a pair of semi-detached dwellings, one a family unit, usually two-storey, and the other a small one-storey unit specially designed to meet the housing needs of older people. Unlike an accessory apartment, the secondary dwelling can be identified from the street and has its own street entrance and civic address. This is a new concept and, to date, only one of these units has been built in Canada.

Garden Suites - Garden suites are small (45 to 63 m^2) self-contained one or two bedroom houses, designed for seniors, that are usually placed on the same lot as the home of a close family member. Alternatively, older people may choose to place garden suites on their lots, for their own use, and make the house available to relatives and friends.

A pilot project being undertaken by the Ontario Ministry of Housing "Portable Living Units for Seniors (PLUS) Demonstration", rents garden suites to families who wish to accommodate senior family member(s). In addition, the Alberta government recently announced a pilot project involving garden suites.

Changes to current zoning regulations could provide enormous opportunities for the widespread availability of garden suites in most neighbourhoods. Social municipalities have recently supported this housing concept by amending the zoning by-laws to permit garden suites in single family subdivisions.

Made-to-Convert Housing - Such housing would be designed to facilitate conversion, with minimum disruption and cost, from a single family home to a house that incorporates an accessory apartment and vice-versa. Families could then convert their homes according to their needs during the various phases of their lives. This flexibility would enable an apartment to be introduced to accommodate an elderly relative or friend of the homeowner as well as enabling elderly homeowners to introduce an income generating apartment.

(iii) **LIVING WITH PEERS**

As the range of retirement housing options increase, seniors may choose to move from their current home to seek a different lifestyle or more appropriate and affordable accommodation. While some seniors may merely prefer a move to smaller accommodation, such as rental or condominium apartments, others may choose a form of lifestyle that is specifically designed for seniors. Many seniors prefer to live in an age segregated environment where they can enjoy the companionship of others the same age. The most commonly known options within this category include:

Sheltered Retirement Housing - Sheltered housing refers to purpose-built apartments, or groups of single-story homes, designed for independent living. They include emergency response systems and a house manager who provides informal assistance to the residents.

Shared Housing - Shared housing provides a family-like environment, accommodating a small number of seniors (7-10). There are shared spaces for dining, entertainment and group activities, with private quarters ranging from an entire self-contained suite to a bed-sitting room.

Abbeyfield Concept - In the Abbeyfield Concept of shared housing, a live-in housekeeper attends to the daily running of the house, the shopping and preparing and serving meals. As of the fall of 1988, two Abbeyfield homes were operational in British Columbia, with seven more in the planning phase (two in British Columbia, three in Ontario and two in Quebec) (Murray: 1988).

Congregate Housing - Similar to shared housing, congregate housing operates on a much larger scale with an increased number of services being provided in the complex. Meal and homemaker services are usually provided. In congregate housing, occupants have their own private living quarters, which usually include a kitchen so that light meals can be prepared. Occupants usually receive at least one meal per day in a communal dining room. Congregate housing is usually owned and operated by a public or non-profit agency.

Co-operative Housing for Seniors - Co-operative housing offers advantages such as security of tenure, and resident control and management of the project. In Canada the number of CMHC sponsored senior co-operatives has increased in the last few years. In addition to the more usual rental developments, co-operatives are now developing member-financed projects. The Cedars, a home for older people in Surrey, British Columbia is an example of a member-financed co-operative.

Satellite Group Homes - Under this option elderly people are placed with a family in a conventional home and, during the day, attend a day care program at nearby facilities. In Niagara County in Ontario, there are 35 such group homes in operation and officials estimate that it would cost approximately $400,000 a year more if these residents were living in homes for the aged. In addition, no capital costs are involved (Rapelje: 1988, Director of Senior Citizen Department).

Retirement Communities - Retirement housing communities vary in size from single small apartment buildings to full subdivisions, or small towns. Dwellings may be small houses, mobile homes or apartment units. Generally, retirement communities provide a range of shopping, recreational and social facilities, and primarily target the active and independent elderly population.

Mobile Home Retirement Communities - These communities are generally located in attractive rural, or suburban, areas and usually offer a variety of social, recreational and shopping facilities and services. This type of accommodation can be as spacious and attractive as conventional on-site built housing, and yet more affordable. The homes are prefabricated, and are usually purchased and placed on a rented lot within the retirement community.

Continuum of Care Retirement Communities (CCRC's) - CCRC's offer the full spectrum of continuing care, from independent living to skilled nursing care. A combination of a wide range of accommodation types, and social, recreational, health and homemaking services, allow older people, both singles and couples, to live independently in private and comfortable settings. There are opportunities to participate in informal, or organized, social and recreational events. Residents also have the security of knowing that, if they should become frail or ill as they grow older, all their needs will be met in a familiar and residential environment.

Formal community support services can complement all three lifestyle categories discussed above: staying put; living close to family and friends; and living with peers. Living environments which offer companionship, along with the provision of necessary support, can satisfy seniors' preferences, decrease the need for institutionalization, and realize substantial financial savings.

The need to provide a range of housing options that satisfy a range of lifestyles and services needs has been recognized in Canada, and consequently the number of new housing options for seniors has increased in recent years. Initiatives to promote a wider range of options include: information

dissemination on housing choices which are, or could be, available to seniors; demonstration projects and regulatory reform to accommodate new promising options.

4.3 Technological Responses to an Ageing Population

New technologies provide opportunities to respond to the challenges of providing seniors with the supportive environments necessary to remain in the community. Technology can enable modification and adaptation of existing dwellings in ways that can assist elderly people in their daily activities and enhance their comfort, security, safety and convenience. The development of such technology is important, as the pool of informal caregivers will likely decrease due to changing social and demographic changes.

Technological advances most familiar to Canadians include emergency response systems and automatic shut off mechanisms for appliances. Currently a variety of assistive devices are available for disabled individuals to assist them in coping with daily living. Such devices include power wheelchairs, van lifts, stair glides, and mechanical devices to assist in accessing bathing and toilet facilities.

Electronic emergency response devices are gaining increased exposure and use amongst the elderly in Canada. These systems allow a person in an emergency situation to summon help by pushing a button, either on their telephone or on a device worn on the body (usually worn as a medallion around the neck). A study recently published by CMHC, identifies and describes the types of emergency response systems (ERS) that are, or could be, available in Canada and outlines the criteria for effective systems.

CMHC, in cooperation with the Ontario Ministry of Housing and the Ontario Ministry of Community and Social Services, has recently completed phase one of a two phase project on ERS. Phase I included: developing performance specifications; evaluating products and systems from 22 manufacturers located across Canada, the USA, and western Europe; and preparing a list of product manufacturers that would be able to meet performance specifications.

Phase II of the ERS study "The Implementation of the Pilot Demonstration" will include implementing, testing and evaluating pilot systems in 330 social housing units, and 270 scattered private homes. Completion is scheduled for March 1991. ERS systems will be tested by seniors and disabled persons that are living independently. The main objectives are:

- evaluate the benefits and costs of ERS to elderly and disabled consumers;
- evaluate the comparative cost-effectiveness of ERS, versus current systems, to public agencies;
- determine the need and demand for ERS; and
- examine and evaluate existing and potential ERS technology and make recommendations on one or more product specifications and systems for potential wide-scale implementation, along with a program framework for implementation.

In addition to the existing automatic shut off devices, assistive devices and emergency response systems, the "smart house" concept is being actively researched in Canada. This research into home automation is giving initial attention to potential technologies that can help seniors and the disabled function independently in their own homes.

In August, 1988, the "Ageing and Rehabilitation Product Development Centre" Project, co-sponsored by the Government of Canada and the Government of Manitoba, was established in Winnipeg to research, develop and market health care products for seniors and disabled. It is an example of Canada's recognition of the potential of technology in meeting future needs. One of the main goals of the Ageing and Rehabilitation Product Development Project is "to encourage efforts which enhance the quality of life and maintain the independence of the elderly and disabled" (see Appendix 7 for further details of this program).

4.4 Information Dissemination

(i) Publications

Currently in Canada, a number of government publications inform seniors of the various housing options and programs available to them. The Federal Senior's Secretariat, established within Health and Welfare Canada, published a "Seniors' Guide to Federal Programs and Services" booklet in May 1988. This booklet describes all the federal programs and services of interest to seniors and will be updated on a regular basis.

Another booklet published by Canada Mortgage and Housing Corporation (CMHC), "Housing Choices for Older Canadians" (1988), is designed to increase public awareness of the range and types of accommodation options that are, or could be, available to older Canadians. As well, CMHC has published "Housing for Older Canadians: New Financial and Tenure Options" which describes various financial options for seniors who want to stay in their own homes, and new tenure options for seniors who want to move to retirement housing.

In addition, all provincial governments have published directories which list and describe a wide range of services and programs available to senior citizens. These directories also list sources of information. The Office of Senior Citizens' Affairs (OSCA) in Ontario, for example, recently published the "Guide for Senior Citizens: Services and Programs in Ontario". This booklet is available in five languages, English, French, Chinese, Italian and Portuguese and OSCA is currently assessing the need to produce this guide in other languages. As another example, in Nova Scotia, the Senior Citizens' Secretariat has also published a guide, "Programs for Seniors", which describes all programs and services offered by the various provincial departments.

(ii) Information Centres

Information on seniors programs and services is disseminated in various forms across provinces and municipalities. Several municipalities have

general community information centres, or inquiry bureaus, where seniors may seek information. Other municipalities have specific information services for seniors. Halifax, Nova Scotia, for example, has a Seniors' Infoline, which is a telephone-information and referral service on local programs and services available to seniors. In addition, senior citizens councils (which mainly operate in large urban centres) act as information sources on locally available support programs.

(iii) Demonstration/Pilot Projects

Information dissemination through demonstration/pilot projects plays a major role in generating interest and awareness in new housing options. Such projects stimulate discussion that will identify consumer interests, and encourage regulatory agencies and industry to work towards making these options available.

CMHC, for example, in cooperation with provincial housing agencies and the manufactured housing industry, recently completed a demonstration to introduce the concept of garden suites. This demonstration provided Canadians across the country with the opportunity to visit model garden suites. The objective was to determine whether garden suites are a type of accommodation that is likely to appeal to Canadians. Another initiative, by the Ontario Ministry of Housing, established 12 garden suites in 4 urban centres as pilot projects in order to test the feasibility of this housing concept. An evaluation of this pilot project is expected soon. Alberta's government just recently announced a three-year garden suite pilot project.

(iv) Conferences/Workshops

Conferences and workshops provide an ideal opportunity for information dissemination and information exchange amongst seniors, researchers, academics, the industry and government. A recent major conference sponsored by CMHC, for example, brought together many people involved in planning, developing, designing, financing and managing housing, as well as a wide representation from older consumers. The objective was to raise awareness of issues and opportunities and stimulate discussions and actions that could lead to a greater range of housing choices for older Canadians.

As a follow-up to the above conference, a series of provincial and territorial workshops will be sponsored by CMHC, in collaboration with other federal and provincial agencies, seniors groups and industry. The objectives are to provide forums for information exchange between seniors, all levels of government, the housing industry, financial institutions and health and social service agencies, with a view to broadening the base of understanding, identifying issues and assessing priorities and options and establishing mechanisms to facilitate ongoing information dissemination, consultation and actions.

SECTION 5.0 - PROGRAM IMPLEMENTATION

The purpose of this section is to provide insight into how programs are developed and what institutional arrangements are used in the public, private and volunteer sectors in carrying out various programs. The institutional arrangements for each program are unique and a discussion of each would prove complex. Therefore a general overview of institutional arrangements and program delivery systems, for housing and service programs, will be presented. Joint public and private involvement will be separately addressed and the drawbacks of current institutional arrangements will be discussed.

5.1 Housing Programs

CMHC has responsibility for developing and administering federal housing programs. Provincial ministries or departments of housing are responsible for developing and delivering housing programs for their respective provinces.

For federal housing programs, program implementation and financing vary from province to province. Many of CMHC's programs are cost-shared and delivered by the provinces and territories. In 1986, CMHC entered into separate operating agreements with each province and territory for the federal housing programs. The objective of these agreements is to avoid duplication of effort between federal and provincial/territorial governments. Under these agreements, cost-sharing arrangements and the active delivery party were established. For each program, the cost sharing ratios vary between provinces, and in some provinces the program may be entirely federally funded. Responsibility for delivery of each program is discussed in Appendix 3, Federal Housing Programs. Appendix 8, provides a summary of the specific cost sharing arrangements, for each program, with each province, and also a summary of delivery arrangements for 1989. The Federal Co-operative Housing Program and the Housing for Indians on Reserve Program do not appear in Appendix 8, as they are 100% federally funded in every province/territory.

CMHC is exclusively responsible for financing and delivering the federal Co-operative Housing Program in every province and territory. Eligible sponsors of this program are not-for-profit continuing housing co-operatives, which means, an incorporated association having the objective of providing long-term housing on a co-operative basis for their members (members would not have the opportunity to benefit from any capital gain arising from the sale of units or transfer of occupancy). Financial assistance available under the program is only available to the co-operative group that will own, operate and reside in the project. The by-laws of the Co-operative must also be approved by CMHC.

CMHC also directly finances and delivers the Housing for Indians on Reserves Program in every province and territory. The Federal Indian and Northern Affairs Canada (INAC) identifies where the housing units are required across Canada. Upon allocation, CMHC makes the Program funds available to band councils for the development of non-profit housing.

The Non-Profit Housing Program is cost-shared with most provinces/territories (the exceptions being Prince Edward Island and the Northwest Territories where this program is entirely federally funded). These provinces and the territory that cost-share also deliver the program. Eligible sponsors of non-profit housing projects are the provinces or territories, municipalities, public non-profit housing corporations, private non-profit that cost-share housing corporations and non-profit continuing co-operative housing associations. Service clubs, ethnic groups and church groups are the three major groups that sponsor private non-profit housing corporations.

In general, CMHC is responsible for the delivery of the CMHC programs which are entirely funded by the federal government. For those CMHC programs that are cost-shared, the provincial/territorial ministry of housing, or housing corporation generally assumes responsibility for the delivery of these programs. Exceptions to this occur with the Rural and Native Housing Program (RNH). In Ontario, while this program is cost-shared, CMHC is the active delivery party. In Manitoba, the program is also cost-shared but there is a shared delivery system, with CMHC delivering the program in the north and the province delivering the program in the south. Where delivery of a program is the responsibility of the provincial housing authority, CMHC continues to monitor the program to ensure federal objectives are met.

Generally, the provincial housing programs operating in each province are administered by their authorizing body, see Appendix 5; and the provincial ministries of housing finance their own programs. However, in some cases, CMHC cost-shares provincial programs. Cost-sharing arrangements are illustrated in Appendix 8.

5.2 Support Service Programs

The financing of social service and health programs is predominantly the responsibility of federal and provincial governments. At the federal level, Health and Welfare Canada provides funding to provinces and territories through the Established Programs Financing and the Canada Assistance Plan, and also provides funding programs to the non-profit sector for projects designed to improve the quality of life for seniors. While the federal Financial Contribution covers medical and health services, the provinces are responsible for administering their own social and health related programs. Provincial and territorial ministries of health and social services (actual departmental titles vary between provinces) are responsible for program development and implementation.

While some provincial programs such as Home Care and Homemaking, are delivered by the authorizing ministry, most federal and provincial programs are predominantly funding programs which provide financing to community-based, non-governmental, non-profit, voluntary groups to carry out local projects. Such organizations play a major role in the delivery of support services to seniors.

While numerous support programs directed at seniors are cost shared with various non-profit delivery agencies, the government finances the bulk of

operating costs. Funding of non-profit support services for seniors comes primarily from government sources while the balance of required funds are generated by the agency through various means, including: funding from the general public (charitable donations, bequests); fundraising activities; and patient fees where appropriate (meals on wheel,for example, where nominal fees for meal delivery help offset costs).

User participation is encouraged in the implementation of various government programs. For example, the New Horizons Program sponsored by Health and Welfare Canada, which provides funding to non-profit groups, requires that projects be initiated and managed by seniors themselves. The emphasis of the program is on community-based projects that will significantly involve seniors in the operation of the projects and promote their independence.

Other initiatives are being taken in Canada to encourage further development of informal support systems. For example, there are several programs in place which enhance the families ability to act as caregivers to their senior members, including respite programs, counselling programs (particularly increasing for families coping with a family member suffering from Alzheimer's Disease) and adult day care programs.

The private sector is also becoming increasingly involved in the provision of services and accommodation for seniors. Major organizations involved include: Dynacare and Diverse Care, which are perhaps the largest private agencies providing services to seniors; Central Park Lodge, which offers residential accommodation for seniors; and the Extendicare Group, a division of Crown Inc., which operates both nursing home centres for seniors and home care services. The private sector also provides pharmaceuticals, home care, day care and other goods and services which are frequently purchased by governments to serve older people.

Privatization of both institutional and home care services has increased in popularity in certain parts of Canada, particularly in British Columbia, Alberta and Ontario. In Ontario, for example, in 1983 over one-half of the province's nursing beds for elderly people were provided by the private sector (compared with 27% in the rest of Canada). In addition, one half of homemaking contracts purchased by Ontario's Home Care Program involved commercial agencies (Schwenger: 1987, p. 510). This is an example of joint public and private sector involvement in servicing seniors.

5.3 Joint Public and Private Involvement

The private non-profit and voluntary sectors in Canada are currently very active in the provision of both housing and support services for seniors in need.

There are several opportunities for the private sector to participate in the Federal Non-Profit Housing Program. These include the provision of consultation and advice to non-profit sponsors; the opportunity to sell land at market value to sponsors; the opportunity to participate in the full project procurement process (i.e. proposal call, tendering, etc.); the

opportunity to manage projects for sponsors on an ongoing basis; and the opportunity to serve in a voluntary capacity on a project board of directors, as long as the entrepreneur does not have a financial interest in the project. In their involvement with this program, entrepreneurs must guard against self-interest, or conflict of interest with the sponsor or CMHC. Private sector involvement opportunities with the Federal Co-operative Housing Program are similar to those with the Non-Profit Housing Program, however, the developer or builder may not initiate the development of the co-operative, or be a member of the co-operative's board of directors.

Several non-profit organizations are the sponsors of non-profit and co-operative housing. This is perhaps the most visible example of joint participation between the private non-profit and the public sectors. Such joint participation efforts, however, are not limited to the provision of housing.

Various federal and provincial support programs and funding programs are directed at private non-profit and volunteer groups. Most private non-profit and volunteer programs operating at the local level are dependent on these financing programs offered by the public sector. This is also a good example of joint public-private involvement, where the public sector provides funding and the private non-profit sector delivers the services. Several government program policies specifically support the role of such volunteer sectors by offering financial resources to community-based non-government, non-profit, and volunteer organizations.

One of the largest national non-profit, voluntary organizations is the Victorian Order of Nurses for Canada (VON). VON has 72 local branches and nine provincial branches across Canada. The programs are provided at the local level where they are tailored to meet the particular needs of the community. VON's aim is to provide health and related services to those Canadians who need the services, regardless of their ability to pay. Services include: visiting nurses; seniors assessment and counselling; adult day care; foot care clinics; volunteer visiting; meals on wheels; occupational health nursing; placement coordination services; visiting homemakers; health promotion services; and Home Care Program administration. More than 70% of Canadians receiving VON services are over 65 years of age.

Numerous other voluntary organizations also provide home-support or community support services for the elderly. These voluntary sector organizations are composed of local community members of service clubs, social clubs, church groups and ethnic organizations. These organizations draw financial resources for the provision of service from the various levels of government and through their own fund raising efforts.

5.3.1 Providing Integrated Services

There are a great number of government agencies, and private and voluntary organizations, that are involved in the delivery of health and social support services and programs. This fragmentation, together with: the anticipated growth in the number of older people; the recognition that older people are

heavy consumers of health care services; the rapidly increasing costs of providing institutional care; and the need to balance the cost of care and services to the elderly against available resources; has given rise to concerns that there is a need for a more coordinated approach to providing services for the elderly.

As a result, several approaches aimed at providing a coordinated approach to the delivery of services are being examined at the provincial levels. Ontario, for example, is encouraging the possibility of introducing a "One Stop Access Program". Under this program, through one point of contact: individual seniors' health and service needs would be assessed; individual service plans developed; delivery of necessary services arranged; and services would be monitored to meet the individual's changing needs.

The issue of coordination was also addressed in Alberta's Long Term Care Committee's review of seniors' needs (1988). One of the recommendations identified the need to implement a system which provides seniors with a single point of entry to long term care. As well, strategies to improve the coordination of long-term care services at both the provincial and local levels were identified. The establishment of a provincial Long Term Care Division was recommended to facilitate this coordination. Many provinces currently have such mechanisms in place to coordinate long term care services. Provinces such as British Columbia, Saskatchewan and Manitoba have a Division of Continuing Care, responsible for coordinating long term care services for seniors.

5.3.2 Coordinating Services with Housing

In Canada there are accommodation options which integrate services with housing. Congregate housing and the Abbeyfield concept are examples of such housing options for seniors. However, these options are not yet widely available.

There are some other models currently being employed in Canada where a combination of housing and services, in a residential environment, meets the needs of disabled tenants. Two examples, one in Metro Toronto and one in the City of Edmonton will illustrate this. In Toronto, City Homes, the Toronto Housing Agency responsible for the supply and management of the social housing portfolio, have successfully accommodated quadraplegics in independent apartments with appropriate support programs. An attendant care agency, located in the apartment building, provides the support services necessary to help these residents live in a residential, rather than institutional, setting. A slight variation of this option is provided by the Metropolitan Toronto Housing Company Ltd. for another group of quadraplegics in North Toronto. In this situation, the care agency is located off site but has a staff member on site to organize 24 hour a day services.

In Edmonton, an affordable housing unit for disabled tenants includes a resident service team to provide, or arrange for, required services. This service team is a commercial agency, on contract, which uses an on site apartment unit for the service centre. These examples illustrate the ability

to provide a supportive residential environment for very restricted individuals and the potential for integrating housing and service programs for other groups, including the elderly.

In examining opportunities for new forms of accommodation for elderly people, the need for a coordinated approach to providing housing and support services becomes very apparent. This applies not only to subsidized housing and services but also to private and non-profit ventures. To address this issue, CMHC is proposing to initiate a project, in collaboration with The National Advisory Council on Aging and Health and Welfare Canada, to examine alternative approaches to providing accommodation and services. Particular emphasis will be placed on identifying combinations that can enable elderly people to maintain independent lifestyles and increase opportunities for the private and voluntary sectors to respond to their needs and demands. This study will commence in 1989.

5.4 Drawbacks of Current Institutional Arrangements

One problem with the current institutional arrangements for service delivery is that it creates an unequal distribution of services between provinces, between municipalities and even within municipalities. Under the current operation of many support programs, while funding is available from the senior levels of government, seniors' receipt of services at the local level is largely dependent upon local initiatives, predominantly the initiatives of private non-profit and volunteer organizations in the community. While there may be many individual volunteers at the community level, there is often an absence of a central agency or organization to coordinate their efforts.

Another drawback of current institutional arrangements for service delivery, is the diversity of service providing agencies and service groups at the local level. As the availability of programs varies between municipalities, it often proves complex for seniors to gain an understanding of the services available at the local level, their eligibility, and any user fees associated with the services. It is critical that there be good coordination at the local level. Municipal efforts to compile local information booklets, pamphlets or directories, to assist seniors and their families in obtaining services, help to alleviate this problem. Local senior citizens offices, similar to the federal Senior's Secretariat, or provincial secretariats or ministries, would also facilitate the coordination of information at the local level.

Current municipal land use zoning practises can impede extending the range of residential options that may help to keep seniors living independently in the community. Municipalities are working together with senior levels of government and industry to look at ways in which to modify the regulatory environment. The Regional Municipality of Peel in Ontario, for example, has recognized the need to reflect an increased variety of seniors housing options in their zoning by-laws. It is expected that a variety of current non-standard housing forms will become available under newly proposed zoning by-laws. Peel's initiative represents an advancement in municipal regulatory

reform toward providing an increased range of housing choices for elderly people.

Co-ordination among agencies at the provincial level is also important. Initiatives to promote interdepartmental coordination at the provincial level include: the Alberta Interdepartmental Coordinating Committee on Long-Term Care, composed of representatives from the Departments of Hospitals and Medical Care, Social Services and Community Health, and Housing; the Standing Interdepartmental Coordination Committee on Ageing (in Saskatchewan), comprised of numerous government department and agency representatives; an Interagency Committee on Support Services to Seniors (in Manitoba) which brings together the Departments of Health, Housing, Community Services and Corrections, the Manitoba Health Services Commission and the Federal Canada Mortgage and Housing Corporation; and the Seniors Secretariats in both Ontario and Nova Scotia, (Schwenger: 1987).

While such coordination efforts are underway, it is recognized that there is a need for considerable improvement in coordination, not only between different government departments, but also between different levels of government. This cooperation would also involve the coordination of housing, health services, community services and transportation.

SECTION 6.0 - FINANCING STRATEGIES

This section will provide information about the financing strategies currently being used, and being considered, to support alternatives to institutional care. It will include discussions on: public policy incentives for private sector investment in housing; the responsibility and costs of specific services and programs operating at the local level; and a general overview of the savings and benefits realized through non-institutional provision of care.

6.1 Recent Financing Strategies

Increased financial pressures on all levels of government, in both social housing and health care, has necessitated a rethinking of financing strategies. In housing, for example one of the objectives of the pre 1986 non-profit housing program was social integration within housing projects, that is the explicit provision to include residents of various income levels. The result was that some moderate income residents benefitted from housing subsidies.

In 1986, CMHC introduced significant changes to the non-profit program which directed all program subsidies to needy low income residents. Social integration objectives were then pursued at the community level, rather than in each project, by encouraging smaller well located projects.

Financing strategies to reduce health care costs are also being pursued. One major reform currently underway in Canada is a reduction in the levels of hospitalization and the building of more local clinics or community health centres (Baker: 1988, p. 99). In these centres, patients receive a variety of different health services in a building in their own neighbourhood. Such a community-based strategy responds to the preference of seniors to age in place.

6.1.1 Public Policy Incentives for Private Sector Investment

Over the last twenty years, there has been increased private sector involvement in providing accommodation for seniors. However the bulk of private sector accommodations have been "retirement" oriented housing almost exclusively aimed at middle to upper income seniors. Private sector involvement in the provision of housing for moderate to low income seniors has been much more limited. There are however, public policy incentives for private sector investment in affordable housing and the provision of facilities and services. These incentives are tied into municipal housing and land use policies.

In Ontario, Section 36 of the Ontario Planning Act (1983) permits local councils to pass zoning by-laws authorizing increases in the height and density of developments in return 'for the provision of such facilities, services or matters as are set out in the by-law', providing that the provisions relating to increases in height and density are contained in the

Official Plan. In Toronto, Ontario, for example, in an effort to promote private sector involvement in the provision of assisted housing, the Official Plan allows council to pass by-laws permitting up to 25% increases in residential density in low, medium and high density mixed commercial-residental areas provided that this extra, or bonus, density is used for assisted housing. In some instances, under certain land use designations, even larger bonus incentives are provided than the 25% increase. Other provisions allow increases in density on a particular site in exchange for the provision of land for assisted housing on another site, with a cash-in-lieu option. Such incentives can be, and have been, used to promote and secure private sector contributions to the production of assisted housing (City of Toronto Planning and Development: 1987, p. 18).

Other initiatives taken by Toronto's Council to promote private sector investment in assisted housing include conveyance of land to the City for assisted housing purposes in the context of negotiated site-specific rezoning, and Official Plan modifications or amendments (City of Toronto Planning and Development Department: 1987, p. 11). This incentive option allows for more flexibility in responding to individual opportunities than the 25% bonus strategy. While similar incentive options, which circumvent zoning by-laws, exist to some degree in other parts of Canada, in most cases they remain optional to private developers.

A major direction in encouraging private sector investment in housing, services and facilities specifically for the elderly population, is to improve communication between private and public sectors. Current efforts to disseminate information to the housing industry and consumer groups, will serve as a starting point to encourage private sector responses to seniors' housing and service needs. A series of CMHC conferences scheduled to begin in the spring of 1990 will provide insight into housing issues and opportunities and facilitate dialogue between seniors, industry and all levels of government. The private sector may also become further involved in the various innovative financing schemes emerging in Canada.

6.1.2 Innovative Financing Schemes for Seniors

A number of home equity conversion schemes and new tenure options are emerging in Canada. While such financing options are still in their infancy, they demonstrate the initiatives being undertaken in response to seniors' preferences to "age in place" and remain in the community. These financing schemes will be discussed in turn:

(a) Home Equity Conversion Schemes;
(b) New Tenure Options.

(a) Home Equity Conversion Schemes

In Canada, approximately 65% of those 65 and over are homeowners (1986) and an estimated 87.5% of these homeowners do not have a mortgage. The primary residence is often the major asset held by seniors. For seniors wishing to remain in their own homes, new financial options are being

explored which enable them to use the equity, or part of the equity, in their homes to augment their incomes and improve their standard of living (equity being the net value of a home after all charges such as outstanding mortgages have been deducted). There is a growing interest in home equity conversion schemes and a few are available in some areas of Canada. There are three major types of home equity conversion schemes: deferred payment plans; reverse mortgages and sale plans.

i) Deferred Payment Plans

Deferred payment plans involve the postponement of certain regular expenses until the home is sold. The unpaid expenses are charged to an account that establishes a lien against the senior's home. Under property tax deferment plans, seniors are allowed to delay payment of property taxes until they sell their house or until settlement of their estate. Presently, British Columbia and Prince Edward Island offer programs to defer payment of property taxes. In British Columbia, all homeowners over 65 who have resided in the province for at least one year may defer the full amount of their annual property taxes (provided that the property is their principal residence). At the time the property is sold, or the estate is settled, the total amount of the deferred taxes plus interest (interest rates are below market rate) must be repaid. In Prince Edward Island the program is limited to seniors receiving the Guaranteed Income Supplement and no interest is charged on deferrals.

Another type of deferment plan being explored by the private sector would allow deferment of rehabilitation expenses. Under this plan, seniors would receive a lump sum loan to improve or rehabilitate their home. Again, payment of the loan and interest are deferred until the senior or his/her heirs sell the home.

ii) Reverse Mortgages

Reverse mortgages, which are currently available only in parts of British Columbia, allow senior homeowners to gain additional income by borrowing against the value of their home. This arrangement entails a loan (with interest charged) rather than the sale of the property, therefore the senior maintains ownership of the home. Under a reverse mortgage, the loan itself can take the form of monthly payments or loan advances, (called a simple reverse mortgage) or it can be a lump sum, which the senior uses to purchase an annuity (called a reverse annuity mortgage). Under both options, the underlying assumption is that the home will eventually be sold to retire the debt, with any surplus money going to the homeowner or his/her estate.

iii) Sale Plans

Sale plans are perhaps the oldest method of converting home equity into income. They have been used by seniors in transactions with individual investors in different parts of Canada.

Under a sale plan, an investor purchases the senior's home and then grants the senior lifetime occupancy either through a life estate arrangement or a sale leaseback arrangement. This plan allows senior homeowners to attain the maximum income from their housing equity while maintaining the right to continue living in their home. Participants in this type of plan usually forego future appreciation in the value of their home, however plans can be provided where an increase in home value is shared between investors and homeowners.

Under a life estate arrangement, the seller maintains a right to lifetime ownership. The senior receives less than full market value for the home, but retains ownership until death without paying rent. Under this arrangement, the senior is responsible for property taxes, utility expenses, insurance and maintenance expenditures. Under a sale leaseback arrangement, a senior sells his/her home outright to an investor and receives either a lump sum payment or a stream of income. The senior receives full market value for the home, but to remain in the home, must pay rent to the investor. At the present time in Canada, sale plans take place between homeowners and individual investors, not large financial institutions. There is no available information on the extent to which sale plans are being used.

(b) New Tenure Options

New tenure options for seniors who want to move to retirement housing are also emerging in Canada. Tenure options in the past were limited to renting or buying but have now expanded to include loan stock, shared equity, life tenancies, and equity cooperative arrangements.

i) Loan Stock

Under the loan stock arrangement, a senior makes an interest-free loan to the sponsor of a housing project. This loan amount, which would fully cover the costs of developing and constructing the dwelling the senior chooses to occupy, is often less than the selling price of an equivalent dwelling offered by the private sector (as marketing costs and developer markup costs are eliminated). In return for the loan, the senior gains the right to occupy the dwelling rent-free for the rest of his/her life or for as long as he/she wishes. When the senior dies, or decides to leave the project, the interest-free loan is reimbursed to the senior or his/her estate. When the loan amount is paid in full at the outset, the senior would pay monthly fees, similar to

condominium fees, which cover the ongoing cost of operating and maintaining the dwelling. However, when the loan amount paid by the senior covers only part of the cost, of developing and constructing the dwelling, the senior would also pay rent on the portion of the dwelling not covered by the loan, in addition to the fees.

ii) Shared Equity

A concept only starting to emerge in Canada is shared equity. Shared equity arrangements allow seniors to reduce the capital required to enter retirement housing by purchasing part of the equity (50 percent, for example) and pay rent for the portion retained by the developer. Fees to cover ongoing costs must also be paid by the senior. Upon sale of the unit, the senior or the estate would be entitled to share in the proceeds of the sale in proportion to the part of the equity owned.

iii) Life Tenancies

There is a growing interest in life tenancies, although these are not yet available. A life tenancy is a legal interest in a housing unit that permits the purchaser to occupy the unit for life in exchange for prepaying the rent in a lump sum on entry. The size of the lump sum payment is based on the value of the unit, and on the age and sex of the purchaser. The younger the senior, the more he/she would pay. Female seniors would pay more than male seniors because they are expected to live longer. A life tenancy provides the senior with the security of lifetime ownership for a fraction of the full ownership price. After the senior's death, title reverts to the investor.

iv) Equity Cooperatives

A form of tenure becoming increasingly popular amongst seniors, particularly in British Columbia, is member-financed co-operative housing. Under this arrangement, organized seniors groups would purchase land and construct their own retirement complexes without any government assistance. Individual homeowners could sell their private homes, purchase a more affordable co-operative unit and still have sufficient funds available for retirement investment or income. As these co-operatives are non-profit, the members do not benefit from any future appreciation in unit value. This ensures that a supply of affordable housing is put in place for the future.

6.2 Responsibility and Costs of Specific Programs

In Canada, there is a decentralization of responsibility for service provision to local communities. While funding programs for senior services emanate from federal and provincial levels, it is mainly through local initiatives that services are delivered.

Most provincially funded service programs are cost-shared with the municipalities, or the non-profit, non-government delivery agencies. For example, in Ontario, the Home Support Program for the elderly is funded primarily by the provincial Ministry of Community and Social Services. Under this program, the Ministry provides 70 per cent of the agency's total operating budget and the service delivery agency is required to raise the remaining 30 per cent. Of the 70 per cent provided by the Ministry, 50 per cent (or 35% of the operating budget) is funded by the federal Canada Assistance Plan. While funding for these programs comes from provincial and federal levels of government, actual service delivery is often dependent on local volunteer and non-profit group initiatives.

For other provincially and federally operated programs, responsibility for service delivery rests with the respective government ministries. The provincially operated home care programs are one of the most visible examples where program delivery is the direct responsibility of the provinces. In Ontario, for example, responsibility for delivering the Home Care Program at the local level lies with the provincial Ministry of Health. The Ministry of Health delegates responsibility for program administration to the boards of 29 health units, 2 regional social service departments, 4 local Victorian Order of Nurses branches, 3 local hospitals, and 1 incorporated board for the Homecare Program of Metropolitan Toronto. These local home care programs, in turn, utilize various community resources in providing their services, by contracting out required services to local voluntary and proprietary agencies (such as VON nursing services). The Ministry of Health transfers payments to local administrative agencies on the basis of budgets they submit for approval by the Ministry. The homemaker service component of the Home Care Program is funded by the Ontaro Ministry of Community and Social Services.

In Ontario, the provincial Home Care Program's average cost for 1986-87 was $1,001.09 per case (person), with an average per diem cost of $18.22 (these costs exclude the homemaking component of Home Care) (Ontario Ministry of Health: 1987). As the Home Care Program does not exclusively service seniors, these average costs may not reflect the exact cost of servicing seniors in their own homes, however, they are good indicators.

Operating estimates from the Veteran's Independence Program (VIP), a program funded by Veteran's Affairs Canada, are also indicative of the costs associated with keeping seniors in their own homes. Under the VIP program maximum expenditure limits per veteran per year are set for the various service components of the VIP program. For the home care component (personal care, groundskeeping and housekeeping) the limit is $5,074/year/person, ambulatory health care is set at $590/year/person, home adaptation expenses are limited to $2,950/year/person and transportation services are set at $708/year/person. The approximate maximum expenditure per veteran per year is $9,300 (or a maximum of $25/day/person) (1988). This figure does not include expenses for the community care component of the VIP program, adult residential care or nursing home intermediate care. In most instances the per day costs of the VIP program to veteran's living in their own homes is well below this designated maximum (averaging $12-15 per day per senior [1988 Estimate by the Kingston District Office for Veteran's Affairs

Canada]). Responsibility for delivering the VIP program lies with the District Offices for Veteran's Affairs.

6.3 Benefits of Non-Institutional Care

Enabling seniors to remain in the community for as long as possible is perceived to be a feasible and desirable alternative to institutional care. Various benefits, both social and financial, are realized through non-institutional provision of housing and services. While it is generally assumed that assisting seniors to remain in their own homes/dwellings for as long as possible, may result in lower tax dollars being spent, no comprehensive study has documented, or proven, these savings.

The average cost of a year long hospital stay for the fiscal year 1987-1988 is $123,994; for extended care, which includes chronic care, accommodation costs $53,765; and nursing homes based on 1986-1987 cost $19,856 per year (Statistics Canada). Compared to the previously discussed costs of the Home Care and Veteran's Independence Programs, institutional care seems to be much more expensive.

Helping seniors remain at home is perceived to be feasible and desirable, however, it is generally agreed that it is not panacea, as some seniors may require intensive supervision, or skilled nursing care, which can only be provided in institutions. However, ways are being explored of creating a more residential environment within the institutional context.

SECTION 7.0 - URBAN/REGIONAL DATA ON SOCIO DEMOGRAPHIC CHANGE

Statistics Canada conducts a census of the national population every five years and the data presented in this section represents the census tabulations for each year. The data compiled for the following tables were extracted from various Statistics Canada data series publications and from various publications citing census data. In providing the requested data, several terms must be clarified to ensure appropriate interpretation of the data. "Household" data refers to "Private Household" as defined below:

> **Private Household:** Refers to a person or group of persons (other than foreign residents) who occupy a private dwelling and do not have a usual place of residence elsewhere in Canada. The number of private households equals the number of occupied private dwellings.
>
> **Private Dwelling:** Refers to a separate set of living quarters with a private entrance either from outside or from a common hall, lobby, vestibule or stairway inside the building. The entrance to the dwelling must be one which can be used without passing through the living quarters of someone else.

For data breakdown by regions, Canada's Provinces and Territories are referred to. The term Province refers to the major political divisions of Canada. Data provided at the level of cities, is provided for selected Census Metropolitan Areas (C.M.A.). This definition appears below:

CENSUS METROPOLITAN AREA (CMA)

Concept and General Criteria

The general concept of a Census Metropolitan Area (CMA) is one of a very large urbanized core, together with adjacent urban and rural areas which have a high degree of economic and social integration with that core.

A CMA is defined as the main labour market area of an urban area (the urbanized core) of at least 100,000 population, based on the previous census. Once an area becomes a CMA, it is retained in the program even if its population subsequently declines.

Smaller labour market areas, centred on urbanized cores of at least 10,000 population, are included in the census agglomeration (CA) program.

CMAs are comprised of one or more census subdivision (CSDs) which meet at least one of the following criteria:

(1) the CSD falls completely or partly inside the urbanized core;

(2) at least 50% of the employed labour force <u>living</u> in the CSD <u>works</u> in the urbanized core, or

(3) at least 25% of the employed labour force working in the CSD lives in the urbanized core.

Further definitions, necessary for appropriate interpretation of the provided data, appear alongside the Tables.

Where possible attempts were made to provide data requested in the desired format. Section 7.1 provides disaggregate data on All Single-Person Households, Section 7.2 provides data for All Single-Parent Households and Section 7.3 includes data on the Elderly Population. Specific reference is made to the data in Sections 1-6.

7.1 For All Single-Person Households[3]

TABLE 7.1.1
NATIONAL LEVEL DATA FOR CANADA
PERCENTAGE OF SINGLE (ONE) PERSON HOUSEHOLDS TO TOTAL HOUSEHOLDS

	1961	1971	1981	1986
Number of One Person Households	424,750	811,325	1,681,130	1,934,710
Total Number of Households	4,554,736	6,040,815	8,281,530	8,991,675
Percent of Single Person Households to Total Households	9.3%	13.4%	20.3%	21.5%

SOURCE: Census of Canada, 1961-1986.

TABLE 7.1.2
REGIONAL DATA FOR CANADA
PERCENTAGE OF SINGLE-PERSON HOUSEHOLDS
IN EACH PROVINCE TO TOTAL PROVINCIAL HOUSEHOLDS

	1961	1971	1981	1986
Newfoundland	4.4	5.8	9.2	10.2
Prince Edward Island	8.9	11.4	16.6	17.6
Nova Scotia	8.5	11.4	17.7	18.6
New Brunswick	7.4	10.2	15.3	16.5
Quebec	7.0	12.0	19.6	21.6
Ontario	9.0	13.2	20.6	21.0
Manitoba	10.2	15.3	23.3	24.0
Saskatchewan	12.8	16.6	22.4	23.3
Alberta	3.5	14.8	19.4	21.4
British Columbia	13.5	17.1	23.5	24.8
Yukon and Northwest Territories	11.9	14.6	19.5 16.8	21.6 16.6
FOR CANADA	9.3%	13.4%	20.3%	21.5%

SOURCE: Census of Canada, 1961-1986.

[3] A single-person household is equivalent to a one-person household or to a person living alone, whether they have never been married, are separated, divorced or widowed.

TABLE 7.1.3
PERCENTAGE OF SINGLE-PERSON HOUSEHOLDS TO TOTAL HOUSEHOLDS IN SELECTED CENSUS METROPOLITAN AREAS (C.M.A.)

C.M.A.	1961	1971	1981	1986
St. John's, Nfld.	4.0	6.0	11.5	12.0
Halifax, Nova Scotia	6.0	10.0	20.0	19.5
Saint John, New Brunswick	9.0	12.5	19.0	20.0
Quebec, Quebec	7.0	12.0	20.0	22.0
Montreal, Quebec	9.0	15.0	24.0	25.0
Ottawa/Hull, Ontario	8.0	13.0	23.0	23.0
Toronto, Ontario	8.0	13.5	22.0	21.0
Hamilton, Ontario	8.0	12.5	20.5	21.5
Kitchener, Ontario	8.0	12.0	19.5	20.0
London, Ontario	11.0	15.0	25.0	24.5
Windsor, Ontario	10.0	14.0	23.0	23.5
Sudbury, Ontario	5.0	7.5	17.5	19.5
Winnipeg, Manitoba	9.5	16.0	26.0	26.0
Regina, Saskatchewan	11.0	17.0	24.0	24.0
Saskatoon, Saskatchewan	11.0	17.5	25.5	24.0
Calgary, Alberta	12.0	15.0	20.5	23.0
Edmonton, Alberta	10.0	14.5	21.5	22.0
Vancouver, British Columbia	13.0	19.0	27.0	27.5
Victoria, British Columbia	16.0	21.0	29.0	29.0
FOR CANADA	9.3%	13.4%	20.3%	21.5%

SOURCE: Census of Canada, 1961-1986.

TABLE 7.1.4
NATIONAL LEVEL DATA FOR CANADA
PERCENTAGE OF ELDERLY (65+) SINGLE-PERSON HOUSEHOLDS TO TOTAL SINGLE PERSON HOUSEHOLDS

	1961	1971	1981	1986
65 years old and over Single-Person Households	172,416	319,520	565,710	680,170
Total Single-Person Households	424,750	811,325	1,681,135	1,934,710
% of Elderly Single Households to Total Single-Person Households	40.5%	39.4%	33.4%	35.2%

SOURCE: Census of Canada, 1961-1986.

TABLE 7.1.5
PERCENTAGE OF ELDERLY (65+) SINGLE-PERSON HOUSEHOLDS
TO TOTAL SINGLE-PERSON HOUSEHOLDS
IN SELECTED CENSUS METROPOLITAN AREAS, 1961, 1971, 1986

C.M.A.	1961	1971	1986
St. John's	34.0	41.0	40.7
Halifax	27.0	29.0	31.0
Saint John	41.0	49.0	43.8
Quebec	23.0	23.0	27.0
Montreal	21.0	25.0	27.6
Ottawa/Hull	28.0	30.0	28.2
Toronto	34.0	35.0	32.0
Hamilton	41.0	44.0	39.2
Kitchener	39.0	42.0	35.6
London	41.0	42.0	35.5
Windsor	40.0	49.0	40.8
Sudbury	23.0	30.0	35.1
Winnipeg	40.0	41.0	37.9
Regina	35.0	35.0	33.8
Saskatoon	40.0	38.0	30.5
Calgary	35.0	31.0	22.0
Edmonton	33.0	30.0	24.0
Vancouver	44.0	39.0	31.8
Victoria	56.0	54.0	43.0
For Canada	40.5%	39.4%	35.2%

TABLE 7.1.6
BREAKDOWN OF SINGLE-PERSON HOUSEHOLDS BY SEX
FOR CANADA

Single Person Households	1961	1971	1981	1986
Males	44.0%	40.0%	41.0%	41.0%
Females	56.0%	60.0%	59.0%	59.0%
Total Single-Person Households	424,750	811,325	1,681,135	1,934,710

SOURCE: Census of Canada, 1961-1986.

TABLE 7.1.7
BREAKDOWN OF SINGLE-PERSON HOUSEHOLDS BY ETHNIC GROUPS FOR CANADA, 1971*

Ethnic Group	Number of Single Person Households	Percentage
British	431,735	53.2
French	173,525	21.5
German	50,820	6.2
Others/Unknown	42,860	5.5
Ukranian	27,650	5.4
Scandinavian[1]	19,875	2.5
Jewish	15,950	2.0
Polish	13,315	1.6
Netherlands	10,920	1.3
Italian	9,805	1.2
Asian[2]	9,115	1.1
Native Indian & Eskimo	5,775	0.7
TOTAL	811,325	100.0

1 includes Danish, Icelandic, Norwegian and Swedish
2 includes Chinese, Indo-Pakistani, Japanese, Syrian and Lebanese

*NOTE: This data is only available in published form for 1971.

SOURCE: Statistics Canada, Catalogue 93-707, 1974.

7.2 For All Single-Parent Households

TABLE 7.2.1
NATIONAL LEVEL DATA FOR CANADA
PERCENTAGE OF SINGLE-PARENT HOUSEHOLDS TO TOTAL HOUSEHOLDS, 1961-1986

	1961	1971	1981	1986
Single Parent Households	265,830	421,845	668,425	802,905
Total Households in Canada	4,554,736	6,040,815	8,281,530	8,991,675
Percentage of Single Parent Households to Total Households	6.0%	7.0%	8.0%	8.9%

SOURCE: Census of Canada, 1961-1986.

TABLE 7.2.2
REGIONAL DATA FOR CANADA
PERCENTAGE OF SINGLE-PARENT HOUSEHOLDS TO TOTAL PROVINCIAL HOUSEHOLDS

Province	1961	1971	1981	1986
Newfoundland	7.0	7.4	7.6	8.6
Prince Edward Island	7.0	7.5	9.0	9.2
Nova Scotia	7.0	8.0	8.7	9.4
New Brunswick	6.0	7.5	9.1	10.0
Quebec	6.0	7.7	9.2	10.3
Ontario	5.0	6.5	7.8	8.4
Manitoba	6.0	7.0	7.7	8.8
Saskatchewan	6.0	6.2	7.0	7.9
Alberta	5.0	6.7	7.6	8.8
British Columbia	6.0	6.7	8.2	9.2
Yukon			9.0	10.5
Northwest Territories	6.0	9.1	11.5	13.2
FOR CANADA	6.0%	7.0%	8.0%	8.9%

SOURCE: Census of Canada, 1961-1986.

TABLE 7.2.3
PERCENTAGE OF SINGLE-PARENT HOUSEHOLDS TO TOTAL HOUSEHOLDS IN SELECTED CENSUS METROPOLITAN AREAS, 1981 AND 1986*

C.M.A.	1981	1986
Calgary	8.0	9.0
Edmonton	8.0	9.6
Halifax	10.0	10.0
Hamilton	8.4	9.0
Kitchener	8.0	8.6
London	8.4	9.0
Montreal	10.0	11.0
Ottawa/Hull	9.4	10.0
Quebec	9.7	11.0
Regina	8.6	10.0
Saint John	11.4	12.4
St. John's	10.3	11.3
Saskatoon	8.4	9.6
Sudbury	9.6	10.3
Toronto	9.0	9.6
Vancouver	8.0	9.0
Victoria	7.5	8.6
Windsor	10.0	10.0
Winnipeg	9.0	10.0
FOR CANADA	8.0%	8.9%

NOTE: This data is not available in published form for 1961 and 1971.

SOURCE: Census of Canada: 1981, 1986.

TABLE 7.2.4
BREAKDOWN OF SINGLE-PARENT HOUSEHOLDS BY SEX FOR CANADA, 1971-1986

	1971	1981*	1986*
Male	91,030 (21.6%)	116,306 (17.4%)	126,859 (15.8%)
Female	330,815 (78.4%)	552,119 (82.6%)	676,046 (84.2%)
	421,845 (100.0%)	668,425 (100.0%)	802,905 (100.0%)

* provided data is weighted at 100% population (based on 20% sample).

TABLE 7.2.5
BREAKDOWN OF SINGLE-PARENT HOUSEHOLDS BY SEX
FOR SELECTED CENSUS METROPOLITAN AREAS (C.M.A.), 1981 AND 1986

	1981			1986		
C.M.A.	Total Number of Single-Parent Households	Males	Females	Total Number of Single-Parent Households	Males	Females
Calgary	16,700	16.4%	83.6%	22,175	16.3%	83.7%
Edmonton	19,400	15.0	85.0	27,135	16.0	84.0
Halifax	9,165	15.0	85.0	10,490	14.8	85.2
Hamilton	16,015	15.6	84.4	17,860	16.5	83.5
Kitchener	7,965	16.0	84.0	9,525	17.0	83.0
London	8,865	14.0	86.0	11,530	14.8	85.2
Montreal	102,265	15.6	84.4	123,965	16.2	83.8
Ottawa/Hull	24,155	17.8	82.2	29,785	17.7	82.3
Quebec	19,040	14.6	85.4	23,600	16.2	83.8
Regina	5,070	14.3	85.7	6,500	15.5	84.5
Saint John	4,225	18.0	82.0	5,180	14.0	86.0
St. John's	4,465	18.8	81.2	5,425	15.3	84.7
Saskatoon	4,800	12.8	87.2	7,120	14.0	86.0
Sudbury	4,655	19.5	80.5	5,290	18.0	82.0
Toronto	92,555	16.0	84.0	115,250	17.2	82.8
Vancouver	38,470	17.0	83.0	47,150	17.3	82.7
Victoria	7,115	14.0	86.0	9,085	15.0	85.0
Windsor	8,365	13.8	86.2	9,375	16.6	83.4
Winnipeg	19,435	15.3	84.7	22,950	15.0	85.0

SOURCE: Census of Canada, 1981, 1986.

7.3 For the Elderly Population

TABLE 7.3.1
NATIONAL LEVEL DATA ON THE POPULATION AGED 55-64 AND THE ELDERLY POPULATION AGED 65+ IN CANADA 1961-1986

Age Category	1961	1971	1981	1986
55-64 years	1,289,470	1,731,740	2,159,235	2,328,315
65-74 years	889,277	1,077,340	1,477,745	1,650,090
75-79 years	274,237	325,510	432,655	510,355
80+ years	227,640	341,560	450,575	537,130

PERCENT IN EACH AGE CATEGORY IN RELATION TO THE TOTAL CANADIAN POPULATION, 1961-1986

Age Category	1961	1971	1981	1986
55-64	7.1	8.0	8.9	9.2
65-74	4.9	5.0	6.1	6.5
75-79	1.5	1.5	1.8	2.0
80+	1.2	1.6	1.8	2.1
TOTAL POPULATION OF CANADA	18,238,247	21,568,310	24,343,180	25,309,330

SOURCE: Census of Canada 1961-1986.

TABLE 7.3.2
NATIONAL LEVEL DATA ON THE PROJECTED POPULATION AGED 55-64 AND THE ELDERLY POPULATION AGED 65+ IN CANADA, 1991-2031*

Age	1986	1991	2001	2011	2021	2031
55-64	2,328,315	2,386,500	2,871,400	4,121,400	4,714,700	4,209,600
65-74	1,650,090	1,878,100	2,156,900	2,628,000	3,739,900	4,255,100
75-79	510,355	617,800	820,700	904,900	1,192,600	1,609,400
80+	537,130	673,600	1,023,200	1,394,900	1,625,600	2,221,600
Total Projected Canadian Population	25,309,330	26,753,700	29,449,200	31,575,700	33,173,400	33,931,200

PROJECTED PERCENT IN EACH AGE CATEGORY IN RELATION TO THE TOTAL PROJECTED CANADIAN POPULATION, 1991-2031

Age	1986	1991	2001	2011	2021	2031
55-64	9.2	8.9	9.8	13.0	14.2	12.4
65-74	6.5	7.0	7.3	8.3	11.3	12.5
75-79	2.0	2.3	2.8	2.9	3.4	4.7
80+	2.1	2.5	3.5	4.4	4.9	6.5
Current and Projected % of the Population 65+:	10.7%	11.8%	18.6%	15.6%	19.8%	23.8%

* See Appendix 1 for projection assumptions.

SOURCE: Statistics Canada: Population Projections Section, 1989.

TABLE 7.3.3
REGIONAL DATA FOR CANADA
PERCENTAGE IN EACH AGE CATEGORY IN RELATION TO
THE TOTAL PROVINCIAL POPULATION - 1986

		Total	Elderly Breakdown by Age		
	55-64	65+	65-74	75-79	80+
Province					
Newfoundland	7.2	8.7	5.6	1.6	1.5
Prince Edward Island	8.1	12.7	7.2	2.5	3.0
Nova Scotia	8.6	11.9	7.3	2.2	2.4
New Brunswick	8.4	11.1	6.7	2.1	2.3
Quebec	9.4	9.9	6.2	1.9	1.8
Ontario	9.7	10.8	6.6	2.0	2.2
Manitoba	9.1	12.6	7.4	2.4	2.8
Saskatchewan	8.9	12.7	7.5	2.5	2.7
Alberta	7.4	8.0	4.9	1.5	1.6
British Columbia	9.5	12.1	7.5	2.3	2.3
Yukon and Northwest Territories	4.5	3.0	2.0	0.5	0.5
FOR CANADA	9.2%	10.7%	6.5%	2.0%	2.1%

SOURCE: Census of Canada, 1986.

TABLE 7.3.4 (A)
URBAN/RURAL BREAKDOWN OF THE ELDERLY POPULATION 65+, FOR CANADA, 1961-1986

Area	1961	1971	1981	1986*
Rural Settlements1	42.9%	37.4%	33.7%	31.5%
Urban Settlements2	57.1%	62.6%	66.3%	68.5%
Total Population 65 and Over (100%)	1,391,154	1,744,410	2,360,975	2,697,575

1 refers to persons living in small towns (less than 10,000 population) and both rural farm and non-farm areas.

2 refers to persons living in both small and large cities, in areas of more than 10,000 population.

SOURCE: Statistics Canada, 1961, 1971, 1981 Census of Canada.

* Hodge, G., Gutman G., Housing Needs of the Elderly in Rural Areas (DRAFT), Study Commissioned by C.M.H.C., Ottawa, March 1989 (on-going)

TABLE 7.3.4 (B)
URBAN/RURAL BREAKDOWN OF THE ELDERLY POPULATION
FOR CANADA 1971 and 1981*

Age Category	Urban[1] Regions	Rural[2] Regions	Total Population
1971			
55-64	1,306,640 (75.5%)	425,100 (24.5%)	1,731,740 (100%)
65-74	808,290 (75.0%)	269,050 (25.0%)	1,077,340 (100%)
75-79	248,200 (76.0%)	77,310 (24.0%)	325,510 (100%)
80+	263,565 (77.0%)	77,995 (23.0%)	341,560 (100%)
1981			
55-64	1,651,420 (76.5%)	507,815 (23.5%)	2,159,235 (100%)
65-74	1,135,420 (76.8%)	342,325 (23.2%)	1,477,745 (100%)
75-79	342,095 (79.0%)	90,560 (21.0%)	432,655 (100%)
80+	365,935 (81.0%)	85,140 (19.0%)	450,575 (100%)

1 Urban Population - refers to persons living in an area having a population concentration of 1,000 or more and a population density of 466 or more per square km.

2 Rural Population - refers to persons living outside "urban areas". This includes rural farm and non-farm populations.

* See Table 7.3.4 (C) for further Population breakdowns for 1971 and 1981

SOURCE: Census of Canada, 1971, 1981.

TABLE 7.3.4 (C)
URBAN/RURAL BREAKDOWN WITH POPULATION SIZE FOR URBAN REGIONS
CANADA'S ELDERLY - 1971 AND 1981

1971

Urban Region Population	Age Category 55-64	65-74	75-79	80+
500,000 and over	572,650	338,530	100,080	103,640
100,000 - 499,999	253,970	159,590	49,325	52,775
30,000 - 99,999	154,190	93,290	28,540	29,765
10,000 - 29,999	129,530	81,350	25,990	28,590
5,000 - 9,999	64,320	41,120	13,105	14,720
2,500 - 4,999	66,535	47,105	15,455	16,795
1,000 - 2,499	65,440	47,305	15,705	17,290
TOTAL ELDERLY IN URBAN REGIONS:	1,306,640	808,290	248,200	263,565
Rural Regions				
Non-Farm	297,360	212,845	64,315	64,455
Farm	127,740	56,205	12,995	13,540
TOTAL ELDERLY IN RURAL REGIONS:	425,100	269,050	77,310	77,995

1981

Urban Region				
500,000 and over	908,325	587,870	172,305	178,425
100,000 - 499,999	233,675	158,925	49,035	53,175
30,000 - 99,999	179,975	130,915	38,285	40,400
10,000 - 29,999	130,130	94,495	28,855	31,450
5,000 - 9,999	66,215	51,600	16,530	18,675
2,500 - 4,999	70,115	57,610	18,970	21,805
1,000 - 2,499	62,985	54,000	18,120	21,510
TOTAL ELDERLY IN URBAN REGIONS:	1,651,420	1,135,420	342,095	365,435
Rural Regions				
Non-Farm	403,810	301,455	82,500	77,685
Farm	104,010	40,875	8,055	7,455
TOTAL ELDERLY IN RURAL REGIONS:	507,815	342,325	90,560	85,140

SOURCE: Census of Canada, 1971, 1981.

TABLE 7.3.5 (A)
PERCENTAGE DISTRIBUTION OF ELDERLY LIVING ARRANGEMENTS
CANADA 1981-1986

Year and Age Group	In Private Households* (M)	(F)	In Nursing Homes, Institutions for the Elderly and Chronically Ill (M)	(F)	In Hospitals (M)	(F)	Other Collective Households (M)	(F)
1981: 65+	93.4%	89.6%	4.7%	8.2%	0.8%	0.9%	1.0%	1.4%
1986: 65+	94.6%	91.0%	4.6%	8.2%	0.8%	0.8%	-	-
1981: 85+	71.1%	58.9%	24.8%	36.3%	2.8%	3.0%	1.3%	1.8%
1986: 85+	(data by this age group not available)							

* includes categories living alone, living with spouse only, living with family, living with relatives

TABLE 7.3.5 (B)
PERCENTAGE LIVING AT HOME,
PERCENTAGE LIVING IN FULL-TIME CARE INSTITUTIONS

Year and Age Group	In Private Households[1] Males	Females	In Institutional Settings[2] Males	Females
1981: 65+	93.4%	89.6%	6.5%	10.5%
1986: 65+	94.6%	91.0%	5.4%	9.0%

1 includes a variety of living arrangements: living alone, with spouse, with family, with non-relatives

2 includes hospital, psychiatric institutions, nursing home, chronically ill institutions

NOTE: For 1986, there were 2,697,580 Canadians 65 and over. Of these, 1,133,340 were male and 1,564,240 were female. Given the above data on institutionalization, in Table 7.3.5 (B), 7.5% of the total Canadian population 65 and over were institutionalized in 1986.

SOURCE: Statistics Canada, The Elderly in Canada, Catalogue 11-519E, 1986.
Statistics Canada, Catalogue 93-104, 1986.

TABLE 7.3.6
PERCENTAGE DISTRIBUTION OF ELDERLY LIVING IN PRIVATE HOUSEHOLDS BY LIVING ARRANGEMENTS - 1981

	Men		Women	
Living Arrangements	**65+**	**85+**	**65+**	**85+**
Living Alone	13.9%	23.3%	36.2%	43.2%
Living with Spouse Only	57.0%	39.5%	33.3%	7.3%
Living with Other Family	26.3%	32.3%	27.7%	45.6%
Living with Non-Relatives	2.8%	4.4%	2.8%	3.7%
	100%	100%	100%	100%

SOURCE: Statistics Canada: The Elderly in Canada, Catalogue 11-519E, 1986

TABLE 7.3.7 (A)
ELDERLY HOUSEHOLD TENURE BY AGE
FOR CANADA, 1986

Age Category	Total Private Households	Tenure		
		Owners[1]	Renters[2]	On Reserve[3]
55-64	1,327,005 (100%)	74.5%	25.0%	0.5%
65-74	1,021,305 (100%)	68.0%	31.5%	0.5%
75 and over	599,385 (100%)	57.1%	42.5%	0.4%

TABLE 7.3.7 (B)
COMPARISON OF ELDERLY HOUSEHOLDS BY TENURE
FOR 1981 AND 1986

Year	Owned	Rented	On Reserve
1981 (65+)	63.0%	35.0%	-
1986 (65+)	64.0%	35.5%	0.5%

1 A dwelling is classified as "owned" even if it is not fully paid for; such as one which has a mortgage or some other claim on it. The dwelling may be situated on rented or leased land or be part of a condominium (whether registered or unregistered).

2 A dwelling is classified as "rented" even if the rent is free or subsidized or if the dwelling is part of a co-operative. For census purposes, in co-operative all members jointly own the co-operative and occupy their dwelling units under a lease agreement.

3 For historical and statutory reasons, shelter occupancy on Indian reserves does not lend itself to the usual classification by standard tenure categories. Therefore, a special category on-reserve has been created for 1986 Census products to apply to all occupied private dwellings on reserves whether originally reported as owned or rented. Thus, tenure categories owned and rented refer to occupied private non-reserve dwellings only.

SOURCE: Census of Canada, 1981, 1986.
Statistics Canada, Catalogue 93-105, March 1989.

TABLE 7.3.8
ASSETS* AMONG THE ELDERLY IN CANADA, 1984

	Age Group			
	55-64	65-74	75-79	80+
Total Average Assets	144,792	111,123	73,766	68,415
Total Average Debt	15,851	7,420	4,085	5,412
Breakdown of Assets by Type:				
Average Value of Financial Assets1	39,344	36,545	30,086	31,778
Average Market Value of Owner-Occupied Home	74,217	60,186	57,766	53,121
Average Value of Other Assets2	59,399	49,986	18,406	20,548

* Average Assets for those having assets.

1 Financial Assets includes both liquid and non-liquid financial assets.

2 Other Assets includes equity in real estate (other than owner-occupied home), market value of automobile, equity in business.

SOURCE: Statistics Canada, Assets and Debts Survey, May 1984.

NOTE: As shown in Table 7.3.8, both assets and debts held by the elderly decline with age. The primary residence is often the major asset of the elderly and this survey indicates this. The market value of the owner-occupied home is the single greatest asset for each age group. Results of the survey indicate that 75% of those 55-64, 66% 65-74, 59% of those 75-79 and 51% of those 80+ have an owner-occupied home as an asset. Many elderly homeowners do not have mortgages outstanding on their homes. Of homeowners in Table 7.3.7, an estimated 87.5% of those 65 and over do not have a mortgage. This indicates the large amount of equity seniors have in their home.

TABLE 7.3.9*
AMOUNTS OF CURRENT TOTAL INCOME[1]
BY AGE GROUPS AND BY SEX, CANADA - 1986

Age Category	For Both Sexes	
	Average Income[2]($)	Median Income[3]($)
55-59	22,537	17,959
60-64	18,679	13,146
65-69	15,329	10,267
70+	13,020	8,983

Age Category	Average Income ($)		Median Income ($)	
	Males	Females	Males	Females
55-59	$29,387.00	13,621.00	25,303.00	10,143.00
60-64	25,322.00	11,423.00	20,686.00	7,622.00
65-69	20,485.00	10,917.00	14,739.00	8,118.00
70+	15,658.00	11,147.00	10,580.00	8,546.00

* - Total Income (for persons with income)
- Based on 20% sample

1 Total Income is the sum of amounts received during 1985 by an income recipient from the following sources of income: Wages and Salaries (gross wages); Net Income from Non-farm Self-employment; Net Form Self-employment Income; Old Age Security Pension and Guaranteed Income Supplement; Benefits from Canada/Quebec Pension Plan; Family Allowances; Federal Child Tax Credits; Benefits from Unemployment Insurance; Other Government Sources; Dividends and Interest on Bonds; Deposits and Savings Certificates and Other Investment Income; Retirement Pensions; Superannuation and Annuities; Other Money Income.

2 Average income refers to the weighted mean total income. Average income is calculated from unrounded data by dividing the aggregate income of a specified group of individuals (e.g. males, 55-59 years of age) by the number of individuals with income in that group.

3 Median income of a specified group of individuals is the amount which divides their income size distribution into two halves, i.e. the incomes of the first half of individuals are below the median, while those of the second half are above the median.

SOURCE: Statistics Canada, Catalogue 93-114, March 1989.

TABLE 7.3.10
SOURCES OF INCOME FOR CANADA'S ELDERLY
BASED ON 1980 INCOME

	Government Transfer Payments i.e. Old Age Security	Investment Income	Retirement & Other* Income	Employment Income
Men: 65+	58.0%	19.3%	13.0%	14.0%
Women: 65+	73.8%	16.6%	5.4%	4.2%

* includes pensions, superannuation, annuities and such "other" sources as alimony and scholarships

SOURCE: Statistics Canada, The Elderly in Canada, Catalogue 11-519E, 1986.

SECTION 8.0 - CONCLUSION

This paper has provided a general overview of the major socio-demographic changes occurring in Canada, with an emphasis on an increasingly elderly population. Enabling seniors to remain in the community for as long as possible has been viewed as both a financially and socially attractive alternative to institutional care. Canadian policy and program responses have recognized the preference of seniors to remain in their own homes and/or in the community.

While it is largely agreed that family and friends provide the most effective support to older persons remaining in their own homes, this traditional informal service delivery system has been eroded by changing social conditions. Such changes include declines in fertility rates, increases in female participation in the labour force and the continued mobility of the Canadian population (which increases the distance between parents and their children). Currently, priority attention is being given to program initiatives, such as seniors' day care and respite care which relieve pressure on care givers and enables and encourages people to provide informal support. As more and more frail people wish to remain independent, it will become increasingly necessary to supplement this informal support with specialized formal services.

All levels of government have programs which encourage ageing in place. This paper has provided an overview of the various programs operating at the national, provincial and local levels. This overview is indicative of the extensive efforts being undertaken at all levels of government to support seniors living in their own homes or in the community setting. There is no doubt that the health and social needs of the elderly will continue to grow and there is still great potential in Canada for expanding the number of housing and service options for seniors.

What has become apparent in the discussion of program implementation is the extensive reliance on the non-profit, volunteer sectors in delivering current services to seniors. In an era of reduced government expenditure, particularly on social programs, such extensive reliance on these volunteer sectors is anticipated to continue.

Recognized problems with current institutional arrangements include a need for additional interagency coordination and the need for more consistency in the availability and delivery of programs across Canada.

Efforts are currently being undertaken to improve information exchange between seniors, government, the private sector, and health and social service providers. CMHC is planning a series of provincial/territorial conferences which will provide forums for information exchange between the various actors involved with housing/servicing options for seniors. It is hoped that these conferences will also lead to the establishment of mechanisms which will use the resources and networking capabilities of existing agencies to provide information and advice to

seniors and industry on an ongoing basis. These conferences should also promote ongoing consultation and dialogue between key actors and initiate actions to address regional housing issues and options.

Continued efforts to promote information exchange and improved cooperation amongst the various actors responsible for housing and services are the most salient considerations in planning effectively for an ageing society. Existing policy and programs, and current research efforts (see Appendix 9), are indicative of Canada's commitment to providing opportunities for elderly people to remain in the community.

APPENDIX 1

POPULATION PROJECTION ASSUMPTIONS

THE 1986 CENSUS BASED POPULATION PROJECTIONS FOR CANADA, PROVINCES AND TERRITORIES
PROJECTION ASSUMPTIONS

	Mortality (life expectancy at birth in 1981)		Fertility (number of children per woman in 1986)	Immigration (1987)	Emigration (1987)	
Actual	Male	Female		(In thousands)		
	71.9	79.0	1.67	152	41	
Projection	Mortality (life expectancy at birth in 2011)		Fertility (number of children per woman by 2011)	Immigration	Emigration(1)	Internal Migration Pattern(2)
	Male	Female				
				(In thousands)		
	77.2	84.0	1.7	200(3)	80	C

Note: (1) Only one emigration assumption is offered; i.e., a constant rate of emigration of 0.0025; the number of emigrants given in this table are levels reached by 2011.

(2) Pattern A: Extrapolation of current trends.
Pattern B: Long term trend.
Pattern C: Partial return to the situation observed between 1977 and 1981 (large migration to the west).

(3) Reached by 1995-96.

APPENDIX 2

FEDERAL INCOME PROGRAMS FOR SENIORS

OLD AGE SECURITY PROGRAM

The Old Age Security Program is the federal government's way of ensuring that all seniors have a minimum income to help them meet their needs.

Benefits under this program include the basic **Old Age Security** pension, the **Guaranteed Income Supplement** and the **Spouse's Allowance.** All of these programs are administered by Health and Welfare Canada.

These benefits are not paid automatically when a person reaches age 65. The person must apply.

OLD AGE SECURITY PENSION

Canadian citizens or landed immigrants 65 years or older who have lived in Canada for at least ten years after age 18, may be eligible for an Old Age Security pension.

It is not necessary to be retired to be eligible. Even if a person does not satisfy residence requirements for the full Old Age Security, they may qualify for a partial pension.

Also Canada has agreements with certain countries that guarantee social security benefits to persons whose residency in the two countries fulfills minimum requirements.

GUARANTEED INCOME SUPPLMENT

Persons with little or no income other than the Old Age Security pension, may be eligible for a monthly Guaranteed Income Supplement.

The amount of this supplementary payment depends on income and marital status. If married, the spouse's income is also considered in deciding the amount of Guaranteed Income Supplement to be received.

SPOUSE'S ALLOWANCE

If an individual is between 60 and 65 years of age and is married to an old age pensioner, they may qualify for this monthly allowance. This payment provides additional income to an older couple living on a single Old Age Security pension. The allowance continues until age 65 when they qualify for their own Old Age Security pension or until they remarry. If their spouse dies, they may continue to receive this benefit. If an individual is a widow or widower, between 60 and 65 and has a limited income, they may also qualify for the widowed spouse's allowance. This allowance continues until age 65, or until they remarry.

CANADA PENSION PLAN

The Canada Pension Plan (CPP) is a compulsory plan to which most working Canadians contribute. The plan provides retirement pensions, survivors' benefits and disability benefits. The amount of these benefits is related to the contributor's earnings while contributing to the plan. CPP covers most of Canada's working people, except for those living in Quebec. Quebec workers come under the Quebec Pension Plan (QPP). These two plans are closely co-ordinated so that you are protected wherever you live in Canada.

If a person has made CPP or QPP contributions in at least one year, they are entitled to receive a pension. Certain types of employment, such as some part-time work, are not presently covered by the plans.

CPP retirement pensions may be payable at any time after reaching age 60. Unreduced benefits start at age 65 but individuals may choose to start receiving the retirement pension when they are between 60 and 64 but the amount of your pension will be reduced to take into account the longer period of payment. The amount will not be readjusted upward when age 65 is reached (other than the cost-of-living increase each January). If aged 60 to 64, the person must have completely or substantially stopped working to qualify.

If an individual waits until age 65 to apply, they receive the full retirment pension. An individual can apply for this pension at 65 even if they have not retired. Or they may postpone benefits and continue to contribute to the plan until they reach 70.

If an individual chooses to delay receiving the retirement pension until they are between 66 and 70 years of age, the pension amount will be increased, provided they have not yet reached their maximum monthly rate. There is no benefit to delaying application for this pension beyond age 70, as a person can no longer contribute to the plan after that date.

If a person leaves Canada after their retirement they are still entitled to this benefit.

CPP/QPP benefits are based on credits earned by either spouse during a marriage. Should a marrage end in divorce or legal annulment, these credits will be divided equally, as long as certain conditions are met. Credits may also be divided if a couple - married or common-law - separates.

If an individual has contributed to CPP/QPP for the minimum qualifying period and dies, a lump-sum death benefit will be paid to the estate. Also the individual's legal or common-law spouse will receive a pension if he/she meets certain requirements. In addition, the deceased's children will receive benefits until they reach the age of 18, or up to age 25 if they continue to attend school full-time.

If an individual has contributed to the CPP/QPP for a minimum qualifying period, under 65 and become severely disabled, they may be eligible for a

disability pension. In addition, their children may receive benefits until they reach age 18 or up to age 25 if they continue to attend school full-time.

SOURCE: Government of Canada, Minister of State for Seniors, Seniors' Guide to Federal Programs and Services, Ottawa: July 1988, pp. 31-34.

APPENDIX 3

FEDERAL PROGRAMS - HOUSING

Federal Co-operative Housing Program

The purpose of this program is to assist in the development of cost-effective co-operatives for moderate incomes, with a portion allocated as affordable housing units. The co-operative program is therefore not a social housing program by definition. The co-operative provides market rate accommodation with generally 30% (a minimum of 15% to a maximum of 50%) of the units allocated as affordable units subsidized through the rent supplement program. In co-operative housing projects, residents are involved in the management and operation of the project. Over the last few years there has been a significant increase in the number of co-operatives for seniors.

CMHC provides 100% financing for co-operative projects through index-linked mortgages and provides a portion of annual operating costs as specified in a 35 year operating agreement. This program is exclusively delivered by CMHC in every province/territory.

Non-Profit Housing Program

This program provides financial assistance to public and private non-profit organizations and co-operatives to build or purchase housing to help low-income households. Tenants pay rent according to rent-geared-to-income scales, which generally amounts to 25 per cent of their income. Capital financing is provided through private lending institutions, in the form of conventional mortgages, guaranteed by the federal government through NHA insurances in conjunction with provincial guarantees (project costs are subject to maximum CMHC limits and must comply with CMHC construction standards). Annual assistance is provided to cover operating deficits through cost-sharing arrangements made with most provinces.

With the exception of Prince Edward Island and the Northwest Territories, where the program is entirely funded and delivered by CMHC, the provinces and territory is the active delivery party.

Rent Supplement Program

This program assists individuals who cannot afford adequate housing on the open market. Under agreements with private landlords or cooperatives, tenants pay rent based on their ability to pay, with a subsidy making up the difference in rent that the landlord/cooperative would charge on the market. The rent subsidy is cost-shared by the federal and provincial governments, except in Prince Edward Island where the program is 100% federally funded. (See Appendix 8 for Federal-Provincial Agreements on Cost-Sharing.)

The Rent Supplement Program is actively delivered by the provinces and territories, except in Prince Edward Island where the program is delivered by CMHC.

Housing for Indians On Reserve

There are two components to this program. One resembles the Non-Profit Housing Program as discussed above and the other resembles the RRAP for Homeowners. Indian and Northern Affairs Canada (INAC), which is the federal agency responsible for housing on Indian reserves, is responsible for planning or determining the distribution of these housing units across Canada. Once a reserve has this allocation, CMHC entirely funds the programs and is responsible for its delivery and administration.

Urban Native Housing Program

Under this program assistance is provided to low-income people of native ancestry, living in urban areas, to obtain suitable, adequate and affordable rental housing. The assistance is for non-profit, rental or cooperatively owned housing and is scaled according to rent-geared-to-income scales, so tenant's pay up to 25 per cent of their adjusted income for rent.

Newfoundland, Quebec and Manitoba cost-share this program and are the active delivery party. For the remaining provinces and territories, the program is entirely funded and delivered by CMHC.

Rural and Native Homeownership, Lease-to-Purchase and Rental Program (RNH)

This program serves needy households in rural areas and in communities of generally less than 2,500. Home-ownership, lease-to-purchase and rental assistance is available to help households with mortgage payments or rent. Again, payments are based on rent-geared-to-income scales, which generally amounts to 25 per cent of their adjusted income for rent or mortgage payments. Home-owners require a 10 per cent downpayment towards the purchase of a home.

In Prince Edward Island, Nova Scotia, Saskatchewan, British Columbia and the Yukon, CMHC entirely funds and delivers the program. The other provinces and territory cost-share this program and are the active delivery party (the exception being Ontario and Manitoba where CMHC delivers the programs, or part of the program).

Residential Rehabilitation Assistance Program (RRAP) for Homeowners

This program provides homeowners in urban and rural areas with financial assistance in the form of a loan to repair and bring their homes up to minimum health standards. A portion of the loan may be forgiven.

In Newfoundland, New Brunswick, Quebec and in Manitoba (the rural RRAP), this program is cost-shared and delivered by the provinces. In the other provinces/territories the program is entirely funded and delivered by CMHC.

Residential Rehabilitation Assistance Program (RRAP) for Disabled Persons

The purpose of this program is to assist in the modification of existing homeowner or rental housing to improve the accessibility of these dwellings for disabled persons. For homeowners a forgivable loan is available. The forgivable amount is dependent on household income. Landlords may also qualify for the forgivable loan if they are willing to enter into an agreement which places a ceiling on the rents they may charge for units modified under the RRAP for Disabled Persons.

The RRAP for Disabled is cost-shared by Newfoundland, New Brunswick and Quebec and delivered by these provinces. In the remaining provinces/territories this program is entirely funded and delivered by CMHC.

Emergency Repair Program (ERP)

Under this program, assistance is provided to eligible households in rural areas for emergency repairs necessary to eliminate immediate health and safety threats in substandard housing. The ERP is cost-shared with and delivered by the Newfoundland, Quebec and the Northwest Territories. In the remaining provinces the program is entirely funded and delivered by CMHC.

APPENDIX 4

FEDERAL PROGRAMS – OTHER

Canada Assistance Plan

Under agreements with the provinces and territories, the federal government pays 50% of the cost incurred by provinces/territories and municipalities in providing assistance and welfare services to needy Canadians. The programs are designed and administered by the provinces and municipalities. Seniors related programs are not the sole target group for this funding. Assistance may include food, shelter, clothing, fuel, utilities, care in nursing homes, etc.

Health Promotion Contribution Program

Seniors are one of the program's four identified target groups. This program provides funding to community-based organizations to undertake projects that enable seniors to maintain or improve their health.

Assistance to seniors' activity groups, such as the Canadian Red Cross Society "Fun and Fitness" Programs, is provided through Fitness and Amateur Sport. Fitness Canada also sponsors the publication of many brochures specifically for seniors.

New Horizons Program

This program (established in 1972) provides retired Canadians with opportunities to maintain active and independent lifestyles by contributing their skills to projects aimed at seniors. The projects supported by this program include: educational, recreational and service-oriented activities. The program provides initial funding to senior volunteer/non-profit groups to establish such projects. Eligibility for funding requires that 70 percent of those assuming responsibility for a project are 60 years of age and over. This "senior participation" criteria ensures that seniors remain vital and contributing members of their community.

The average contribution per project has been $4,660. Funds are available for cpaital expenditures, not for salaries. An objective of this program is that funded groups attain self-sufficiency as quickly as possible.

Seniors' Independence Program

This recently established program (1988) provides funding to voluntary, non-government, non-profit organizations for projects aimed at improving the quality of life for seniors. The emphasis of the program is on community-based projects that will actively involve seniors and promote independent living. Priority is given to projects addressing the needs of special target groups, such as women and those in rural areas.

Agencies involved in these projects range from community-based organizations to those operating on a regional or national level. A sample of programs currently funded include: the Victorian Order of Nurses (VON) footcare

clinic project; PEI Seniors' Conference to enhance the design and delivery of programs; Videotape for Italian Canadian Older Adults (to encourage Older Italian Canadians to become more independent); a Homesharing demonstration project; respite care projects, and various other conference, senior information and service projects.

Veteran's Independence Program (VIP)

This program offered by Veteran's Affairs Canada, is aimed at helping veterans to maintain or improve self-sufficiency and their quality of life by assisting them to remain healthy and independent in their own homes or communities. In April 1989, the program's recipients were extended to include low income veterans over 65 years of age, with at least one year of service in Canada during the First or Second World Wars. Services include: counselling and referral, health information and various care services. Where care is required, the VIP program will provide the care in the veteran's own home or community. Such services include: ambulatory health care (provides services available through clinics, out-patient departments, day care hospitals and day care centres); home adaptations (provides alterations to the residence of the veteran to facilitate normal activities of daily living); home care (provides services at home, including direct patient care, personal care, housekeeping, groundskeeping); transportation (to carry out day-to-day activities); adult residential care; and home intermediate care.

Transport Canada's Vehicle Acquisition Program

This program promotes and provides greater access to transportation services and facilities for seniors and travellers with disabilities by providing a grant of up to 80 percent.

National Telematics and Health Care Centres in Winnipeg

Communications Canada in participation with the Province of Manitoba, are supporting the development of health-related information and communication systems, including the tele-monitoring of seniors in their homes and emergency response systems.

Revenue Canada sponsors a Community Volunteer Program which provides free help to seniors who have trouble filling out their income tax forms.

APPENDIX 5

PROVINCIAL/TERRITORIAL PROGRAMS - HOUSING

This appendix provides an overview of provincial/territorial housing initiatives specifically for seniors, which support independent living in the community. The general federal housing programs offered in each province and general provincial housing programs are excluded from this listing. Provincial property tax credit, grant, or rebate programs for seniors are also excluded from this summary.

PRINCE EDWARD ISLAND (PEI)

Provincial Contribution to Seniors Home Repair Program

This program operates in conjunction with the federal job creation program. Canada Employment and Immigration provides job creation funds to operate a project which makes repairs to seniors' homes. Provincial assistance is provided in the form of a grant (of up to $1,000) to purchase required materials.

Emergency Home Repair Program for Seniors

Authorized by the PEI Housing Corporation, provincial grants are provided to low income senior (60+) homeowners or rents (who have a long term lease) for critical repairs.

Helping Hand for Seniors

Operated jointly by PEI Housing Corporation and Department of Industry, this is an annual summer project aimed at providing summer employment for students and free labour to seniors to carry out minor maintenance and painting of their homes. Any homeowner age 60 or more can apply and must be willing to provide necessary materials, supervision and transportation if necessary. The student's wages are provided by the Provincial Department of Industry.

Senior Citizens Housing Program

Authorized by the PEI Housing Corporation, apartment units are provided to seniors (60+) in need, based on income. Program costs are shared by the federal and provincial governments.

NOVA SCOTIA

Rental Assistance Program for Senior Citizens

Provided by the Department of Social Services, senior (65+) singles and couples who receive the Guaranteed Income Supplement or Spouse's Allowance and whose income does not exceed a set maximum are eligible for a rental subsidy. Assistance ranges from 50% to 75% of the rent in excess of 30% of the senior citizen's income (with maximum levels of assistance).

Senior Citizen's Rent-to-Income Housing

The Nova Scotia Department of Housing, together with CMHC, local housing authorities and other non-profit groups provide affordable living accommodation for seniors (58+). Applicants must be physically and mentally capable of self-care in an apartment. There is no income ceiling, but priority is given to lower income groups. Rents are subsidized by federal, provincial and municipal governments. Capital costs are paid by the Nova Scotia Housing Development Fund. Operating losses are shared by the municipality and province.

Parent Apartment Program

Operated by the Department of Housing, loans are available to homeowners to create an apartment within a principal residence for senior(s) related to the homeowner. Up to 550 square feet may be renovated or added. Loans range from $1,000 - $15,000 at 6% interest with a repayment term of not more than ten years (1989).

Senior Citizens Assistance Program

Offered by the Department of Housing, senior homeowners (65+) with low family incomes may apply for one-time, interest free, loans to be used for repairs, alterations or maintenance. The loan will be forgiven, at a certain rate per month, while the recipient continues to own and occupy the home.

Access-a-Home Program

Authorized by the Department of Housing, the program is designed to assist persons or family members whose mobility is limited to a wheelchair by reason of long-term disability. Grants (of a set limit) are available for removing architectural barriers from the residence. The level of benefit is related to income.

NEW BRUNSWICK

Home Improvement Loans Program for Senior Citizens

Authorized by the New Brunswick Housing Corporation, this program supplements the Federal RRAP program. Homeowners 60+ with low incomes may receive interest free loans for home improvements, modifications,conversions or additions.

Assistance with Rental Cost for the Elderly (ARC)

Administered by the Department of Income Assistance, this program assists seniors (60+) and disabled renters who pay more than 30% of their income for rent. Assistance is provided in the form of direct cash assistance. The level of assistance is based on total income and rent, to a maximum of $205/month for a single and $230/month for a couple.

QUEBEC

Logirente (Shelter Allowance Program for Seniors)

Authorized by the Quebec Housing Corporation (administered by Revenue Quebec) seniors who are 60+ are eligible for a housing subsidy. This is available to homeowners and renters. The level of subsidy is based on income and family conditions.

ONTARIO

Homesharing

This program is a matching service which matches older people wishing to share their accommodation with individuals looking for such accommodation. 75% of the operating costs for this program are funded by the Ministry of Housing, with the balance provided by the municipality or operating organization.

MANITOBA

Shelter Allowance for Elderly Renters (SAFER)

Offered by the Manitoba Housing and Renewal Corporation, pensioners 55 or older receiving Old Age Security or 50% of their income from pension services may receive monthly allowances on a sliding scale, dependent on income and rent.

Senior RentalStart Program

Authorized by the Manitoba Housing Corporation, advantaged mortgages are provided to non-profit groups building new or converting an existing building to senior's rental units. A portion may also be provided as a subsidy.

SASKATCHEAN

Home Modifications for the Disabled

Offered by the Saskatchewan Housing Corporation, owners or renters with long term disabilities, with incomes of less than a set limit, are eligible for grants to modify their home. This program may also be stacked with other RRAP programs.

Enriched Housing

This housing concept provides housing for seniors that helps them maintain their independence. Enriched housing combines the housing available under the Non-Profit Housing for Senior Citizen's Program with support services

available under either local volunteer organizations or support services such as the Home Care Program. Seniors (60+) pay monthly rents of not more than 25% of their incomes. Projects are subsidized by the federal, provincial and municipal levels of government.

ALBERTA

Home Adaptation Program

The Alberta Department of Housing offers grants to tenants or homeowners to adapt their dwelling for wheelchair occupancy if the family's adjusted yearly income is less than a set limit. This program is not limited to senior applicants.

Senior's Home Improvement Program

The Alberta Department of Housing offers a one time grant to low-income senior citizens to repair or improve their homes. The program is available to homeowners over 65 or a widowed individual between 55-64 whose spouse would have been over 65 if still alive. The level of grant is dependent on income. In January 1990 this program will be replaced by the Seniors Independent Living Program, which will offer grants to low income senior households to upgrade their homes.

Renters Assistance Grant

Authorized by the Alberta Department of Municipal Affairs, renters 65+ or widowed individuals 60-64 whose spouse would have been 65+ if still alive, receive a yearly grant if residing in subsidized accommodation (other than a nursing home). Married coupes may only make one application.

Renters Assistance for Owners of Mobile Homes

Alberta Municipal Affairs offers grants of $1,000 to those 65 and over who own and have resided in a mobile home on rented land for 120 days. Married couples may only make one application.

Senior Citizens' Home Heating Protection Program

This provincial program assists senior citizens with home heating costs. A rebate of $100 per year is paid to eligible seniors by Alberta Transportation and Utilities. Seniors must own and live in their own homes for at least 120 days during the calendar year. Homeowners aged 65 or over, or widows and widowers between 60 and 64 whose spouse was age 65 or over at the time of death, are eligible.

BRITISH COLUMBIA

Shelter Aid for Elderly Renters (SAFER)

This program offered by the Ministry of Social Services and Housing, provides direct cash assistance to low-income tenants 60 years of age or older. SAFER will pay 75% of rent that exceeds 30% of income.

YUKON

Pioneer Utility Grant

A one time grant of $600 grant is paid to renters and homeowners over 65 who do not live in government subsidized accommodation. This program is offered by the Department of Health and Human Resources.

NORTHWEST TERRITORIES

Senior Citizens Home Repair Program

This program is funded by the Government of the Northwest Territories and provides a grant of up to $5,000 plus freight for improvements or renovations to a home owned and occupied by a person 60 years of age or older.

APPENDIX 6

PROVINCIAL/TERRITORIAL PROGRAMS - OTHER

This appendix provides an overview of provincial/territorial programs which assist seniors to maintain independence in the community. While some programs, i.e. the home care programs and nursing programs, are not exclusively targetted for seniors, they are highly utilized by seniors in retaining their independence. Provincial income supplement programs are excluded from this presentation.

NEWFOUNDLAND

Home Care Program

This program, funded by the Department of Health, is designed to prevent or shorten the hospital stay of persons, by providing appropriate services in the person's own home. Services include: nursing services; homemaking and social work; physiotherapy, speech and occupational therapy; medication and medical supplies. Persons eligible must live within the geographical area serviced by the Home Care Program; they must need at least one professional service (nursing, physiotherapy, social work) and be in need of a physician; they must be covered by the Provincial Medicine Plan and meet other eligibility criteria. There are no user charges.

Home Help - Homemaking Services Program

The Department of Social Services has a limited number of homemakers on staff who can provide home help and homemaking services. The "Enriched Needs" program, administered by the Departments Division of Social assistance, provides financial assistance whereby a person can hire their own helper-homemaker.

PRINCE EDWARD ISLAND

Home Care Program

This program is authorized by the Department of Health and Social Services, Health Branch. The objective of all provincial home care programs is to prevent institutionalization. Services include nursing services, therapy services, homemaking services, nutrition services. Eligibility is dependent that the person is under the care of a physician and referred to the program by the physician. There are no user fees.

Visiting Homemakers Services

This program is authorized by the Department of Health and Social Services. Services include: meal preparation, housekeeping, laundry, transportation, personal call, accompanying person while grocery shopping, nutrition and counselling. Eligibility is dependent upon a referral from social workers, public health nurses, physicians, hospital nurses, family. These referrals are made to placement officers who conduct a need assessment. For clients whose income is limited to Old Age Security, there is no user charge. Fees are charged on a sliding scale based on income.

NOVA SCOTIA

Homecare Program

This program funded by the Department of Health. Services include: nursing services, physiotherapy, nutritional services, medical supplies. There are no user fees.

Homemaker Service Program

This program is authorized by the Department of Social Services. The program is designed to aid the person who can no longer cope without help, to enable them to stay at home instead of being institutionalized. Services provided include: meal preparation, light homemaking, personal care (i.e. shampoo, bed bath), accompanying person outside the home. Persons falling within "income-test" guidelines, based on family size and income are eligible for free services. Others must pay the cost for services received.

Home Life Supports Program

This program offered by the Department of Social Services, focusses on the expansion of traditional homemaking services to include handy-person services, housekeeping, snow removal, meals on wheels, wheels to meals, respite care, adult day care and information and referral services.

This program also provides funding to projects featuring innovative self-help or inter-generational projects, and the provision of in-house support services by cost sharing with municipalities and federal CAP funding.

NEW BRUNSWICK

Home Care Program

This program is funded by the Department of Health. Services include nursing services, physiotherapy, nutritional services, medical supplies. There are no user fees.

Extra-Mural Hospital (A Hospital-At-Home)

This is a program of hospital care which enables people to remain at home. While not exclusively for seniors, 60% of the users are 65 years of age and older. Services provided include: dietary, respiratory, nursing, occupational therapy, physiotherapy, meals, homemaking.

Community Based Services for Seniors

Offered by the Department of Health and Social Services this program offers a full range of community-based services to maintain seniors in their own homes (includes home care). The program is available to persons 65 years of age and over who live within designated boundaries. Services provided in the

community may include: counselling, relief care, homemaking, heavy housecleaning, meals-on-wheels, adult day care, transportation, friendly visiting, handy persons, telephone reassurances, seniors sitting service. Nominal user fees are charged for meals-on-wheels and day care.

QUEBEC

Home Care Program

The authorizing body is the Ministry of Health and Social Affairs. A variety of services are offered, providing medical and social support. Homecare assists persons unable to meet their own personal needs.

Les Centres Locaux de Services Communautaires

Under this program, the Ministry of Health and Social Affairs funds Centres which provide: home support services such as meal preparation, home maintenance, housekeeping, escorting, and nursing services and; health and social support at the centres.

ONTARIO

Home Care Program

(i) The Acute Care Program

Operated by the Ontario Ministry of Health, the program provides rehabilitation services for a period of a month to enable recipients to return to independent living. As long as one professional service is required (nursing, occupational therapy, physiotherapy or speech therapy), other homecare services are provided. Services include: nursing services, social work, nutrition counselling, meals-on-wheels, visiting homemakers, medical transportation. The expenses are covered by OHIP.

(ii) The Chronic Home Care Program

Operated by the Ontario Ministry of Health the objective is to provide supportive home care as long as required. The same medical and supportive services as under the acute care program are available. All expenses are covered by OHIP. Individuals must meet eligibility criteria.

Homemakers and Nursing Services Program

This program is administered by the Social Services Departments of local municipalities, which use their own nurses and homemakers, or the services of agencies. Part of the funding for this program is provided by the Ontario Ministry of Community and Social Services. Payment is according to the

recipients ability to pay. Services offered by this program include: nursing services; meal planning; light and heavy cleaning; laundry, mending; personal care.

Integrated Homemaker Program

This program funded by the Ministry of Community and Social Services and delivered through existing Ministry of Health Home Care Programs. It provides homemaker services for the frail elderly and physically handicapped based on their need for a service rather than financial or medical criteria.

Home Support Programs

This program is authorized by the Ministry of Community and Social Services. Under this program, the province provides up to 50% of the gross cost of the program. Volunteers and agency staff are involved in the delivery of programs. Agencies raise the remaining funds through user fees, donations, municipal, corporate and federal program funds. Services provided are homemaking, adult-day care, transportation, meal services, friendly visits, postal alert, telephone checks, etc.

MANITOBA

Home Care Program

This program is operated by the Department of Health and Social Development. This program includes the **Continuing Care Program,** which provides services to support the provision of care at home (this includes family relief, respite care, and adult day care). The Home Care Program co-ordinates the delivery of a broad range of health and social activities to seniors living at home. Requests for this program may come from any source in the community and eligibility is based on an assessment of care needs. There is no user fee except for meals, where the clients pay meal costs to the agency providing the service.

Services to Seniors Program

This is a program of the Health Promotion Directorate of Manitoba Health, designed to assist communities seniors' organizations, and interested groups encourage healthful retirement living. The program helps with the creation and development of senior centres, support services projects (to support independent living in the community) and provides consultation for the development of seniors' regional councils and other seniors' organizations. Funded community support services include services such as meals, transportation, escorts, telephone reassurances, home maintenance services, etc.

SASKATCHEWAN

Home Care Program

Saskatchewan Health provides grants to local home care boards to cover the cost of services provided to seniors. Services available include home nursing, homemaking, home maintenance and meals. Therapy services can also be provided. All seniors are subsidized 50% of service costs up to a set rate per month.

Chiropody (Foot Care) Program

This is a provincial program sponsored by Saskatchewan Health, that provides foot care at no charge.

Shut-in Services

Department of Social Services, Senior Citizens' Division provides services which include friendly visits, telephone checks, personal errands and recreational activities.

ALBERTA

Coordinated Home Care Program

Alberta Health offers related home care services on a sliding scale. Eligibility is dependent on requiring a "medical" service.

Family and Community Support Services Programs

Municipalities willing to cost share receive funds for administration and per capita payments from Alberta Health and federal funds under CAP for the establishment of a municipal Family and Community Support service program. Services include homemaking, handyman, homehelp services etc.

BRITISH COLUMBIA

Long Term Care Program

Operated by the Ministry of health, this program coordinates a continuum of services on behalf of adults who have long term health related problems. The program purchases services on behalf of individuals eligible for program benefits and plays an active role in coordinating services. In addition to facility-based services, home support services include: homemaker services; adult-day care; group homes for independent living; meals on wheels; short stay assessment and treatment centres; respite care; home nursing care program; community physiotherapy program.

Bus Pass Program

Sponsored by the Ministry of Social Services and Housing, this program aids and encouages mobility among low income senior citizens and handicapped persons. Eligible people purchase yearly pass at reduced rates which entitles them to travel without payment of fares on local B.C. transit systems.

Handly DART Custom Transit

This service offered by B.C. Transit, provides special transportation services for elgible disabled or elderly persons who cannot use regular public transportation. It provides door to door service in many of the provinces larger centres.

YUKON

Home Care Program

The Department of Health and Human Resources provides home care support services, including homemaking, home nursing, occupational therapy services.

NORTHWEST TERRITORIES

Coordinted Home Care Program

The Department of Health offers a number of home care support services including home nursing care to seniors in their homes.

Homemaker Services Program

Offered by the Department of Social Services, this program includes assistance with daily living, cleaning, shopping, meal preparation, laundry and family relief.

APPENDIX 7

AGEING AND REHABILITATION PRODUCT DEVELOPMENT CENTRE PROJECT

Aging & Rehabilitation Product Development Centre

Government of Canada | Gouvernement du Canada
Western Economic Diversification | Diversification de l'économie de l'Ouest

Government of Manitoba | Gouvernement du Manitoba
Industry, Trade and Tourism | Industrie, Commerce et Tourisme

Canada

Manitoba

THE PROJECT

The Aging &Rehabilitation Product Development Project has been undertaken to establish Manitoba as a major national and international location for business and research in the field of aging and rehabilitation. Its activities are designed to promote quality-of-life enhancements for the target group, to promote efforts which can reduce the cost of health care, and to generate sustainable economic development activity in the province.

PARTICIPANTS

The project is jointly funded by the federal government and Manitoba with the objective of stimulating development in the private sector. The prime federal participant is the Department of Western Economic Diversification, while the main provincial participant is the department of Industry, Trade and Tourism. Each are equal partners.

FUNDING

Each level of government will contribute $9.6 million over the eight-year life of the project.

The federal contribution will cover the costs of establishing the facility, including acquiring a building to house the centre, purchasing product-testing equipment, initiating research and design activities, setting up product displays, and up-front administration.

Provincial funding will pay for ongoing operational costs, including building operations, staffing, and research. Service contracts, and direct or indirect contracts with private sector firms to develop, produce or market resulting products and services will also be included. An additional $4.7 million is expected to be generated as revenue from users of project services and information for a total investment of $23.9 million.

GOALS

- To generate long-term economic growth in Manitoba's business community serving the aging and rehabilitation market.

- To create national and international recognition of Manitoba's superior location for services and business in the field of aging and rehabilitation.

- To encourage efforts which enhance the quality of life and maintain the independence of the elderly and disabled.

DESCRIPTION

- The project fills a large market gap by providing product and service testing, and information data bases and services for the aging-rehabilitation market.

- *The centre packages information and market* services for entrepreneurs and companies locating or expanding in Manitoba.

Two key physical components will be created: an International Centre of Excellence and a Business Development Unit.

International Centre of Excellence

The Centre will be an independent, internationally-focussed, non-profit corporation, managed under a charter by a board of representatives. The Centre will provide:

1. Testing and evaluation of aging and rehabilitation products and services for institutions, care givers and individuals. Results will be published for distribution to subscribers.

2. Access to aging-rehabilitation experts and research facilities. This expertise will be available on contract to help businesses develop, test and market new products and services.

3. Applied research including market research and related consulting services.

4. Information and training services such as development of multi-media packages used for teaching product and service use to those working in the aging and rehabilitation field. Alternatively, the Centre will be able to assist other agencies in developing expertise in the production of their own training materials.

Business Development Unit

The Business Development Unit will offer a range of programs to bring business ideas and products to market. It will act as a business-brokerage service to match needs of new and existing businesses with private-sector resources and public-sector programs.

The Unit will be a source of contacts, knowledge, and information about:

- Entrepreneurs, innovators, and businesses locally, nationally and globally.

- Research and design institutions and universities, locally and beyond.

- Provincial agencies providing services in the aging-rehabilitation field.

- All relevant federal and provincial programs.

- Current market situations, patents, government procurement policies, and new and emerging products and services.

The Business Development Unit will conduct market research to identify and understand emerging needs in the aging and rehabilitation market. The Unit will house an exhibition space to display the latest technology, Manitoba-produced products and candidate products for local production.

LOCATION

A site will be determined by the Board of Directors. In the interim, temporary space may be used while specific needs are identified and permanent space is prepared.

THE NEED

Programs to develop products and services directed to aging and rehabilitation are needed to address problems Canadians face as they grow older.

These problems relate to maintaining independence and an acceptable quality of life as well as the increased use of expensive health care services.

Many elderly are financially able and willing to buy products and services to maintain an independent, comfortable life. However, many products and services geared to assist them are either not available, are of indeterminate quality, or are poorly promoted.

CANADA'S POPULATION IS GROWING OLDER

Canada's population is rapidly getting older and living longer. The following statistics illustrate this.

- In 1981, the 65-plus age group comprised 10 per cent of the population, 2.3 million out of 23 million.

- From 1950 to 1980 the elderly population increased by more than 1.5 times compared to the general population, 120 per cent compared to a 75 per cent increase for the entire population.

- Between 1980 and 2000, the population of those over 80 is expected to increase 3.5 times faster than the entire population (a 35 per cent increase compared to an overall population growth of only 10 per cent).

- Average life expectancy over the past century has increased to over 75 years from 45 years. Today 80 percent of the population can expect to live beyond 65 years compared to the historic average of only 10 per cent living that long.

THE ELDERLY HAVE THE GREATEST NEED FOR HEALTH CARE SERVICES

Canadians over 65, although making up only 10 per cent of the population, account for:

- 40 per cent of hospital days.

- 20 per cent of hospital discharges.

- 20 per cent of physicians services.

- Consumption of more than double the average Canadian use of prescription drugs.

By 2000, elderly Canadians are expected to use more than half of Canada's health-care capacity. Demographic changes alone are expected to increase health care costs by 75 per cent based on existing trends.

THE OPPORTUNITY

A study commissioned under the Canada/Manitoba Economic Regional Development Agreement was released last year.

The study identified four gaps as opportunities which, when coupled with identified provincial aging-rehabilitation expertise and local business strengths, could be filled as part of a major aging-rehabilitation project development initiative for the province.

Interviews with experts in the aging-rehabilitation field throughout North America and Europe identified these major gaps:

1. There is a lack of or insufficient testing of products and services coming onto the market to serve aging and rehabilitation needs. To compound the situation, there are no recognized standards which products and services should achieve.

Consumers and users assume that brand-name products have been thoroughly tested, which may not be the case. Also, consumers have little or no product-quality and service-quality information available to guide them in their buying decisions.

2. Reliable information sources do not exist to tell the public about products for the aging, where to get existing products and services to ease infirmities, how products work, how they should be maintained and how to match user needs with product capabilities.

3. Applied research is lacking with regard to problems of aging, and consequences to society of the shifting age structure. Applied research gaps include drug-dosage-need studies for the elderly, barrier-free building design, attractive-clothing-design studies for those with limited mobility, and memory loss therapies and devices to assist treatment.

4. Market research is lacking regarding identifying trends in product and service production, consumption, availability, and growing needs of the elderly and disabled.

These gaps, seen as opportunities, became the foundation for the development the Aging-Rehabilitation Product Development Project.

THE BENEFITS

BENEFITS TO BUSINESS

• The project enhances opportunities for Manitoba business to develop innovative products and services through access to:

- Aging and rehabilitation expertise.

- Identified opportunities for new services and products.

- Market information.

- Knowledge about international requirements.

- Product development assistance.

- Business brokerage services.

• The project facilitates opportunities for contact with, and joint ventures between, Manitoba companies and international firms.

• The project will give Manitoba businesses access to the local health care system for product testing.

For industries directly involved in developing products and services for the aging and rehabilitation sector, the project acts as a central resource of knowledge, information and expertise available to assist businesses in their endeavors. Available assistance will include:

• Existing products and services information.

• Market information identifying needs, performance criteria, product quality.

• Design and production requirement information.

• Information on methods of product and service testing.

• Market information for assessing potential success of new product lines.

BENEFITS TO THE ECONOMY

Benefits are expected in several aspects of the Canadian and Manitoba economies including job creation, containment of health-care costs, increased participation in the work force, and strengthening of regional economic development through industrial diversification.

• The project is expected to indirectly create about 500 jobs in new and existing industries developing and manufacturing products and services for the aging-disabled market. In addition, the project itself is expected to directly generate 21 jobs with a further 21 jobs created with direct suppliers.

• The centre will provide Canadians with the means to live better-quality and more independent lives, imposing less burden on Canada's acute and long-term health-care facilities, while slowing or reducing demand for new facilities. For example, in Manitoba, health care is a key fiscal priority and currently accounts for 31.5 per cent of provincial expenditures — more than $1.3 billion per year or $1,200 per person.

• Canadians who presently have difficulty contributing to the economy because of disabilities may be able to participate with assistance from new products and services. This also improves their own economic well-being and independence.

• The project strengthens the diversification of Manitoba's economy by building on an established expertise serving a growing and presently underserved sector of the population in Canada and other Western countries.

BENEFITS TO THE PUBLIC

• Aging and disabled Canadians will have a wider variety of products and services available to them to assist with a broader range of infirmities and disabilities. This ultimately improves their personal sense of well-being, quality of life and will provide new opportunities for increased independence.

The project will generally improve health-care delivery to the disabled, as well as reducing the burden for help on care givers and families.

- For care givers, the wider range of products and services should provide higher job satisfaction because of better availability of information on products and services and improved ability to provide better service to those needing help.

- For consumers, there will be a wider choice of more suitable, cost-effective, and safer products and services. In addition consumers will have more and better information about the range and capability of products and services available to assist them in making their choice.

THE MANITOBA ADVANTAGE

Locating the Aging-Rehabilitation Product Development Centre in Manitoba is based on many strengths and advantages in two primary areas — Manitoba's long-term focus on aging and the elderly, and features of Manitoba's business environment.

PROVINCIAL FOCUS ON AGING

Manitoba has long been a leader in developing programs for the aging and elderly population. The diverse initiatives developed over the years have created a comprehensive array of programs to provide security and improve the quality of life for Manitoba seniors. These programs have been directed to several areas, including geriatric care services, planning, research, and community services.

Geriatric Care Services

Manitoba is a recognized national and international innovator in developing model health-care programs for seniors. Geriatric services are well developed, and aging is a priority focus with local universities, research institutions and the provincial government.

Manitoba's recognized innovations include:

- Model long-term care programs providing universal coverage in personal care homes under provincial health care programs integrated with other community care programs provided in individual's homes.

- Development of geriatric day hospitals.

- Establishment of Canada's first palliative care program.

Geriatric services are provided at five Winnipeg hospitals with one devoted entirely to geriatrics and another which provides personal care and extended treatment programs.

Aging-Related Research

Manitoba's three universities and three community colleges place high priorities on medical and health-related programs which cover the health-field spectrum. They supply a skilled work force to Manitoba's labour market.

The University of Manitoba's creation of the Centre on Aging to promote and undertake geriatric research has gained national and international recognition.

Other research institutions including two major hospitals, the Manitoba Research Council, the Canadian Food Products Development Centre and the Industrial Technology Centre also undertake aging/rehabilitation-related research.

At least one pharmaceutical firm considers Winnipeg to be an ideal test market because of proximity to test populations as well as professionals and researchers willing to assist with field testing.

The Canadian Association on Aging is headquartered in Winnipeg. The city has also hosted major symposiums and events related to aging.

Community-Service Leadership

Manitoba has undertaken a number of community service initiatives directed to the elderly and aging.

The Winnipeg-based Age and Opportunity Centre, a non-profit agency established in 1957 to raise community awareness about needs and interests of the elderly, was the first agency of its kind in North America. Today, through eight seniors centres, it provides broad programs relating to social and legal services, health , nutrition services, outreach, education and recreation programs.

BUSINESS CAPABILITIES

Manitoba's business community offers many advantages for supporting an aging/rehabilitation initiative.

Existing Health-Industry Base

Manitoba currently has 45 manufacturing firms producing health-care products, which support about 800 jobs.

Industrial Diversification

Overall, Manitoba has a diversified manufacturing and business sector which supports about 1,600 manufacturing firms, spread across the major industries. Almost half are small businesses. About 70 per cent are located in Winnipeg.

The strong, diversified industrial sector in Manitoba is indicative of an existing large, skilled and well-trained labour force — a necessary component to meet the needs of developing high-tech products and services.

In addition, private sector research activity is considered strong in Manitoba. Research will be a key component of the aging rehabilitation product development project.

Established Test Market

This province has long been used by major national and international firms as a primary test market for new products because of the province's stable economy, relatively isolated geographic area for focusing advertising, diverse its diverse ethnic base, its highly concentrated urban population, and its reputation for demanding product quality and value for money.

Export Experience

About 25 per cent of Manitoba businesses engage in out-of-country exports. Export expertise is considered essential to the success of the project since many aging-rehabilitation products and services developed will be new and prime candidates for export to fill global needs.

APPENDIX 8

FEDERAL-PROVINCIAL ARRANGEMENTS ON COST-SHARING AND DELIVERY ARRANGEMENTS - 1989

FEDERAL-PROVINCIAL AGREEMENTS ON COST-SHARING AND DELIVERY ARRANGEMENTS - 1989

(Cost-sharing agreement is indicated under "Prov." where the Province/Territory is the active delivery party. CMHC delivery is 100% federally funded unless otherwise specified.)

PROVINCE	NON-PROFIT	RENT SUPPLEMENT	URBAN NATIVE	RNH	RRAP H/O	RRAP Disabled	ERP
Newfoundland	Prov. 75/25	Prov. 75/25	Prov. 75/25	Prov. 75/25	Prov. 75/25	Prov. 75/25	Prov. 75/25
Prince Edward Island	CMHC	CMHC	CMHC	CMHC	CMHC	CMHC	CMHC
Nova Scotia	Prov. 75/25	Prov. 75/25	CMHC	CMHC	CMHC	CMHC	CMHC
New Brunswick	Prov. 75/25	Prov. 75/25	CMHC	Prov. incl. 75/25 BSP*	Prov. incl. 75/25 HIL*	PROV. 75/25	CMHC
Quebec	Prov. 59/41 75/25** Public Priv.	Prov. 59/41 75/25 Regular Coop	Prov. 75/25	Prov. 59/41 75/25 Non-Nat Native	Prov. 50/50 75/25 Non-Nat Native	Prov. 50/50	Prov. 50/50 75/25 Non-Nat Native
Ontario	Prov. 60/40	Prov. 60/40	CMHC	CMHC 75/25	CMHC	CMHC	CMHC
Manitoba ***	Prov. 75/25	Prov. 75/25	Prov. 75/25	CMHC + Prov. 75/25 75/25 North South	CMHC Prov. 75/25 Urban Rural	CMHC	CMHC
Saskatchewan	Prov. 75/25	Prov. 75/25	CMHC	CMHC	CMHC	CMHC	CMHC
Alberta	Prov. 70/30	Prov. 70/30	CMHC	Prov. 75/25	CMHC	CMHC	CMHC
Northwest Territories	CMHC	Terr. 75/25	CMHC	Terr. 50/50 75/25 HAP RNH	CMHC	CMHC	Terr. 75/25
British Columbia	Prov. 67/33	Prov. 67/33	CMHC	CMHC	CMHC	CMHC	CMHC
Yukon	Terr. 75/25	Terr. 75/25	CMHC	CMHC	CMHC	CMHC	CMHC

* Provincial Programs accepted under the cost-sharing formula: BSP - Basic Shelter Program; HIL - Home Improvement Loan Program;
** Includes Non-Profit delivery to Inuits.
*** Manitoba cost sharing arrangement for RRAP and ERP in 1989 same as 1988; confirmed by Winnipeg office.

APPENDIX 9

ONGOING RESEARCH BY CANADA MORTGAGE AND HOUSING CORPORTATION (CMHC) - INITIATIVES RELATING TO HOUSING CHOICES FOR OLDER CANADIANS

CANADA MORTGAGE AND HOUSING CORPORATION

INITIATIVES RELATING TO HOUSING CHOICES FOR OLDER CANADIANS

The Corporation is undertaking a variety of initiatives, several in collaboration with provincial housing agencies and the private sector, that are designed to contribute to extending the range of housing choices for older Canadians.

These include:

° **Accommodation Options for Elderly Canadians**

This study has drawn from experience in North America, Western Europe and Australia. It provides detailed information on the range of accommodation options that are, or could be, available; the various tenures and financial mechanisms that can improve affordability; and the relationships between support services and accommodation. The information will be valuable to industry, non-profit and government bodies. The final report is complete. A publication will be available in July 1989.

° **Housing Choices for Older Canadians**

This is a consumer oriented booklet recently published by CMHC. It is based upon the results of the foregoing study. Its objective is to increase public awareness of the range and types of options that are, or could be, available to older people. It can be obtained free of charge from local CMHC offices.

° **CMHC Life Tenancy Task Force**

A CMHC Life-Tenancy Task Force examined ways of facilitating the widespread adoption of life-tenancies and shared-equity leases in Canada. These are seen as ways of improving the affordability of resident funded retirement housing. A variety of models have been developed and consultations have been held with consumer groups, the investment community and the development industry. Work is also being undertaken to assess potential markets and to examine alternative ways of ensuring consumer protection.

° **Housing Finance and Tenure Options for Older Canadians**

This is a consumer oriented booklet recently published by CMHC. It provides information on new types of financial instruments that are designed to improve affordability, such as reverse mortgages, sales plans, deferred payment plans, loan stock schemes, shared equity arrangements and life tenancies. The booklet describes each of these financial instruments, explains how they work and discusses their advantages, implications, costs and risks. Some of these financial instruments are

not yet available in Canada. CMHC hopes that the publication will encourage their development.

° **Australian Experience in Resident Funded Housing and Other Forms of Housing**

This recently completed study examined current developments in senior citizens housing in Australia with an emphasis on resident funded retirement housing. The scope included an overview of existing housing options, a description of unique Australian accommodation forms and a determination of the relative success of the variety of housing options in current use.

° **Housing Alzheimer's Disease at Home**

This research provides information on physical strategies to accommodate people with Alzheimer's disease in their own homes. The study makes recommendations for members of the lay public in need of practical solutions in accommodating patients at home, for design professionals and for policy-makers with regard to the cost of actually modifying domestic environments with a view to having these facts included in future policy deliberations. Final report is now available.

° **Housing Choices for People Over 75 Years Old**

This study will build upon the findings of earlier research. The objective is to identify the most effective ways of meeting the accommodation and support service needs of frail older people who, nevertheless, wish to maintain some degree of independent lifestyles for as long as possible and avoid the need to move to institutions. A final report is expected in the Fall of 1989.

° **Housing Needs of the Rural Elderly**

The objective is to design, develop and pilot test a survey instrument, user's guide and analytical tool that will assist local government agencies in rural communities in examining and recording population characteristics and local conditions that will influence the accommodation and support service needs of elderly people. In addition, it will provide them with a basis for evaluating options for meeting these needs. The information will also be useful to provincial agencies, and the private and non-profit sectors, in assessing the potential need and demand for accommodation and services that they could provide. It is expected that this study will be competed by early Fall 1989.

° **Elderly Homeowners Turned Renters: Reasons for Move**

This research will investigate the financial, social, physical and health determinants which prompted elderly low-to-moderate income homeowners to move out from their homes and become renters. The research will identify

and discuss factors that could influence elderly homeowners to remain in their own homes. The study will be completed on the Fall of 1989.

° **Garden Suite (Granny Flat) Demonstration**

CMHC, in cooperation with provincial housing agencies and the manufactured housing industry, has just completed a demonstration project to introduce the concept of garden suites. This provided Canadians in all ten provinces with the opportunity to visit model garden suites. The objective was to determine whether garden suites are a type of accommodation that is likely to appeal to Canadians. Public and media response was very positive.

° **Garden Suites National Survey**

A national survey was undertaken to assess the size of potential markets for garden suites and identify the factors that will influence acceptance of the concept by occupants and host families. Both potential occupants of garden suites and potential host families who will accommodate garden suites on their lots were interviewed. The final report is now available.

° **Evaluation of the Garden Suite Housing Option**

This project will examine the financial, regulatory and tenure issues which impede the implementation of this concept. Through consultation with government, industry and consumer representatives, means of addressing these issues will be generated. The options will be evaluated in terms of practicality, feasibility and economic efficiency. Government intervention necessary to facilitate widespread implementation of the garden suite concept will also be determined. A framework will emerge which organizes the otpions in a logical sequence and states the necessary conditions for their implementation. The study will be completed by the end of August 1989.

° **Made to Convert New Housing**

This new CMHC publication identifies ways of designing and constructing new houses so that they can be easily converted from single family houses to family houses with accessory apartments, or vice-versa. This housing option provides older people with the opportunity to live in close proximity to family members or friends, enjoying the benefits of both mutual support and a degree of privacy.

° **The Study of Emergency Response Systems (ERS) for the Elderly**

Emergency Response Systems (ERS) are devices that ensure timely and appropriate assistance arrives from family, friends, neighbours or professional help when a person is in an emergency. They can help older or disabled people live independently in their homes. This study, recently published by CMHC, identifies and describes the types of ERS that

are, or could be available in Canada; and outlines the generic criteria that define appropriate technology.

° **Demonstration of Emergency Response Systems (ERS): Phase I - Design and Development**

As a result of CMHC's study on ERS, several provincial housing agencies and private sector organizations have expressed interest in developing and demonstrating ERS, which incorporate the features identified as being most desirable.

The Ontario Ministry of Housing, in collaboration with CMHC and the Ontario Ministry of Community and Social Services (OMCSS), has just completed Phase 1 of a two-phase pilot demonstration project. The work carried out during this phase included: developing performance specifications for a system that meets the requirements of the study steering committee; evaluating products and systems from 22 manufacturers located across Canada, the USA, and western Europe; preparing a short list of product manufacturers that would be able to meet the performance specifications; and developing an operation and evaluation plan for Phase two. The final report is expected in September 1989.

° **Demonstration of Emergency Response Systems (ERS): Phase II - Implementation**

Phase II of the ERS study "The Implementation of the Pilot Demonstration" will include implementing, testing and evaluating pilot systems in 330 social housing units, and 270 scattered private homes in a sample representing urban, suburban and rural settings. ERS systems will be tested in 5 or 6 communities by seniors and disabled persons who are living independently. The main objectives are to:

- evaluate the benefits and costs of ERS to elderly and disabled consumers;
- evaluate the comparative cost-effectiveness of ERS, versus current systems, to public agencies;
- determine the need and demand for ERS; and
- examine and evaluate existing and potential ERS technology and make recommendations on one or more product specifications and systems for potential wide scale implementation, along with a program framework for implementation.

The sponsors of this phase of the study include: The Ontario Ministry of Housing (OMOH); Canada Mortgage and Housing Corporation (CMHC); the Ontario Ministry of Community and Social Services (MCSS); the Metropolitan Toronto Housing Company Limited (MTHCL); and the Local Housing Authorities (LHAs) in those communities where the demonstration will take place. In addition, the Ontario Ministry of Industry, Trade and Technology, and the

Ontario Ministry of Culture and Communications serve as advisors to the Study Steering Committee.

Completion of Phase II is planned for 31 March 1991.

° **A Study of Regulatory Reform**

CMHC is sponsoring this project, which is being carried out by the Federation of Canadian Municipalities, the Canadian Home Builders' Association, and the Canadian Housing and Renewal Association. The objective is to identify and evaluate opportunities for rationalizing and streamlining regulations that affect housing. The examination of regulations that could impede the adoption of new housing options for older Canadians is an important part of this work.

One component of this initiative is a Demonstration Program designed to provide private developers and non-profit agencies with opportunities to show the types of housing innovation that would be possible if regulations are modified. Proposals for innovative projects will be invited and successful proponents will receive a modest financial award to help defray the costs of developing the innovative ideas and seeking regulatory approvals, or dispensations. Case study reports will also be financed under this program.

The study is being carried out in three phases:

- Phase I of the study was completed in 1988 and involved comprehensive literature searches and extensive interviews with industry and government representatives. A wide variety of opportunities for improving the flexibility and cost-effectiveness of regulations were identified.

- Phase II will be completed in August '89 and will include:

  ° the development of an information package, for dissemination to the housing industry and government agencies, which will highlight the most promising opportunities for regulatory change;

  ° the design of a demonstration program that will provide industry with opportunities to show how regulatory change can facilitate a wider range of choice and improve cost-effectiveness;

  ° the design of a program to stimulate adoption of more streamlined approval processes.

- Phase III will be initiated in October '89 and will include:

  ° implementation of the demonstration program, which will involve selecting projects proposed by the housing industry, providing normal funding to assist in developing the innovative ideas and obtaining approvals, and producing a case-study report on each project;

° implementation of the program to stimulate adoption of more streamlined approval processes, which will involve working with representative municipalities to identify and evaluate systems and practices that could be most appropriate for local governments of varying size and under different jurisdictions.

- In advance of the main demonstration program, an opportunity was taken to sponsor a demonstration house (CHBA/CMHC Demonstration House - christened "CHARLIE") at the 1989 CHBA Annual Conference in Hamilton. The demonstration house was designed to be convertable, with minimum disruption and cost, from a single family house to a house incorporating an accessory apartment. This "made-to-convert" concept was very well received by builders, as well as by representatives of municipalities.

° **Market Projections**

Work is being undertaken to improve our understanding of the evolving housing markets for older Canadians and to provide the housing industry with information that will help in planning future developments.

° **Housing the Elderly People - Design Guidelines**

A revised edition of this CMHC publication has recently been issued and can be obtained from local CMHC offices at a cost of $4.00.

° **Forecasts of the Socio-economic and Health Characteristics of Future Elderly Populations**

The socio-economic and health characteristics of the elderly population are likely to change appreciably in the future. These changes, in combination with the projected growth in the elderly population, will have major impacts on the needs and demands for accommodation and support services for elderly people. In order to gain a better understanding of the significance of these changes, CMHC is initiating a project, in collaboration with Statistics Canada, Health and Welfare Canada and The Institute for Research on Public Policy, to develop a model which will provide better forecasts of the socio-economic and health characteristics of future elderly populations than are currently available. Two preliminary initiatives are now being undertaken: the first is the development of a monograph which will describe the characteristics of the current elderly population; and the second is the development of a micro-simulation model which will be used to project the socio-economic characteristics of the elderly population. Completion of the monograph is expected in the Fall of 1989; and completion of the micro-simulation model is expected in the Fall of 1990.

° **Coordination of Accommodation and Support Services**

In examining opportunities for new forms of accommodation for elderly people, the need for a coordinated approach to providing housing and support services becomes very apparent. This applies not only to

subsidized housing and services but also to private and non-profit ventures. To address this issue, CMHC is proposing to initiate a project, in collaboration with The National Advisory Council on Ageing and Health and Welfare Canada, to examine alternative approaches to providing accommodation and services. Particular emphasis will be placed on identifying combinations that can enable elderly people to maintain independent lifestyles and increase opportunities for the private and voluntary sectors to respond to their needs and demands. This study will be commenced by late Fall of 1989.

° **CMHC Housing Awards Program**

A new CMHC program was instituted in 1988 to encourage and recognize innovation that advances the quality, affordability and choice of housing for Canadians. For 1988 the awards were directed to innovations in housing for the elderly. Five winners were publicly recognized and presented with a trophy and certificate of achievement at the "Housing Options for Older Canadians" conference in Halifax, Nova Scotia.

° **Conference on Housing for Older Canadians**

CMHC held a very successful "Conference on Housing Options for Older Canadians", in Halifax in October 1988. The conference brought together many people involved in planning, developing, designing, financing and managing housing, as well as wide representation from older consumers. The objective was to raise awareness of issues and opportunities and stimulate discussions and actions that could lead to a greater range of housing choices for older Canadians.

A number of follow-up activities are being initiated, including the development of a paper that will describe the opportunities identified during the course of the conference for improving housing choice, quality and affordability.

° **Supportive Housing for Seniors -**
The Elements and Issues for a Canadian Model

Supportive housing (including Abbeyfield Concept Housing) is a new idea in Canada which may be particularly well-suited for those older people who are beginning to experience the frailties of ageing. It comprises a large house in which seven-to-ten people are accommodated, all with their own private living quarters. Residents share spaces for dining, entertainment and group activities. A live-in housekeeper attends to the daily running of the house, the shopping, and preparing and serving meals. This study describes the experiences of this type of housing in Australia, England, USA and Canada. A series of interviews were undertaken in Vancouver to determine the attitudes of senior citizens and their families to this type of housing. The potential viability of developing supportive housing in two Vancouver neighbourhoods was then assessed.
Published December 1988.

° **Attitudes of Seniors to Special Retirement Housing, Life Tenancy Arrangements and Other Housing Options**

This recently published report describes the findings of a series of focus group discussions, which were primarily intended to provide some indications of older peoples' potential attitudes to new forms of retirement housing and new types of tenure.

° **Older People and Their Homes: A Tool to Examine Potential Environmental Improvements**

There is a distinct relationship between ageing and disability. While most older people pursue their activities of daily living with minimum effort and difficulty, for some, daily living becomes a challenge. The ability to maintain control over one's immediate surroundings and to function freely depends on both the characteristics of the individual and the characteristics of the environment.

The objective of this study is to introduce a tool that explores options than can enable older people with disabilities to maintain independent lifestyles in their homes. The draft final report of this study is available from CHIC. A publication is expected by September 1989.

° **Study of Supportive Housing Options for Older People in British Columbia**

Supportive housing is a relatively new idea in Canada. It is also referred to as assisted living, very sheltered housing, and enriched housing. It includes a range of group living arrangements in a variety of housing forms, and combines physical shelter support, social support and service support in ways that help older people maintain certain levels of independence. It can be a less costly and more welcome alternative to institutional care for many seniors, particularly those who experience difficulties in living alone as they become more frail and disabled. In Canada, some experts in the fields of housing, support services and health care believe that supportive housing options could play a major role in bridging the gap between conventional housing and institutional care. The objectives of the study are to identify an apropriate range of supportive housing options for seniors, and to determine the need and demand for that range of options.

The study is a joint venture among the British Columbia Housing Management Commission, Ministry of Social Services and Housing; the British Columbia Ministry of Health; and Canada Mortgage and Housing Corporation.

The study is underway, and it will be completed by December 30, 1989.

° **Maintaining Independence for the Elderly through Home Adaptations**

Living independently at home can be a less costly and more welcome alternative to living in institutional environments for many seniors.

Much of the existing residential stock, however, is not designed to compensate for the activity limitations that occur as people become older and frailer.

Home adaptations can make a significant contribution to providing the necessary support to help elderly people maintain independent lifestyles.

The main objective of this study is to identify, implement and evaluate minor home adaptations that are easy and inexpensive to carry out, and which can enable frail older people to undertake the various activities of daily living (ADL) with some degree of independence.

Home adaptations can include re-arranging the lay-out of the furniture or equipment in a room; installing shower seats or grab bars in bathrooms; lowering rods in coat closets; installing new, or re-locating electric outlets; installing handrails; lowering, or installing new, cupboards in the kitchen; or installing technical devices or other products designed to enhance independence.

The study is being carried out by the Department of Community Health at the Montreal General Hospital, and it is being sponsored by Canada Mortgage and Housing Corporation, Fonds de la recherche en Santé du Québec (FRSQ), Conseil de la Santé et des Services sociaux de la région Montréal métropolitaine (CSSRMMM), and Société d'habitation du Québec (SHQ).

The study is underway, and it will be completed by December 31, 1990.

° **A comparison of Co-operative and other Non-Profit Housing Options for Older Canadians**

Among the range of housing options being developed to meet the needs of an ageing population are cooperative and non-profit housing projects. This research will assess the suitability of different types of non-profit developments for the needs and lifestyles of older Canadians, and will compare the social programming and quality of life provided in cooperatives for seniors, to that provided in non-profit projects. This study just got underway. It will be completed by December 1989.

° **Provincial - Territorial Conferences on Housing and Services for Seniors**

As a follow-up to the Halifax Conference a series of provincial workshops will be sponsered by CMHC, in collaboration with other federal and provincial agencies, seniors groups and industry. The objectives are to provide forums for information exchange between seniors; all levels of government, the housing industry, financial instructions and health and social service agencies, with a view to: broadening the base of understanding; identifying issues and assessing priorities and options; and establishing mechanisms to facilitate ongoing information dissemination, consultation and actions.

CMHC will provide funds for the development and implementation of these twelve conferences. In addtion, CMHC staff will provide administrative support to the Provincial/Territorial Program Committees (P/TPCs) in planning; organizing and mounting the conferences.

The P/TPCs will include representatives of seniors' agencies, the housing industry (private and non-profit), financial institutions and health and social services agencies, as well as provincial and municipal governments. It is hoped that the provincial housing agencies will play a key role in: identifying potential members of the P/TPCs and participants in the conferences; encouraging involvement of provincial agencies responsible for health, social services and transportation; and through active participation in the P/TPCs, developing the framework and agenda for the conference in their province or territory.

Some provinces may seek the opportunity to be identified as conference sponsors. This may include a willingness to provide a financial contribution, if they wish to enhance the conference format or provide for more than one conference. These conferences are planned for November 1989 - March 1990.

17 July 1989

SECTION 10.0 - BIBLIOGRAPHY

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